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	its after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exar
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	FOR 1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPA	ARTMENT OF FICATE OF	HEALTH AND			14301
	1. DECEDENT'S NAME (First, Middle, L	LOUANN	IA SI	CARFF	DEATH	2. DATE OF DE MONTH May 2	DAY	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 216-09-4928  9a. FACILITY NAME (If not institution, g	1 □ M 2 ▼ F	6. AGE (In yrs. lest birthde) 78 YRS.	MONTHS DAYS	F UNDER 24 HRS. HOURS MIN. OR LOCATION OF E		18,1914	S. BIRTHPLACE (State or Foreign Country) N. Carolina
TOR	5330 Patterson	n Rd.		Bald		DEATH		timore
DIRECTOR	Md .	Baltimor		Baldw				10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL		Patterson		-10	or. ZIP CODE 210	013	1 2	S.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 ( IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO AR OR DATES	It yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Spec	can, Puarto Rican,	cify Yea or No.— 1 atc.)	4. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 12 VIS.	EDUCATION rade completed) College (1-4 or 5+)	(Give kind o	"S USUAL OCCUPAT of work done during in use retired.) Wife	ION ost of worlding		OF BUSINESS/INDU	STRY
BE CON	17. FATHER'S NAME (First, Middle, Last)	Clingman	Trivet	t		AME (First, Middle,		
10	19a. INFORMANT'S NAME (Type/Print)  Mr. Glenn Scar	f Jr.	53:	30 Patter	son Rd.	Baldwin	or Town, State, Zip C	ode) 1013
	20b. PLACE AND DATE OF DISPOSITION   2 Cremation 3   Removal from State   20b. PLACE AND DATE OF DISPOSITION   Name of 5-23-92 OATE   20c. LOCATION - City or Town, State   20c. Date   20c. LOCATION - City or Town, State   20c. LOCATION - City or Town, State							
	► E. J. L	xssahn		11750	ND ADDRESS OF F	E.F Rd.King	.Lassahn sville, M	Funeral Home
	23. PART I. Enter the diseases, ahock, or heert feitu IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	re. Liet only one cous	ceused the deeth. Do e on each line.  Spiratory OR AS A CONSEQUENCE		ode of dying, su	ch aa cardlec o	r reepiretory arre-	ot, Approximata interval Between Onset and Death
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	Sev oue to (	ere Asthma or as a consequence ere Rheuma	<sub>ол:</sub> toid arth	nritis			
PHYSICIAN: MEDICAL C	PART II. Other eignificant condi Osteopero	tions contributing to a	death but not resulting	g in the underlyin	g ceuse given ir		MAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO		4. ER/Outpatient 3 DOA	OTHER.	LACE OF DEATH (C		ifv)	
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day		IME OF 28c. IN	JURY AT ORK? YES 2 NO		HOW INJURY OCCU	REO
	3 Suicide 8 Could not 4 Homicide determined	Duliding, a	INJURY — At home, term tc. (Specify)	, street, factory, offi	20	281. LOCATION City or Town	(Street and Number or , State)	Rural Route Number,
COMPLETED		IYSICIAN: To the best of m						cause(s) and manner as stated.
TO BE	296. SIGNATURE AND THE OF CENT	PIER	Sun.	us	29c. LICENSE NU D 1877			SIGNED (Month, Day, Year)  1ay-21, 1992
								,,
۴	30. NAME AND ADDRESS OF PERSON Albert S. C. Su  31. DATE FILED (Month, Day, Year)	M D	00 Harford		1ston M	D 21047		, 1332

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FUNERAL DIRECTOR

BY

COMPLETED

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MEDICAL CERTIFICATION

PHYSICIAN:

BY

COMPLETED

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	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 show		
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92 14502 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH 05 / 23 / 23 3. TIME OF DEATH MILDRED K. 133 1:40 42 SIEGLE AM 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. T. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 F 421-10-9611 93 01/19/1899 Indiana 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore County General Hospital Randallstown Baltimore RESIDENCE OF DECEDENT 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Randallstown 1 YES 2 X NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9109 Liberty Road 21133 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married 1 TYES 2 NO Specify: 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 12th Secretary Architectural Firm 17. FATHER'S NAME (First, Middle, Last) George William Rache1 Jane Small 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Paul D. Butcher 10163 Hobson's Choice Ln Ellioctt City, MD 21042 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION — City or Town, State 1 © Buriel 2 Cremation 3 Re 4 Donation 5 Other (Specify) Druid Ridge Cemetery 5/26 Baltimore, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MacNabb Funeral Home, P.A. George E. MacNabb 301 Frederick Road 21228 MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart feliure. List only one cause on each line. **Approximate** Interval Between **IMMEDIATE CAUSE (Final** Onset and Death disease or condition Ricu resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF)-If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS IN AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 TNO OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dispatient 2 ER/Outpatient 3 DOA **EXAMINER?** 1 YES 2 NO OTHER me 5 - Rasidence 6 - Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be 4 Homicide

29a. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

29 STONATURE AND TITLE OF CENTIFIER

WHO COMPLETED CAUSE OF BEATH (ITEM 27) (THE MBUV Table 14

32. BEGISTRAR'S SIGNATURES 2 6 1992

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FUNERAL I within 72 h TO THE HOSPITA
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IMPORTANT: II

29d, DATE SIGNEO (Month, Day, Year)

21215-0020

BALTIMORE, MARYLAND

after death. Page 6 may be retained by the hospital or attending physician. detached once. 2 to should notified page 5 s must be funeral director, examiner filled in by the medical 0 the cremation, signed by the attending physician and completely Health and Mental Hygiene prior to burial, crematic HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event. traumatic other 6 Inlury, shows any or this certificate has been si th with the State Dept. of He arked, or Item 23 show marked, DIRECTOR: After to hours after death item 28 is mari TO THE FUNERAL D be filed within 72 h

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Per F/H STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) dward 2. DATE OF DEATH 3. TIME OF DEATH harles 6. AGE (In yrs lest birthday) IF 12 H 4. SOCIAL SECUP 5. SEX 2824 IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 M 2 F 213-34-2828 Maryland 9e. FACILITY NAME (If not institution, give 9c. COUNTY OF DEATH DIRECTOR TNNE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Anne Arundel Annapolis 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 1158 River Bay Road 21401 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Rican, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. Specify: White 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced Korean ETED. 18e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) ntary/Secondary (0-12) College (1-4 or 5+) COMPL 12 Engineer Westinghouse 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surneme) Charles H. Simpson Myrtle BE unknown 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1158 River Bay Road Annapolis, Md. 21401 Dorothy Jane Simpson 20e. METHOD OF DISPOSITION
15/2 Burlel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION -- City or Town, State Glen Haven Memorial Pk5/26 Glen Burnie, Md. Donetion 5 - Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 1-Second Ave. S.W.Glen Burnie, Md. 23. PAN Unjur the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, anack, or heart failure. List only one cause on each line. 21061 Approximate Interval Between Onset and Death disease or condition\_ HEART torio sclerotic reaulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentisity list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, laeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) EXAMINER?

1 YES 2 NO

27. MANNER OF DEATH HOSPITAL: OTHER: 1 | Inpatient 2 | PR/Outpatient 3 | DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY М 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide COMPLETED 6 Could not be determined 261, LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner es atated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(s) end SIGNATURE AND TITLE OF CER BE 29d. DATE SIGNED (Month, Day, my) un 2 NAME AND ADDRESS OF PERSON MYO COMPLETED CAUSE OF DEATH (ITEM 27) (Typ

Sulia Davidson-Randoll

31. DATE FILEO (Month, Day, Year,

100

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	r this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	arked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECO	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires th	TO THE FUNERAL DIRECTOR: After this certificate has been signed be filed within 72 hours after death with the State Dept. of Health	IMPORTANT: If Item 28 is marked, or Item 23 shows an

92 14504 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Norman E S	LORT -			2. DATE OF DEATH	100	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 8. A		UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
218-70-4290		81 YRS. MC	INTHE DAYS HOURS MIN.	(Month, Day, Year) 04 09 1	.1	Country) MARYLAND
98. FACILITY NAME (If not institution, give at ST JOSCH H. RESIDENCE OF DECEDENT	ospital	9	Baltimore	DEATH	Balt	
10a. STATE 10b. COUNTY MARYLAND			BALTIMORE			10d, INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 602 NICHOLE AVE	NUE		101. ZIP CODE 21212		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS  1 Nover Married 2 Married  3 Widowed 4 Divorced	12. WAS OECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	ER IN U.S. ARMED 'ES 2 NO PR DATES"	13. WAS DECENDENT OF HISP. If yes, specify Cuban, Maxic 1  YES 2 NO Specify NO Specific No. 1	en, Puerto Ricen, atc.)	or No 14.	RACE — American Indian, Black, White, atc. Specify: WHITE
15. OECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12) 3RD	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of worl life. Do NOT use n	done during most of working	186. KIND OF BUS	INESS/INDUST	TRY
17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S N	AME (First, Middle, Maiden S	Sumame)	
NORMAN EDWARD	SLOAT, SR.			IE MANN		
19a. INFORMANT'S NAME (Type/Print)  AUDREY SLOAT			DRESS (Street and Number or Rura			•
20e. METHOD OF DISPOSITION		20b. PLACE AND DATE OF	NICHOLE AVENUE			
1 Burial 2 Cremation 3 Rame 4 Donation 6 Other (Specify)	oval from Stata	cemetery, cremetory or other THE YOUNGS	Place) FAMILY CEMETE			or Town, Stata RINGS, VA.
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1 0	22. NAME AND ADORESS OF F	ACILITY		
I he all	an De	Z G	A. ALAN SEIT	VENUE BAL	RAL HO	ME D 21211
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	c	AS A CONSEQUENCE OF):				
PART II. Other algnificant condition	a contributing to deat	th but not resulting in t	he underlying cause givan id	Part I. 24e. WAS AN A PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 THO	HOSPITAL:		26. PLACE OF DEATN (C THER:			
27. MANNER OF DEATH  1 Matural 5 Pending 2 Accident Investigation	26a. DATE OF INJU (Month, Day, Ye.	RY 28b. TIME O	28c, INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE NOW IN	JURY OCCUR	ED
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJ building, etc. (	URY — At home, ferm, stre- Specify)	et, factory, offica	261. LOCATION (Street ar City or Town, State)	nd Number or F	lural Route Number,
			it the time, date and place, and du n my opinion, death occured at th			use(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	it va	IMA	D 150	MBER		GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUSE OF		nt)			
	,	Julia Davidson				

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

6:30

8. BIRTHPLACE (State or Foreign

YEAR

1992

3. TIME OF OEATH

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH **JAMES** TILLERY HAROLD JR. 4 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH onth, Day, Year) 138-62-2623 1 X M 2 F YRS. for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR 1615 MULLIGAN COURT BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION N.J. Englewood 10s. STREET AND NUMBER FUNERAL 10f. ZIP CODE 82 Williams Street 07631 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 FORCES? 1 YES 2 1) Never Married 2 Married BY 1 YES XX NO Specify: 3 Widowed 4 Divorced 15. OECEDENT'S EDUCATION (Specify only highest grade complete COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) entary/Secondary (0-12) College (1-4 or 5+) 12th grade Barber detached 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Harold J. Tillery, Sr. funeral director, page 5 should be notified at Isabela BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 82 William St. Apt. B-4, Englewood, N.J. Isabela Tillery 90 20b. PLACE AND DATE OF DISPOSITION (Name of DATE must George Washington Cem. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSIE 22. NAME AND ADDRESS OF FACILITY March F.H East ysician and completely filled in by the prior to burial, cremation, or removal. medical 23. PART I. Enter the diseases, or complications that saused the death. Do not enter the mode of dying, such as cerdiec or respiretory arrest, ahock, or heart failure. List only one ceus IMMEDIATE CAUSE (Final the disease or condition GUNSHOT WOUND OF HISPITAL OR ATTENDIAL PHYSICIAN: The law requires that the death certificate be executed within event, resulting in deeth) OF VITAL RECORDS, P.O. BOX 68760, DUE TO (OR AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the attending physician Mental Hygiene prior to or other that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Pert I. MEDICAL signed by the Health and N been signed by pt. of Health and 3 shows any I PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL this certificate har with the State Do 28. PLACE OF DEATH (Check only one) HOSPITAL . OTHER:
4 □ Nursing Home 5 □ Rasidence XXOther (Specify) SCENE 1 X YES 2 NO Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? marked, 1 Natural 5 Pending L DRECTOR After the hours after death w 6:00AM 1 YES 2 NO BY 4-27-1992 DIVISION 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide
4 Homicide COMPLETED a Could not be determined STREET 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. FUNEPAL WITHIN 72 P 25 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. TO THE FUNERA be filed within 7 IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE Donald & Tright MD O.C.M.E 2 30. NAME AND ADDRESS ... PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

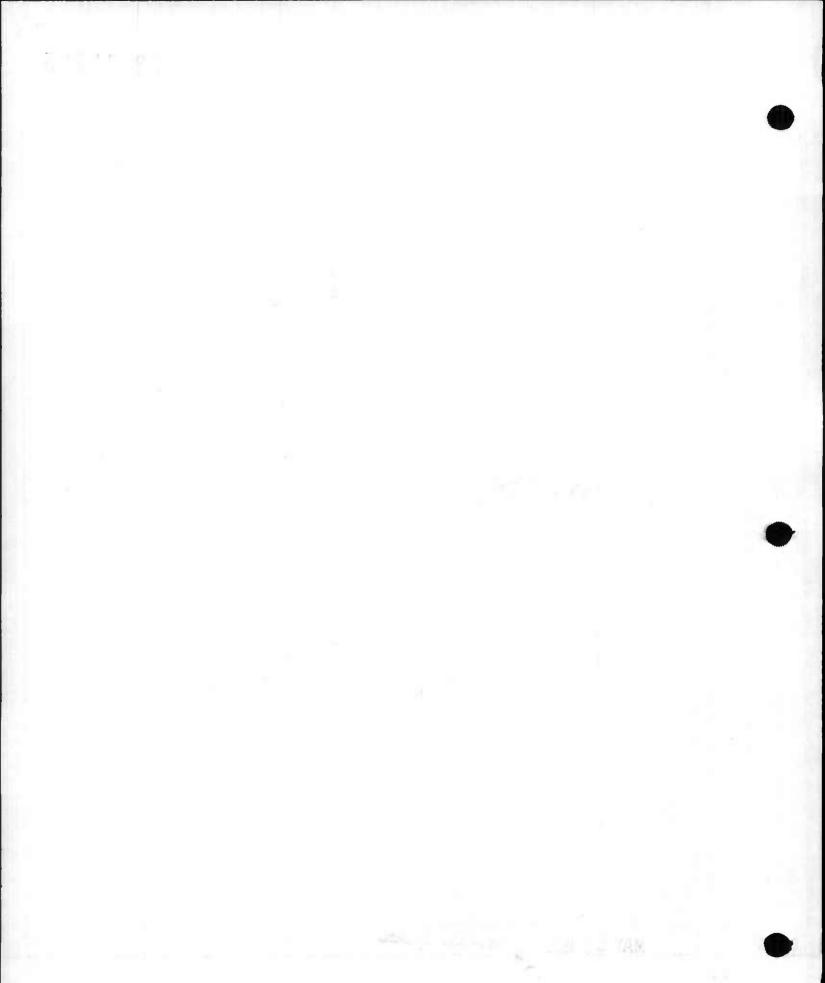
DOME

32. REGISTRAR'S SIGNATURE

9c. COUNTY OF DEATH 10d. INSIDE CITY 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, atc. Black 16b. KINO OF BUSINESS/INDUSTRY More Better Cut 26c. LOCATION -- City or Town, State Paramus, N.J. 1101 E. North Ave. Approximeta Interval Between Onset and Death 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO TES 2 - NO 28d. DESCRIBE HOW INJURY OCCURED SUBJECT WAS SHOT 281. LOCATION (Street and Number or Bural Route Number, City or Town, State) 1615 MULLIGAN CT.BALTO, MD 29d. DATE SIGNED (Month, Day, Year) 4-27-1992 111 N. PENN ST. BALTIMORE, MARYLAND 21201 DHMH-18 Rev 1/89

DONALD G. WRIGHT, MD

31. DATE FILED (Month, Day, Year)



BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	s medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

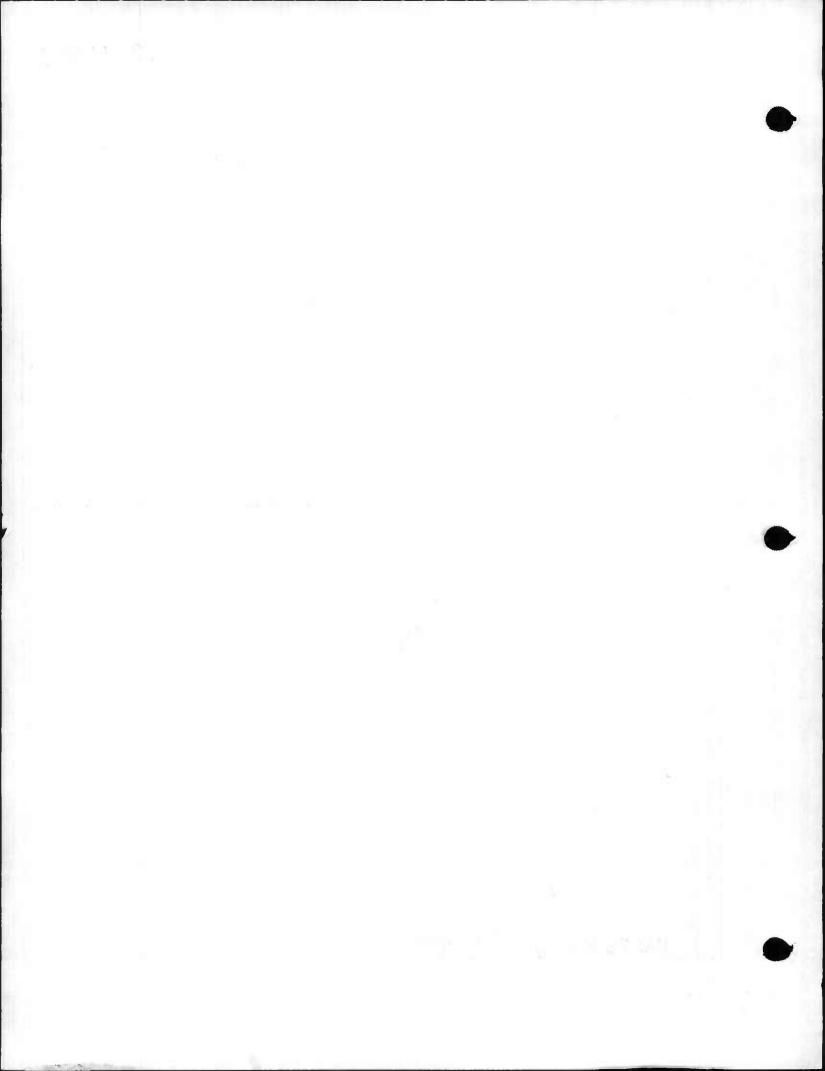
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTI	FICAL	E OF	DEATH	R	IEG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF I	DEATH	YEAR	3. TIME OF DEATH
1	Mildred	F.	T	avlor			05	23	1992	3:35 P
100	4. SOCIAL SECURITY NUMBER 217-18-5980	5. SEX 8. AC	68 YRS	MONTHS	R 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E	8/1923	8. BIRT Coun	HPLACE (State or Foreign try)
	9a. FACILITY NAME (If not institution, give		00		V TOWAL	OR LOCATION OF DI			UNTY OF	th Caroli
OR	Bon Secours Hos			90. (1)		imore	EATH	9e. C0	UNTY OF	DEATH
2	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT	Y		CITY, TOWN						T
DIRECTOR	Md.		100.0			timore	City			10d. INSIDE CITY LIMITS?  1
AL	10e. STREET AND NUMBER				10	. ZIP CODE		10g. C	TIZEN OF	WHAT COUNTRY?
E	2829 Presbu	ry Street				2121	.6		U	SA
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 NO	13.	If yes, sp	ENDENT OF HISPAI ecity Cuben, Mexica 2 NO Specif	en, Puerto Ricar	pecify Yes or No— n, etc.)	14, RAC Blac Spe	
	15, DECEDENT'S EDU	ICATION	16a. DECEOENT	10 1101111 6	OCUPATU					Negro
1	(Specify only highest grad	e completed)	(Give kind	of work done	during mo	DN est of working	16b. KIN	D OF BUSINESS/II	NDUSTRY	
7	Elementary/Secondary (0-12)	College (1-4 or 5+)		Home						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						ME (Elect Assets	- 48-14 A		
	Thomas Hi	aka				IS. MUTHER'S NA		e, Maiden Surname,		
B	1110IIIAS H1  19a. INFORMANT'S NAME (Type/Print)	CKS	401- 444-4	NO ADDOC	e /P ·	and Number or Rural	Eliz	abeth 1	Port	er
2	Marjorie Tayl	or				cy St.				216
	20e. METHOD OF DISPOSITION									216
	1 - Surial 2 Cremetion 3 - Ren	novel from State	20b. PLACE AND DAT	r other place,	1			20c. LOCATION -		
	4 Donation 5 Other (Specify)	CENGEE	Garrisc	n. Fc	res	t Vet.		Balto	Ci	ty, Md.
	e sensa	1 Pu	111	J	oser	oh L. R	uss F	uneral	Hom	e Md. 2121
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE S A CONSEQUENCE	OF):	5.6	Nascul	land,	Star	3	Onset and Death
與		d						-		
MEDICAL	PART II. Other algorificant condition	na contributing to death	but not resultin	g in the u	nderlyin	g cause given in		WAS AN AUTOPS' PERFORMED? YES 2 NO	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL				26 DI	ACE OF DEATH (Ch	nak anti anal			
S	EXAMINER?  1 X YES 2 NO	HOSPITAL:		OTHE	R:					
PHYSICIAN:	27. MANNER OF OEATH	28a. DATE OF INJUR		IME OF	28c. INJ	e 5 Residence		ecify) BE HOW INJURY O	CCLIDED	
=	1 Natural 5 Pending	(Month, Day, Yea	"	NJURY	WC	RK7 NO	200. DESCRIE	DE HOW INJURY O	CCORED	
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU	IRY — Al home, farm	n, street, fac			28f. LOCATIO	N (Street and Numb	er or Rural	Route Number,
H										
COMPLETED		ICIAN: To the best of my kn								a) end menner as stated.
	296. BIGNATURE AND TITLE OF CERTIFIE	1				29c. LICENSE NUI				D (Month, Day, Year)
BE	100	ton-								
2	30. NAME AND ADORESS OF PERSON WI	O COMPLETED CAUSE OF	DEATH (ITEM 27) /3	no Print)	_	0.C.	M.E.	1.0	5 24	1992
	AMIXXX	N			tree	t. Balti	more Ma	arvland	2120	1
	MAY 26 1992	102, REGISTRAR'S SI	GNATHE LANGE							





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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Frours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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AL 0	II DI	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	1 16
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				OF DEATH	MENTAL HYGIEN REG. NO	_	
1. DECEDENT'S NAME (First, Middle, Last) Margaret L.			4		2. DATE OF DEATH MONTH D.	-	
4. SOCIAL SECURITY NUMBER 214-03-2136	5. SEX 6. A	AGE (In yrs. lest birthdey) 91 YRS.	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) Aug. 22,	Co	RTHPLACE (State or Foreign Suntry)  Maryland
9e. FACILITY NAME (If not institution, give: Ridgeway Nursi			9b. CITY, TO	WN OR LOCATION OF D	EATH	Baltin	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	TY	10c, Cl*	TY, TOWN OR LO	OCATION			10d. INSIDE CITY LIMITS?
Md.		Bal	timore				1 X YES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE			OF WHAT COUNTRY?
1211 W. Lombard  11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR O	YES 2 NO	If yes	21223 DECENDENT OF HISPA a, specify Cuban, Mexico YES 2 NO Specif		or No- 14. F	NACE — American Indian, Black, White, atc.
15. DECEDENT'S EDI (Specify only highest grad		16a. DECEDENT'S	B USUAL OCCU	PATION og most of working	16b. KIND OF BU	SINESS/INDUSTF	white
Elementary/Secondary (0-12)	College (1-4 or 5+)	Homen	use retired.)	y most or working	Own Hor	ne	
17. FATHER'S NAME (First, Middle, Lest)  Edward Bell				18. MOTHER'S NA Annie	(Unobtai		
19a. INFORMANT'S NAME (Type/Print)  Dorothy E. Sal	lkowski				Route Number, City or Tow Balto., 1	id. 21	223
20a METHOD OF DISPOSITION 1	moval from State	20b. PLACE AND DAT	ry or other place	Name	5/26 Ba	cation — city o	or Town, State
21. BIGNATURE OF ROMERAL SERVICE L	L Kan	Iman	Gar	y L. Kauf		L Home	21227
immediate cause (Finel disease or condition resulting in deeth)  Sequentially list conditions, if any, leading to immediata	b. SEVE DUE TO (OR	RALITED  AS A CONSEQUENCE OF AS A CONSEQUENCE	Ap 1		AMETOWN ENOSIS		Onset and Dai
cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	DOE TO (OF						
CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificent conditions that initiated events resulting in deeth) LAST	d	SEDISE			PERFO	RMED?	24b. WERE AUTOPSY FINDING AWAR ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other algnificent condition  ALLHCY  CHROWI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ons contributing to december 1 The Constract	SEDISE /-	viemon		PERFO 1 YES	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CAUSE (Disease or Injury that Initisted events resulting in deeth) LAST  PART II. Other significent condition  ALLHC  CHLONI  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL:  1   Inpetient 2   ER  28a. DATE OF INJ  (Month, Day, 1)	SEDISE /-	OTHER: 4 S Nursing	28. PLACE OF DEATH (C) Home 5   Residence C. INJURY AT WORK?	PERFO 1 □ YES  theck only one)	RMED? 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CAUSE. (Disease or injury that initied events resulting in deeth) LAST  PART II. Other algnificent condition  ALLHC  CHROW I  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH	HOSPITAL:  1   Inpetient 2   ER  28e. PLACE OF IN-	R/Outpetient 3 DOA  R/Outpetient 3 DOA  R/OUTPY  R/OUTP  R/OUTPY  R/OUTPY  R/OUTPY  At home, farm	OTHER: 4 St Nursing IME OF NJURY M 1	28. PLACE OF DEATH (C)  1 Home 5 Residence WORK?  1 YES 2 NO	PERFO 1 YES  heck only one)  6 Other (Specify)	INJURY OCCURE	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CAUSE (Disease or injury that initisted events resulting in deeth) LAST  PART II. Other algnificent condition  A A A H C C C H C W C C C C C C C C C C C C C	HOSPITAL:    HOSPITAL:   Inpetient 2   EF     28a. DATE OF INJ     Month, Day, 1	R/Outpetient 3 DOA JURY 28b. Ti ly DOA NJURY At home, farm. (Specify) knowledge, death occur inetion and/or investigate	OTHER: 4 Nursing ME OF NJURY M 1, street, factory,	26. PLACE OF DEATH (C)  Home 5 Residence  C. INJURY AT  WORK?  I YES 2 NO  office  date and place, and dulion, death occured at the	PERFO 1 YES  1 YES  1 YES  1 YES  1 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, Staft)  1 to the cause(s) and me etime, data and place, a	INJURY OCCURE and Number or R	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  NO  D  ural Pouts Number,
CAUSE (Disease or injury that initisted events resulting in deeth) LAST  PART II. Other algnificent condition  A A A H C C C H C W C C C C C C C C C C C C C	HOSPITAL: 1   Inpetient 2   EF  28a. DATE OF IND (Month, Day, 1)  28e. PLACE OF IND building, etc.  (SICIAN: To the best of my NER: On the basis of axam	R/Outpetient 3 DOA JURY 28b. Ti ly DOA NJURY At home, farm. (Specify) knowledge, death occur inetion and/or investigate	OTHER: 4 Nursing ME OF NJURY M 1, street, factory,	26. PLACE OF DEATH (C)  Home 5 Residence  C. INJURY AT  WORK?  I YES 2 NO  office  date and place, and dulion, death occured at the	PERFO 1 YES  1 YES  1 YES  1 YES  1 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, Staft)  1 to the cause(s) and me etime, data and place, a	INJURY OCCURE and Number or R	COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AT OD ATTENDING BUYCLOIAN. The law consists that the death conflicts he meaning within 2s hours often death
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BALTIMORE, MARYLAND 21215-0020	s after death. Page 6 may be retained by the hospital or atte	by the funeral director, page 5 should be detached for use	emoval.	dies araminar must he notified at once
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DIVIS	TO THE HOSPITAL DR ATTER	TO THE FUNERAL DIRECTOR	be filed within 72 hours after	MPORTANT If Item 28

STATE	0F	MARYLAND	/ DEP	ARTMENT	0F	HEALTH	AND	MENTAL	HYG	ENE
			FRT	IFICATE	0	F DEAT	TH.		DEC	NO

	1 - FOR STATE REGISTRAR	STATE OF MARYLAN		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN		1 1000		
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH		
	IRVING	CHARLES		TOLSON	05 20	1992	9:25 a m		
	4. SOCIAL SECURITY NUMBER			NOER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH		TTHPLACE (State or Foreign		
	215-12-4579  9e. FACILITY NAME (If not institution, give st	1 <b>X</b> M 2 □ F 69	YRS. MON			1923 1	923 Maryland		
œ	1405 RAMSAY STREE		96.	CITY, TOWN OR LOCATION OF I	DEATH	9c. COUNTY O	F DEATH		
5	RESIDENCE OF DECEDENT	51		BALTIMORE					
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, TO	WN OR LOCATION			10d. INSIDE CITY LIMITS?		
	Md.		Balt	imore			1 YES 2 NO		
RAI	10. STREET AND NUMBER			10f. ZIP COOE			F WHAT COUNTRY?		
FUNERAL	1405 Ramsay St.	12. WAS DECEDENT EVER IN U.S		21223		US			
ВУ	1 Never Merried 2 Merried 3 Widowed 4 Divorced	S. ARMED D. ND S	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Speci	cen, Puerto Ricen, etc.)	В	ACE — American Indian, lack, White, stc. pecify: white			
0	15. DECEDENT'S EDUC (Specify only highest grade	CATION 18	. DECEDENT'S USU	AL DCCUPATION	16b. KIND OF BU	JSINESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use reti	fone during most of working red.)					
MP	7		Painter						
00	17. FATHER'S NAME (First, Middle, Last)			16. MOTHER'S N	IAME (First, Middle, Maider	1 Surneme)			
BE	Irving G. Tolso	n			M. Schwei	The second secon			
2	19e. INFORMANT'S NAME (Type/Print)			RESS (Street and Number or Rura					
	Dolores L. Stamm			Vincent St					
	20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	oval from State 20b. PL	ACE AND DATE OF DIS ry, crematory or other p	SPOSITION (Name of Veterans Cem	0ATE 20c. LC	OCATION — City or			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSER!	OWNSAITTE	Veterans Cem 22. NAME AND ADDRESS OF F		ownsvill	le, Ma.		
	23. PART I. Enter the diseases or o	L. Kaulo	3422	Gary L. Kauf 5695 Main St	man Funera Elkridg	e. Md.	21227		
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition rasulting in deeth)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	ONSEDUENCE OF):	Connwr	Saum	nixon:	Onset and Death		
BY PHYSICIAN: MEDICAL CER	PART II. Other aignificant conditions	s contributing to death but p		e underlying cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		
Σ					- 450	Dony	1 NES 2 NO		
IAN	25. WAS CASE REFERRED TO MEDICAL			26. PLACE DF DEATH (C		/			
Sic	EXAMINER? 1 X YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient		HER: Nursing Home 5 - Residence					
H	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF	28c. INJURY AT	26d. DESCRIBE HOW	INJURY OCCURED			
×	1 Natural 5 Pending	(Month, Day, Year)	INJURY	WORK?  M 1 YES 2 NO					
	2 Accident investigation 3 Sulcide 6 Could not be determined	26e. PLACE DF INJURY — building, etc. (Specify)	At home, ferm, street	factory, office	26f. LOCATION (Street City or Town, State	and Number or Run )	al Route Number,		
COMPLETED		CIAN: To the best of my knowledg					e(e) end menner ee stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	1	-	29c. LICENSE NU	JMBER	29d. DATE SIGN	EO (Month, Day, Year)		
00	Warnethy	ne		0.0	.M.E.		/20/1992		
10	30. NAME AND ADDRESS OF PEASON WHO HOLD MAN	D. LLO COMPLETED CAUSE OF DEATH			TIMORE, MA		21201		
	31. DATE FILEO (Month, Day, Year)  MAY 2 6 1	32. REGISTIARIS SIGNATUR 992 GUNANIAN	Con- Production	ŧ					

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

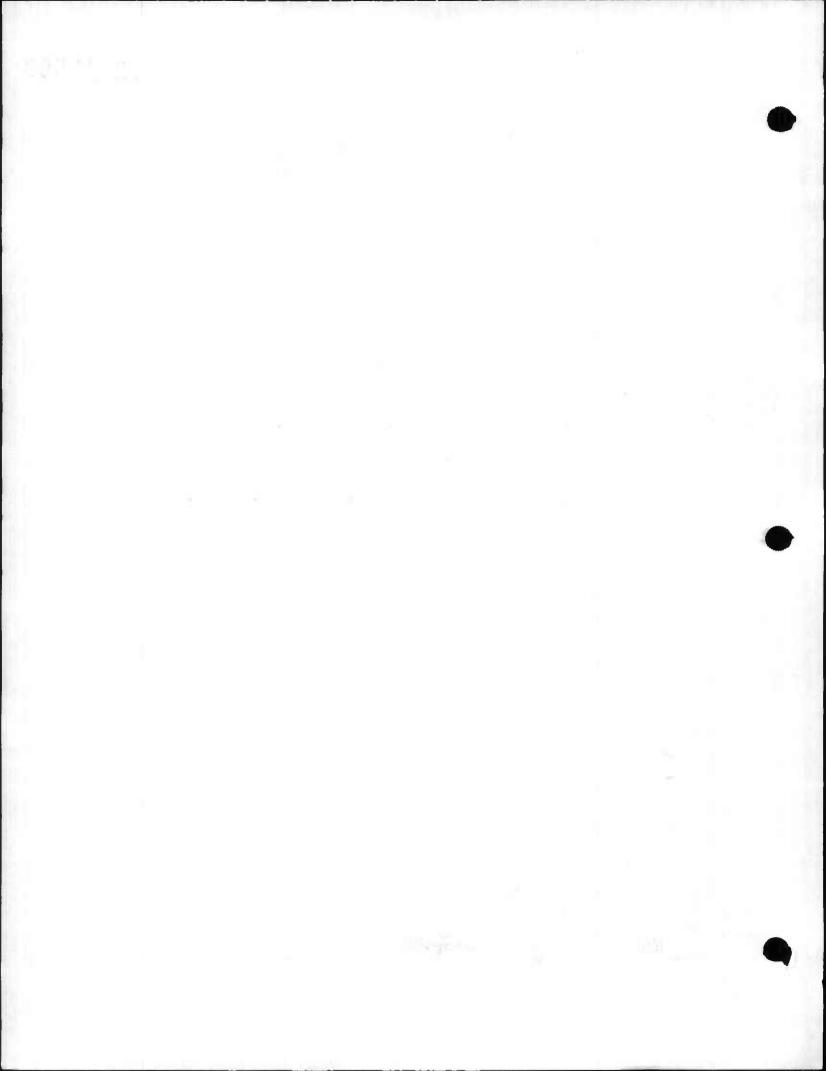
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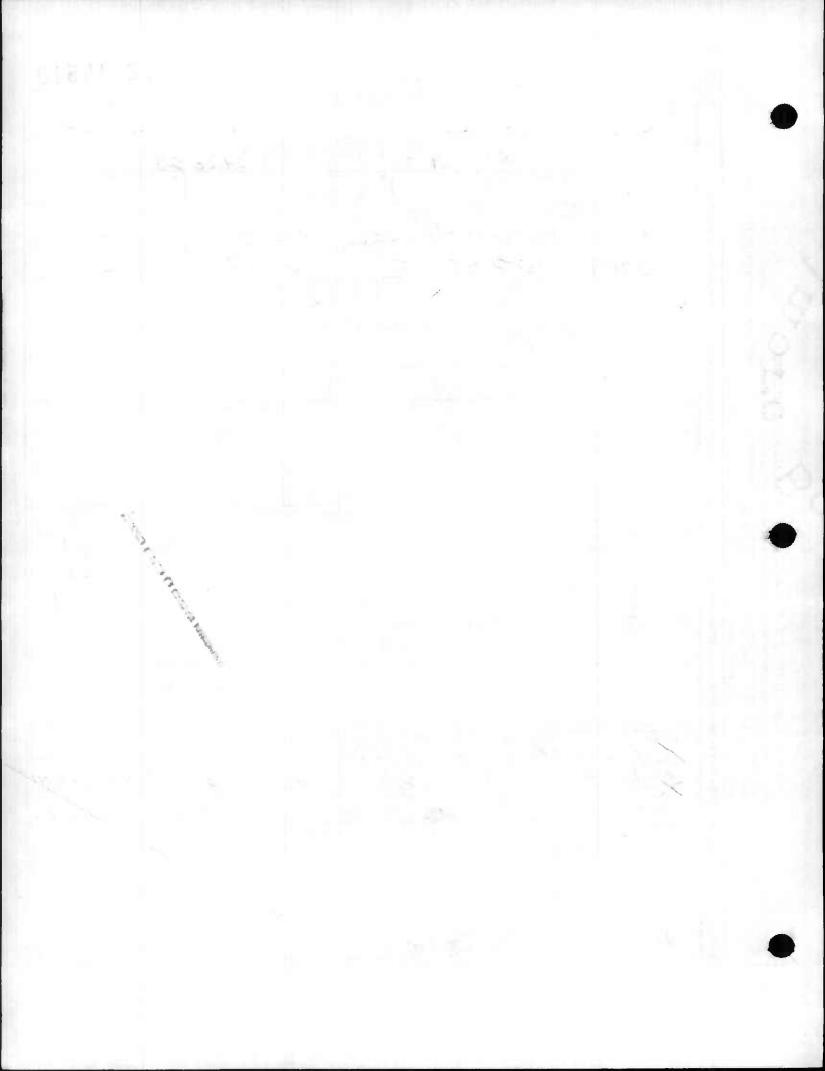
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIFIC	CATE OF DEATH	REG. I	NO.	
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH
	Thomas	F.	Wallace		05 2		92 6:30 PM
1 3	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE		F UNDER 1 YEAR   IF UNDER 24	HRS. 7. DATE OF BIRTH		BIRTHPLACE (State or Foreign
9	218-64-6349	1 M 2 F			MIN. (Month, Day, Year 9-19-52	3	VIRGINIA
	9a. FACILITY NAME (If not institution, give s	//					
-	98. FACILITY NAME (If not institution, give s	treet and number)	1	b. CITY, TOWN OR LOCATION	OF DEATH	9c. COUNTY	Y OF DEATH
Ö	813 N. Montford	Avenue		Baltimore			
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT						
2	MD 100. COOM			TIMORE			10d. INSIDE CITY LIMITS?
			DAL	TIMONE			1 X YES 2 NO
A	10e. STREET AND NUMBER			10f, ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
8	813 N. MONTFORD	AVENUE		21205	)	U.	S.A.
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.Ş, ARMEO	13. WAS DECENDENT OF	HISPANIC ORIGIN? (Specify	Yes or No- 1/	I. RACE — American Indian,
	1 Never Married 2 Married	FORCES? 1 YES	2X XNO	If yes, specify Cuban, I	Mexican, Puerto Rican, etc.)		Black, White, etc.
B	3 Widowed 4 Divorced	IF TES, GIVE WAR ON L	MIES	1 L YES 2/L/NO	Specify;	- 1	Specify: BLACK
0	15. DECEDENT'S EDU	CATION	16a. OECEDENT'S U	SUAL OCCUPATION	165 KIND OF	BUSINESS/INDUS	
E	(Specify only highest grade		(Give kind of wo	k done during most of working	IOD. KIND OF	DOSINESSINDOS	ithi
ايّا	Elementary/Secondary (0-12)	College (1-4 or 5+)	100	LOYED			
Σ			ONLIN				
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				R'S NAME (First, Middle, Mak		
B	JOHN O. WALLACE				ERINE JONES		
0	19a, INFORMANT'S NAME (Type/Print)			DDRESS (Street and Number or			
F	CATHERINE WALLAC	CE	813 N.	MONTFORD AVE	./BALTIMORE	, MD 21	.205
	204. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ram	20	b. PLACE AND DATE OF			LOCATION — CIT	
	1 Donation 5 Other (Specify)	ovel from State	T. ZION CE			NSDOWNE	
- 1	21. SIGNATURE OF FUNERAL SERVICE LIG		1. ZION CE	22. NAME AND ADDRESS		MODOWINE	, PID
	. 0 1 0			22. NAME AND ADDRESS	OF PACIEITY		
	Demand D	Johnson		WM.C.MARCH	F.H./1101 E	. NORTH	LAVENUE
	23. PART I. Enter the diseases, or o	complications that cause	d the death. Do not				
	ahock, or heart failure.	List only one ceuse on	each line.		, sauti aa saratas or ro	apriatory arroa	Interval Between
	IMMEDIATE CAUSE (Final disease or condition	/ 1	1				Onset and Death
	resulting in death)	a. Lynu	A CONSEQUENCE OF):				
		DUE TO (OR AS	A CONSEQUENCE OF):				
Z	A CONTRACTOR OF THE PARTY OF TH	b					
CERTIFICATION	Sequentially fist conditions, if any, laading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):				
3	cause. Enter UNDERLYING	c.					
正	CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):				
눈	reaulting in death) LAST	4					
뜅							
7	PARTAII. Other algnificant condition				en in Part I. 24a. WAS	AN AUTOPSY	246. WERE AUTOPSY FINDINGS
DICAL	HZarinto M	numaleti	coloney ?	3marone		FORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	1,010				TI TES	2 NO	OF DEATH?
ME							1 TYES 2 NO
z							
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1.	26. PLACE OF DEAT	TH (Check only one)		
SI	1 AYES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 4	THER:  Nursing Home 5 Thesid	ence 6 Other (Specify)		
至	27. MANNER OF OEATH	26e. DATE OF INJURY	26b. TIME	OF 28c. INJURY AT	26d. OEŞCRIBE HO	W INJURY OCCU!	RED
	1 Natural 5 Pending	(Month, Day, Year)	JULINI	WORK?  M 1 YES 2 N	10		
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJUR	Y — At home, farm, stre			not and Mumber or	Rural Route Number,
입	4 Homicide determined	building, atc. (Spe	icify)	ist, tactory, office	City or Town, St.		nurer noote number,
<u></u>							
4	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the beat of my know	wledge, death occurred	at the time, data and place, en	d due to the cause(s) and	manner ea stated.	
COMPLETED	one) 2 X MEDICAL EXAMINE	R: On the basis of examination	on and/or investigation,	In my opinion, death occured	at the time, date and place,	, and due to the c	ceuse(e) and manner ee stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						
B	A SERVICE	2.53		29c. LICENS	E NUMBER	29d. DATE S	RIGNED (Month, Day, Year)
5		ZYXX		0.C.1	M.E.	05	23 1992
-	30. NAME AND ADDRESS OF PERSON-WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, P.	int)			
	HIM DIXO	N	111 Pen	n Street, Ba	ltimore Mar	vland 2	1201
	31. DATE FILED (Month, Day, Year)	3. REGISTBAR'S SIGN	VATURE	Date Cook Date	THE PART OF THE PA	, with a	1401
	MAY 2 6 1992	Julia Davidson	-Mandelle	2			



			CERTIFICA	TE OF DEATH	REG. NO.	7 2	
	1. DECEDENT'S NAME (First, Middle, Last	WALLACI			2. DATE OF DEATH DAY	92 YEAR 3	12 P
	4. SOCIAL SECURITY NUMBER 185 18 1722	1 🗆 M 2 🏋 F	69 YRS. MON		04/08/	23 Penn	ACE (State or Foreigns)
TOR	Sa. FACILITY NAME (If not institution, give	street and number)	9b.	BALTITORE	FOEATH	9c. COUNTY OF OEA	
DIRECTOR	10e. STATE 10b. COUN	BALTIMORE	City 10c. CITY, TO	WN OR LOCATION	*** · · ·	10	Dd. INSIDE CITY LIMITS? YES 2   N
FUNERAL	106. STREET AND NUMBER 3704		REET	10f. ZIP CODE	1225	10g. CITIZEN OF WHA	AT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2 NO	If yes, specify Cuban, Me	PANIC ORIGIN? (Specify Yes a xican, Puerto Rican, etc.) ec/ly:	14. RACE — Black, Y Specify:	American Indian White, atc.
PLETED	15. DECEDENT'S ED (Specify only highest gree Elementary/Secondary (0-12) 12th Grade		18a. DECEDENT'S USUA (Give kind of work of life. Do NOT use retil HOUSEWIT	lone during most of working red.)	16b. KIND OF BUSIN		
E COMPL	17. FATHER'S NAME (First, Middle, Last)	James S. Losi		16. MOTHER'S	NAME (First, Middle, Meiden Stude M. Jackso	umame)	
TO BE	19a. INFORMANT'S NAME (Type/Print) George M. Losie		19b. MAILING ADD	RESS (Street and Number or Ru	rai Route Number, City or Town, sadena, Mary	State, Zip Code)	2
	20a. METHOD OF OISPOSITION 1 Surial 2 Cremation 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF PUNERAL SERVICE	movat from State com	PLACE AND DATE OF DIS elery, cremetory or other pl d State Ve	teran Cemete  22. NAME AND ADDRESS OF George J. G	ry 5/22 Crow	Nome P.A	Marylar
	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Finel disease or condition resulting in death)	a. 13101	the death. Do not each line.	DUTTY DYWT	such as cardisc or respira	to Northeat,	Approxima Interval Be Onset and 8d
CATION	Sequentially list conditions,	DUE TO OR AS A	CONSEQUENCE OF):	n prop	to Feb		010
ERTIFIC	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events resulting in death) LAST	Mullips	COASSIDENCE OF:	-well a	melecales		242
MEDICAL CERTIFIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent condition	Mullyn	ut not resulting in the	e underlying ceuse given	PERFORM	NO OF	AILABLE PRIOR TO IMPLETION OF CA F DEATH?
MEDICAL CERTIFIC	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent condition	ons contributing to deeth be	ut not resulting in the	26. PLACE OF DEATH	(Check only one)	NO OF	AILABLE PRIOR TO MPLETION OF CA F DEATH?
PHYSICIAN: MEDICAL CERTIFIC	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent condition	HOSPITAL: 11 Inpatient 2 ER/Outp. 28a. DATE OF INJURY	ut not resulting in the	26. PLACE OF DEATH	(Check only one)	HO COURED	ALABLE PRIOR TO MPLETION OF CA F DEATH?
TED BY PHYSICIAN: MEDICAL CERTIFIC	CAUSE. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 27 NO 27 MANNER OF DEATH 1 Neture	HOSPITAL:    HOSPITAL:   ER/Outpi   28e, DATE OF INJURY   Month, pley, Yell   Page   P	atient 3 DOA 4 DOA AT DOA AT home, farm, street, ify)	26. PLACE OF DEATH HER: Nursing Home 5 Residen 28c. INJURY AT WORK? M 1 YES NO	(Check only one)	URY OCCURED  WHICH I Number or Rural Rout	ALCO
D BY PHYSICIAN: MEDICAL CERTIFIC	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMIMER?  1 YES 2 NO  27 MANNER OF DEATH  1 Neture	HOSPITAL:    HOSPITAL:   Sinpatient 2	atient 3 DOA OTINUES INJUST.  At home, farm, street, inj.)	26. PLACE OF DEATH HER: Nursing Home 5 Residen WORK? 1 YES NO factory, office	(Check only one)  De 8 Other (Specify)  28d. DESCRIBE HOW INJ  28f. LOCATION (Street and City or Town, State)  due to the cause(a) and manner	URY OCCURED  WHICH IN WITH COMMENT AND THE PROPERTY OF RURAL FROM THE PROPERTY OF RURAL FROM THE PROPERTY OF RURAL FROM THE RESERVENCE OF RURAL FROM THE RUR	TE ACCIDIO
TED BY PHYSICIAN: MEDICAL CERTIFIC	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 27 MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Netural 6 Could not be determined  20a. CERTIFIER (Check only) 1 CERTIFYING PHY:	HOSPITAL:   HOSPITAL:   ER/Outp.	atlent 3 DOA OTINUE OF INJURY OF AL home, farm, street, fin and/or investigation, in a street of the and/or investigation of	26. PLACE OF DEATH HER:  28c. INJURY AT WORK?  1 YES NO factory, office  the time, data and place, and office my opinion, death occured at  29c. LICENSE I	(Check only one)  28d. DESCRIBE HOW INJ  28f. LOCATION (Street and City or Town, State)  due to the cause(a) and manner the time, data and placa, and details and detai	URY OCCURED  WHICH IN WITH COMMENT AND THE PROPERTY OF RURAL FROM THE PROPERTY OF RURAL FROM THE PROPERTY OF RURAL FROM THE RESERVENCE OF RURAL FROM THE RUR	PER ACCID OF CA



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ler death, Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should onal.	al examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	92	1451
CERTIFICATE OF DEATH REG. NO.		

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / DEPAR CERTIFI	TMENT OF HEALTH AND ME ICATE OF DEATH	NTAL HYGIENE REG. NO.	2 14511		
	1. DECEDENT'S NAME (First, Middle, Last) OLLIE	М.		DATE OF DEATH DAY	YEAR 92 2 17 D M		
	7	M 2 F 60 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. 7 MONTHS DAYS HOURS MIN.		B. BIRTHPLACE (State or Foreign Country)  MARYLAND		
0 B	9a. FACILITY NAME (If not institution, give street e 2621 KENT STREET		96. CITY, TOWN OR LOCATION OF DEAT BALTIMORE	H 9c. COUNT	TY OF DEATH		
DIRECTOR	10e. STATE 10b. COUNTY		R, TOWN OR LOCATION  B ALTIMORE		10d. thside city LIMITS?  1 M YES 2 NO		
FUNERAL	10e. STREET AND NUMBER 2621 KENT	STREET	101. ZIP CODE 2/2-3		109. CITIZEN OF WHAT COUNTRY?		
BY FUN	1 Never Married 2 M Merried	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO FYES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC If yes, specify Cuban, Mexican, I  1 VES 2 NO Specify:	ORIGIN? (Specify Yee or No- 1	14. RACE — American Indian, Black, White, etc. Specify: BLACK		
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade compo	leted) (Give kind of w life. Do NOT use	USUAL OCCUPATION Nork done during most of working retired.)  SHOKEMAN	16b. KIND OF BUSINESS/INDU	STRY		
BE COM		WILLBURN		(First, Middle, Meiden Surname)	SON		
10		CAS 20	ADDRESS (Street and Number or Rural Rou  O2 JUBILE	E CT. BALT	O, MD. 21214		
	20s_METHOD OF DISPOSITION 1 M-Buriat 2 Cremation 3 Removal fit 4 Donetton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSE	WESTE	W STAR Cam. 5/	JOATE 20c. LOCATION - CA	sville MD.		
	Den	B. Coff	1701 MSC	ULLOH ST.	HARRIS F. H. BACTO, MD. 2121		
	23. RAET L Enter the disease, or companies. List of the control of	only one ceuse on each line.	erroscleratic C		Approximete intervel Between Onset and Death		
HILLAHON	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE OF					
CERT	that initiated events resulting in daeth) LAST	DUE TO (OR AS A CONSEQUENCE OF	):				
MEDICAL	PART II. Other significent conditions cor	stributing to death but not resulting in	n tha underlying ceuse given in Pa	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Check	only one)	1		
PHTSICIAN:	1'X YES 2 NO 1	SPITAL: Inpatient 2 - ER/Outpatient 3 - DOA	OTHER: 4 Nursing Home 5 KResidence 8	Other (Specify)			
1 PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	M 1 YES 2 NO	d. DEŞCRIBE HOW INJURY OCCU	RED		
- 10	4 Homicide determined	<ol> <li>PLACE OF INJURY — At home, term, at building, etc. (Specify)</li> </ol>	Ireat, factory, office	tt. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,		
COMPLEIED		To the best of my knowledge, death occurred the beele of examination end/or investigation					
O DE	296. SIGNATURE AND TITLE OF CERTIFIER	nhomo	O.C.M.E	-11.	SIGNED (Month, Day, Year) 25/92		
	JARON LOKE,	MO 111	PENN STREET, BALT	IMORE, MARYLAND	21201		
	MAY 2 6 1992	32. REGISTRAR'S SIGNATURE					



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2<sup>st</sup> Nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	, Middle, Last)									OF OEATH			3. TIME OF	OEATN
LEE	WOOLF	OLK, SE	₹.						MONT		DAY 2	YEAR Q 2		OLA III
		5, SEX	6. AGE (In yrs.	last birthday)	4				S. 7. DATE OF BIRT				THPLACE (State	or Foreign
			88	YRS.	MONTHS	DAYS	HOURS	MIN.	12	/25/	1903			а
									ATH			JNTY OF	OEATN	
TODZ KIN	<b>qsway</b>	Road			Ba	ilt	imo	re						
10a. STATE 10b. COUNTY				10c, CIT	Y, TOWN OF	LOCAT	TION				T-			
MD.					Ba	lt	imo	re C	itv					
						101	ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTS	1Y7
	qsway		T FVED IN H.C.						_				USA	
1 Never Merried 2		FORCES? 1	YES 2 5	NO	11	yes, sp	ecity Cubi	m, Mexicar	n, Puerto	N? (Specify York) Rican, etc.)	es or No—	Blac	ck, White, atc.	Indien,
												Spe		)
(Specify only	y highest grade	completed)		Give kind of	work done du	cupatio	ON st of world	ng	168	KIND OF BU	JSINESS/IN	DUSTRY		
Elementary/Secondary (0	1-12)	College (1-4 or 5	•) "	in. Do NOT a	se reured.)									
							16. MOT	HER'S NAM	ME (First.	Middle, Maide	n Surname)			
Allan Woo	olfol	k												
			1							ber, City or To	wn, State, Zi	p Code)		
		iolk						Ro	ad	Balt	O,MI	).	21218	
15 Buriel 2 Cremetic	n 3 🗆 Rem	oval from State	cemetery.c	AND DATE	OF DISPOSIT ther place)	ION (Na	me of		DAT					
		ENSEE	1,	IL. P.		_	IO ADDRE	SS OF FAC	CILITY	<u> </u>	Alto	Ci	ty, MD	
Vesu	2h	1. Ku	41		Jo	spe	eh I	. Ri	uss	Fune	ral	Hom	ne V	03.0
23. PARY I. Enter the di	sesses, or o	omplications the	t caused the d	leath. Do r	not enter ti	he mod	de of dy	ing, auch	aa can	lac or resp	oiratory ar	ALT reat,		ximata
IMMEDIATE CAUSE (Fin	cort remore.	ciat Only One Cau	ise on each iin	le.										and Deat
resulting in death)	<b>+</b>		Sall	tali	c (c	W	CU	w				×		
		DUE TO	(OR AS A CONSI	EOUENCE O	F): / /	3/2	. /	Inti				40		
Sequentially flat conditi	ons,					(V)	nu	· ucc	~					
cause. Enter UNDERLY!	NG												İ	
that initiated events		DUE TO	(OR AS A CONSE	OUENCE OF	F):		1	0			,			
readiting in death) LAS		1	Cosel	NO	vanc	u	ar	1	CCC	alu	(-			
PART II. Other significa	nt condition	s contributing to	desth but not	reaulting i	in the und	eriying	csuse (	given in F	Part i.	24a. WAS AN	AUTOPSY	248	. WERE AUTOPS	Y FINDINGS
										PEMFO	HMED?		COMPLETION	IOR TO
									_					□ NO
									_					
EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	26. PL/	ACE OF O	EATH (Chec	ck only on	e)				
					4 - Nursin		_	sidence 8	Othe	(Specify)				
1 Natural 5 🗆 I					URY	WOF	PK?		28d. DES	CRIBE NOW	INJURY OC	CURED		
3 Sudelde		28a. PLACE O	F INJURY — At h	ome, farm, s					28I. LOC	ATION (Street	and Number	or Rural i	Route Number,	
4 Homicide	latermined		eta (apacity)						City	or Town, State,	)			
(Check only	FYING PHYSIC	CIAN: To the best of	my knowledge, d	eath occum	d at the time	, data s	and place,	and due l	lo lhe cau	se(a) and ma	nner ee stel	ed.		
2 MEDIC			amination and/or	Investigation	n, in my opir	nlon, de	ath occur	ed at the ti	lme, date	and place, ar	nd due to th	e cause(e	e) end menner	es stated.
29b. SIGNATURE AND TITLE	OF CERTIFIER	50					29c. LICE	NSE NUME	BER		29d, DAT	E SIGNED	(Month, Day, Y	er)
	PERSON WHO	( V m				- 1	()	506	(/1			C /2	1457	
	4. SOCIAL SECURITY NUM  213-09-33  9e. FACILITY NAME (If not it  1652 Kin  RESIDENCE OF DEC  10e. STATE  MD.  10e. STREET AND NUMBER  1652 Kin  11. MARITAL STATUS  1 Never Merried 2 Standard S	4. SOCIAL SECURITY NUMBER  213-09-3304  9e. FACILITY NAME (If not institution, give s  1652 Kingsway  RESIDENCE OF DECEDENT  10e. STREET AND NUMBER  1652 Kingsway  11. MARITAL STATUS  1 Never Merried 2 Merried  352 Midowed 4 Divorced  15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Lest)  Allan Woolfol  19e. INFORMANT'S NAME (Type/Print)  Claudette Wool  20e. METNOD OF DISPOSITION  18 Burlel 2 Cremetion 3 Rem  4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIGUE  23. PART I. Enter the diseases, or or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1 Natural 5 Pending Investigation  26. CERTIFIER (Check only only 1 CERTIFYING PHYSIC Check only one)  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	4. SOCIAL SECURITY NUMBER  213-09-3304  99. FACILITY NAME (if not institution, give street and number)  1652 Kingsway Road  RESIDENCE OF DECEDENT  109. STREET AND NUMBER  1652 Kingsway Road  11. MARITAL STATUS  11. MARITAL STATUS  11. MARITAL STATUS  11. MARITAL STATUS  12. WAS OECEDENT FORCES?  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5.)  17. FATHER'S NAME (First, Middle, Last)  Allan Woolfolk  199. INFORMANT'S NAME (Type/Frint)  Claudette Woolfolk  209. METNOD OF DISPOSITION  17. SIGNATURE OF FUNERAL SERVICE LICENSEE  23. PART I. Enter the diseases, or complications the shock, or heart failure. List only one causing in death)  24. Doneston 5 Cother (Specify)  25. WAS CASE REFERRED TO MEDICAL Examiners  1   Netural   S   Pending   DUE TO    25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO   NO    26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Netural   S   Pending   Pending   Pending   Investigation    26. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   Yes 2   NO   NO    27. MANNER OF DEATN  28. PLACE Of Month, D.    28. PLACE Of Building, Investigation   28. PLACE Of Building, D.    29. CERTIFIER   CERTIFYING PHYSICIAN: To the best of Certifier   Check only 1   CERTIFYING PHYSICIAN: To the best of Certifier   Cert	4. SOCIAL SECURITY NUMBER  213-09-3304  9e. FACILITY NAME (If not institution, give street and number)  1652 Kingsway Road  PRESIDENCE OF DECEDENT  10e. STATE  10e. STATE  10h. COUNTY  MD.  10e. STREET AND NUMBER  1652 Kingsway Road  11. MARITAL STATUS  1 Never Married 2 Merried  1 S. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  17. FATHER'S NAME (First, Middle, Last)  Allan Woolfolk  19e. INFORMANT'S NAME (Fypa/Print)  Claudette Woolfolk  19e. METONO OF DISPOSITION DEBUTIES 2 Completed on 5 Cherr (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  23. PART I. Enter the diseases, or complications that caused the dispose or condition resulting in death)  All onnerion 5 Cother (Specify)  21. Signature of Funeral Service Licensee  22. PART II. Other significant conditions, resulting in death) LAST  DUE TO (OR AS A CONSI  CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSI  C. DUE TO (O	4. SOCAL SECURITY NUMBER 2 1.3 - 0.9 - 3.30 4  9a. FACILITY NAME (if not institution, give street and number)  1.6 5.2 K ingsway Road  RESIDENCE OF DECEDENT  10b. COUNTY  MD.  10c. STREET AND NUMBER 1.6 5.2 K ingsway Road  11. MARITAL STATUS 10. NOVE Merried 11. MARITAL STATUS 11. New Merried 2 Merried 2 Sp. Wildowed 4 Divorced  12. Was OECEDENT EVER IN U.S. ARMED FY VES. GIVE WAR OR DATES  17. FATHER'S NAME (First, Middle, Las)  Allan Woolfolk  19a. METNOD OF DISPOSITION Cliege (1-4 or 5 +)  17. FATHER'S NAME (First, Middle, Las)  Allan Woolfolk  19a. METNOD OF DISPOSITION STATUS (Figure 1)  2 Method of Sp. Wildows (Figure 1)  2 Method of Funeral Service Licensee  1.2 PART I. Enter the diseases, or complications that caused the death. Do a shock, of heart failure. List only one cause on each line.  1.4 MEDIATE CAUSE (Final Cause, Enter UNDERLYING CAUSE, Disease or injury that initiated events resulting in death)  2.5 Was Case Referred to MEDICAL EXAMINER?  1.1 Other significant conditions contributing to death but not resulting in death)  2.7 MANNER OF DEATH  1.2 Manner of DEATH  1.3 Manual Citype Physician.  1.4 Medical Cause (Final Cause)  2.5 Was Case Referred to MEDICAL Examiner: on the best of my knowledge, death occurred conditions, and contributions of examination and/or investigation only a medical cause. Enter Investigation on the death of the medical cause of the conditions on the best of my knowledge, death occurred conditions, and cause of examination and/or investigation only a medical examiner: on the best of my knowledge, death occurred conditions on the best of axamination and/or investigation only a medical examiner: on the best of axamination and/or investigation only a medical examiner: on the best of axamination and/or investigation only a medical examiner: on the best of axamination and/or investigation only a medical examiner: on the best of axamination and/or investigation only a medical examiner: on the best of axamination and/or investigation only and a medical examiner: on the best of	4. SOCIAL SECURITY NAMER  21.3 − 0.9 − 3.30.4  9. FACILITY NAME (if not histilitation, give street and number)  9. FACILITY NAME (if not histilitation, give street and number)  16.52 Kingsway Road  16.52 Kingsway Road  11. MARITAL STATUS  1	2.1.3—0.9—3.3.0.4  2.1.3—0.9—3.3.0.4  2.1.3—0.9—3.3.0.4  2.1.3—0.9—3.3.0.4  2.1.3—0.9—3.3.0.4  2.1.3—0.9—3.3.0.4  2.1.3—0.9—3.0.4  2.1.3—0.9—3.3.0.4  2.1.3—0.9—3.3.0.4  2.1.3—0.9—3.3.0.4  2.1.3—0.9—3.3.0.4  2.1.3—0.9—3.3.0.4  2.1.3—0.9—3.3.0.4  2.1.3—0.9—3.0.4  2.1.3—0.9—3.0.4  2.1.3—0.9—3.0.4  2.1.3—0.9—3.0.4  2.1.4—1.4  2.1.4—	2 1 3 - 0 9 - 3 3 0 4  2 1 3 - 0 9 - 3 3 0 4  3	4. SCALL SECURITY NUMBER 2 1 2   F 88 YRS.   SUBCR 1 MEAN   SUBCR	\$ SEX   SEX	\$ SECULTY NUMBER   S. SEC   S. ME   S.	4. SOCIAL SECURITY MINERS 4. SEX SECURITY MINERS 5. SEX SECURITY MINERS 6. SEX SECURITY MINERS 6. SEX	4. SOCAL SECURITY NUMBER  2.13 - 0.9 - 3.30.4  5. SEC.  8. ANGE (by ym. fact benchmark)  5. SEC.  8. S	4. SOCIAL BECOMET NUMBER  2.13 - 0.9 - 3.30 4  16. FORCILITY MAKE (PT OR BUTHOUS, OF BUSINS)  4. RECEIPTIVE MAKE (PT OR BUTHOUS, OF BUSINS)  4. RECEIPTIVE OF BUSINS  4. RECEIPTIVE MAKE (PT OR BUTHOUS, OF BUSINS)  4. RECEIPTIVE OF BUSINS  5. STREET AND RUMBER  10. NOS CEREBRY EVEN OF WARK COUNTY  11. WAS OCCURRED OF BUSINS  12. RECEIPTIVE OF BUSINS  13. RECEIPTIVE OF BUSINS  14. RECEIPTIVE OF BUSINS  15. RECEIPTIVE OF BU



31. DATE FILED (Month, Day, Year)
MAY 2 6 1992

DHMH-16 Rev 1/89

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-trai		if once.
e retained b	bluods 3		notified
ge 6 may b	lirector, pag		r must be
er death. Pa	the funeral of	val.	i examine
24 hours aft	filled in by	on, or remo	he medica
uted within	completely	irial, cremati	ic event, t
cate be exec	hysician and	prior to bu	r traumat
death certific	attending p	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	TANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
nes that the	igned by the	eafth and Me	s any inju
he law requi	has been s	B Dept. of H	n 23 show
IYSICIAN: T	s certificate	ith the State	ed, or ites
ENDING PH	IR: After thi	ter death wi	is marke
L OR ATT	L DIRECTO	hours aft	item 28
HOSPITA	FUNERAL	within 72	TANT: H

COMPLETED

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2

TO THE HOSPITA
TO THE FUNERAL
DE filed within 72
IMPORTANT: II

92 14513 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 92 GLADYS M. WILSON 05 10:04 20 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 07703709 SHTHO DAYS HOURS BARN. PENNSYLVANIA 1 M 2 XF 212-05-1729 82 YRS 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 409 OVERBROOK ROAD CATONSVILLE BALTIMORE RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE CATONSVILLE 1 TES TO NO 10a STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 409 OVERBROOK ROAD 21228 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 X X YON 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Welerried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WHITE. COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY most of working C.& P. TELEPHONE CO. dary (0-12) College (1-4 or 5+) 8TH CLERK 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname)
MARY LAUER HENRY KLINEDINST BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 409 OVERBROOK ROAD CATONSVILLE, MD EDWARD WILSON (HUSBAND) 21228 20a METHOD OF DISPOSITION

| Buriel 2 | Cremetion 3 | Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State NEW CATHEDRAL CEMETERY 5/23/92 BALTIMORE. MD 4 ☐ Donation 8 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEROY M & RUSSELL C WITZKE FUNERAL HOME ussella 1630 EDMONDSON AVE CATONSVILLE.MD 21228 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate ahock, or heart feliure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finei Onset and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditions, if any, leading to immediate 00 9M cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 [] YES 2 [] NO PHYSICIAN: BY

25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF GEATH (Check only one)							
EXAMINER?	HOSPITAL: 1 ☐ inpetient 2 ☐ ER/Outpetient	3 🗆 DOA	OTHE 4   No	R: irsing Home 5 ( Residence	8 Other (Specify)				
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF JURY M	28c, INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED				
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — All building, atc. (Specify)	home, farm,	atreet, fee	ctory, office	28f. LOCATION (Street end Number or Rural Route Number, City or Town, Stete)				

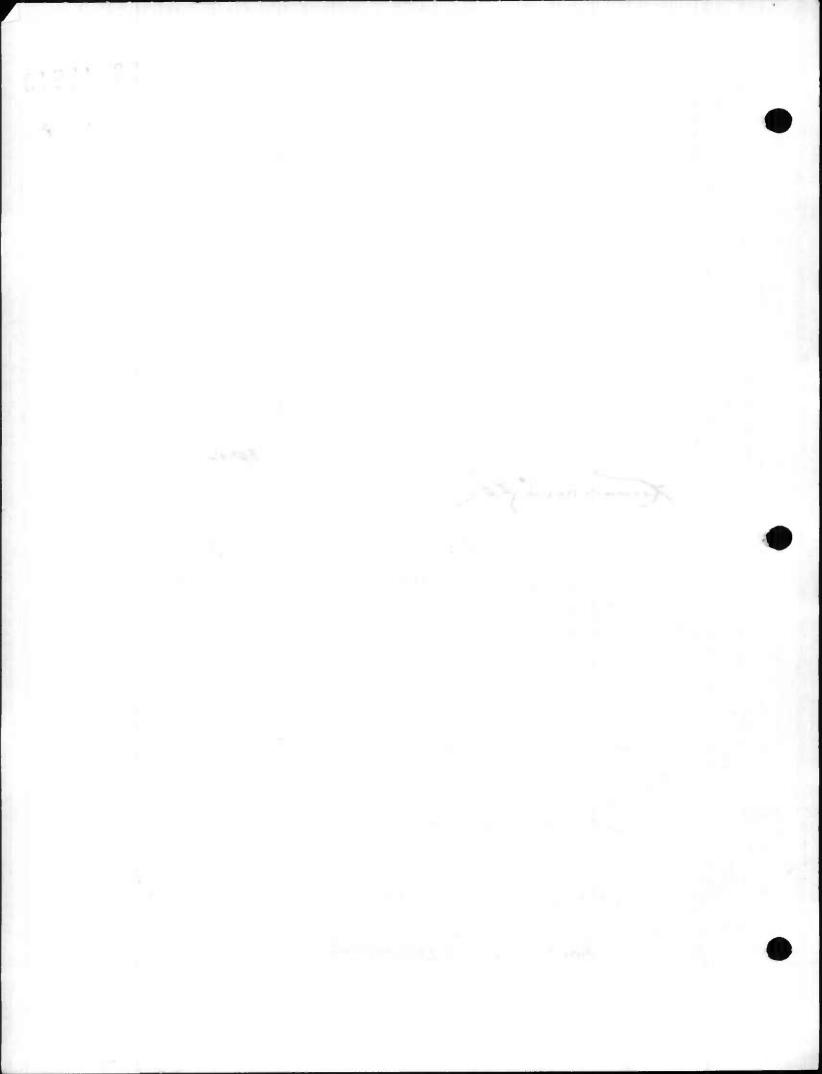
1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end piece, and due to the ceuse(s) end menner ee stated. 2 MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 12967

30. NAME AND AGE IESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

SHAW M.D. **JOHN** 5800 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 31. DATE FIXEO (Month, Day, Year,

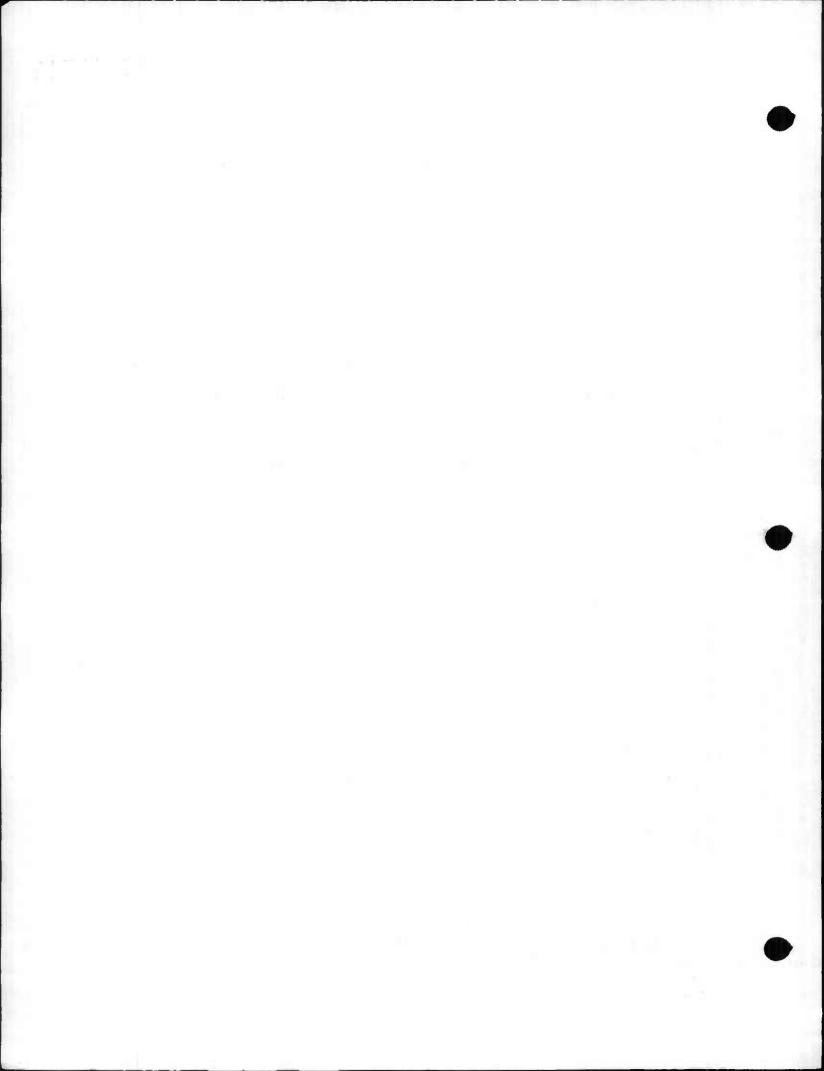
32. REGISTRAR'S SIGNATURE whie Davidson- Andelle 1992



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - FOR STATE REGISTRAR	STATE OF MAI			F HEALTH AND	MEN	ITAL HYGIEN	E	lives	14014
ОВ	1. DECEDENT'S NAME (First, Middle, Last)						ATE OF DEATH		WEAR	3. TIME OF DEATH
	Catherine	WHELEHAN					05 24		YEAR	9.45 A M
	4. SOCIAL SECURITY NUMBER					S. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign				
	579-24-7485  9e. FACILITY NAME (If not institution, give:	1 M 2 F	77 Y	RS.	OWN OR LOCATION OF	A	ug.23,1	_	Ma	ryland
	Franklin Squ		tal	96. C/11, 10	Rossvi			e coun	timo	
5	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y	1 100	CITY, TOWN OR I	OCATION			Dui	T	10d. INSIDE CITY
TED BY FUNERAL DIRECTOR	Md.	Baltim				sse	x			LIMITS?
	10e. STREET AND NUMBER 509 Dela	ware Ave,			10f. ZIP CODE 2 1 2	221		10g. CITIZ	EN OF W	US a
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EN FORCES? 1   IF YES, GIVE WAR	YES 2 NO	H ye	B DECENDENT OF HISP es, specify Cuben, Maxi YES 2 NO Spec	ican, Pu	RIGIN? (Specify Yes erto Rican, etc.)	or No-	14. RACE Black Specifi	- American Indian, White, etc.
	15. DECEDENT'S EOU (Specify only highest grade	completed)	16a. DECEDE (Give kin life, Do A	ENT'S USUAL OCCU and of work done durk FOT use retired.)	IPATION ng most of working		16b. KIND OF BUS	INESS/INOL	JSTRY	
PE	Elementary/Secondary (0-12)	College (1-4 or 5 +)		Teach			т.	1-1-	m 0 10	a County
BE COMPLETED	17. FATHER'S NAME (First, Middle, Last)			1eaci.		NAME (F	irst, Middle, Maiden		MOI	e County
	Howard G	annon					Dill			
10 B	19e. INFORMANT'S NAME (Type/Print)		19b. MA	ILING ADDRESS (S	treet and Number or Rura	Il Route	Number, City or Town	n, State, Zip	Code)	
ĭ	Kay Belbot					-				d. 21221
	20e. METHOD OF DISPOSITION  1  Burlel 2  Cremetion 3  Rem 4  Donation 5  Other (Specify)	oval from State	cemetery, cremetor			1		CATION — C		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	Sacredi	22. NAI	Jesus 5	FACILITY	/921 BA1	timo	re	Md.
	Connelly Fundal Alone Connelly Funeral Home 300 MACE Ave, 2122									
CERTIFICATION	23. PART i. Enter the diseases, dr. shock, or heart failura. IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	a. Conge Due to (or one to (or on	on each line.  2STIVE H AS A CONSEQUENT AS A CONSEQUENT AS A CONSEQUENT	leart Face on: ery Discorp:	ilure					Interval Between Onset and Death
	PART ii. Other significant condition	d	oth but not result	ling in the unde	riving cause alven i	in Dani	i. 24a, WAS AN	ALFTONOV	1.00	WERE AUTOPSY FINDINGS
BY PHYSICIAN: MEDICAL				ang wi dia awa	nying cause given i		PERFORI	MED?		WANLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF OEATH (C	Check on	ly one)			
	EXAMINER?  1 YES 2 YO	HOSPITAL:	I/Outpatient 3 🗆 Di	OTHER:		-				
	27. MANNER OF OEATH  1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? WORK?						RIBE HOW INJURY OCCURED		
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, fact bullding, etc. (Specify)			arm, street, factory,	ry, office 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				oute Number,	
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.								end manner as stated.	
TO BE C	29b. SIGNATURE AND TITLE OF CENTIFIE	Merche	, ng		29c. LICENSE NI	UMBER	7]			(Month, Day, Year)
	38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  9105 Franklin Square Drive Baltimore, MD 21234									
	MAY 2 6 1992	guia Divid	bon-Mandel	×.						





3. TIME OF DEATH

YEAR

FOR

REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	never on several participation of the form of the second considerable by manufactured within all Desires of
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May 23,1992 Robert Wallace Jr. 8:20 pm 5. SEX 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign 218-56-1840 DAYS HOURS 1 M 2 F YRS. 43 March17 1949 Maryland the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 1019 Evans Way DIRECTOR Baltimore RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md. BAltimore 1 - YES 2 - NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1019 Evans Way 21205 USa 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married 2 \_\_NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) Cotlege (1-4 or 8+) 7th Ship Yard Beth Steel once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert J. Wallace Ħ Ivy Margaret Barnhart BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 Donna Clark 1002 Evans Way BAltimore Md. 21205 2 20s. METHOD OF DISPOSITION
1 4 Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE must of cemetary, crer HOIIy Hill Cemetery 5/27/9 4 Donation 5 Other (Specify) 2 BAltimore Md. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY une ConnellyFuneralHome 300MAceAve. 21221 trone medicai 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiretory street, shock, or heart failure. List only one cause on each line. **Approximats** filled in by interval Between 6 **Onset and Death** IMMEDIATE CAUSE (Finsi and completely filled to burial, cremation, o the the disease or condition resulting in death) or other traumatic event, DUE TO (OR AS A CO CERTIFICATION Sequentisity list conditions, DUE TO (O Hygiene prior to has been signed by the attending physician Dept. of Health and Mental Hygiene prior to if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST Injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE shows any 1 - YES 2 1 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem r this certificate h HOSPITAL: OTHER: 1 YES 2 NO Hent 2 - ER/Outpetlent 3 - DOA g Home 8 ( Residence 8 - Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO death v BY 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) o the Hospital or Attendin o the Funeral Director: Afi e filed within 72 hours after de 3 Suicide -8 Could not be determined COMPLETED 4 Homicide Item 28 29a. CERTIFIER
(Check only one)

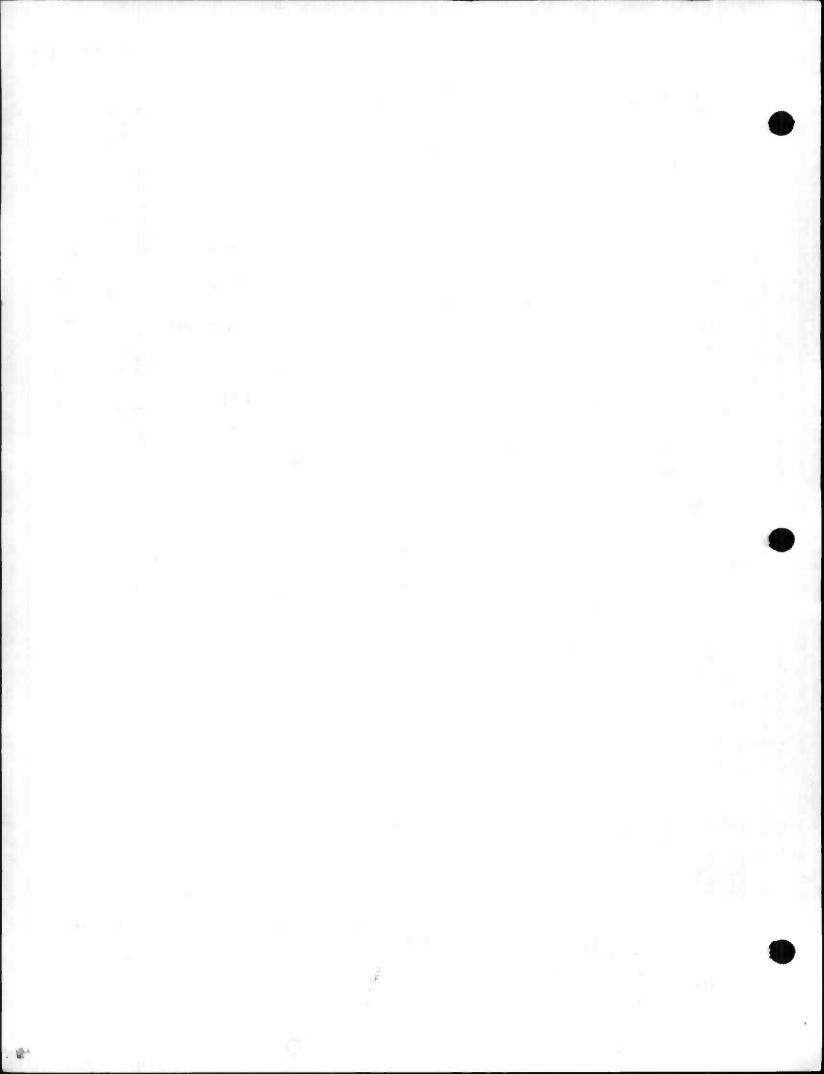
2 UNIFICAL EXAMINED: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT: If 2 MEDICAL EXAMINER: On the basis of a tion and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day! Year) BE 26 92 223 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARVIN Hombro 21220 ) . P. BEGISTBAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH

DHMH-16 Rev 1/89



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find until 72 hours of a fund of the standard burian price to burial committee of the standard burian price to buri	PORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
D THE HOSPITAL OF	O THE FUNERAL OIF	MPORTANT: If Itel

31. DATE FILEO (Month, Day, Year)

92 14516 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 92 Effie West 21 05 8:25 A M 4. SOCIAL SECURITY NUMBER 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.

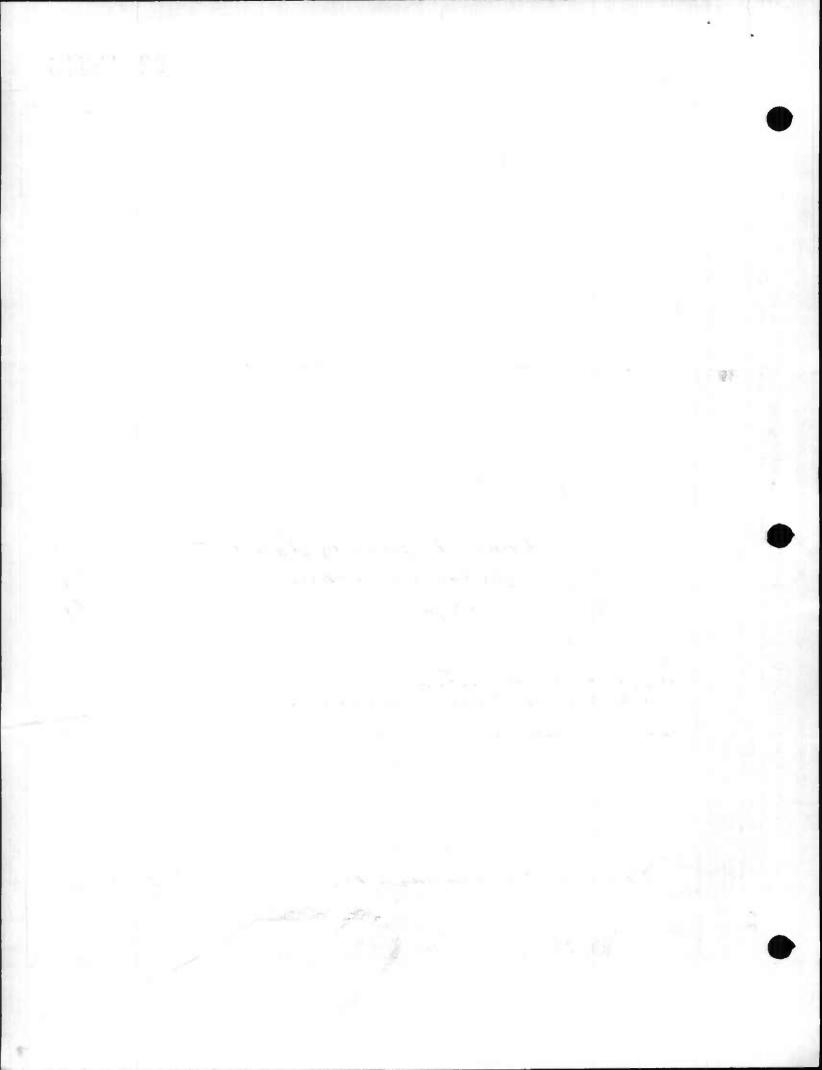
86 YES MONTHS DAYS HOURS MIN. 7. DATE OF BIRTH BIRTHPLACE (State or Foreign Country) 212-12-0465 1 M 2 F 10/14/1905 Delaware 9s. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH WORCESTER 9b. CITY, TOWN OR LOCATION OF DEATH Berlin Nursing Home Berlin, DIRECTOR RESIDENCE OF DECEDENT 10a. STATE 10b, COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Sussex Millsboro Delaware 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? R.d. 2 Box 165 19966 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: White BY Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done life, Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 8+) 8 homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) William Holston Margaret Mitchell BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 19966 Margaret E. Scott R.d. 2 Box 165, Millsboro, Delaware 20s. METHOD OF DISPOSITION
1-1 Burial 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nema of DATE 20c. LOCATION - City or Town, State McColley's Chapel Cemetery 5/23 4 Donation 8 Other (Specify) Georgetown, Delaware 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Watson Funeral Home Millsboro, Delaware 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate ahock, or haert failure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death disease or condition Ondio Lespina to by Annes + 102 resulting in desth) Antenios de rois CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART\_II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS Dementy. AVAILABLE PRIOR TO COMPLETION OF CAUSE Cononny Patery Distase 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 🖄 Nursing Home 5 🗆 Residence 8 🗀 Other (Specify) 1 YES 2 NO 27. MANNER OF DEATH 26s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation м BY 1 YES 2 NO 2 Accident 28s. PLACE OF INJURY — At home, term, street, factory, office building, stc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner so stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as attend. 29b. SIGNAPURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) anny My 15.21-92 #02026 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

F. Arthes, MD 1622A Ocean Pines, Berlin, MD 21811

32. REGISTRAR'S SIGNATURE

000 Fulia Devideon-Amplia



executed within RECORDS, P.O. BOX 68760, DR ATTENDING PHYSICIAN: The law requires that the death certificate be DIVISION OF VITAL

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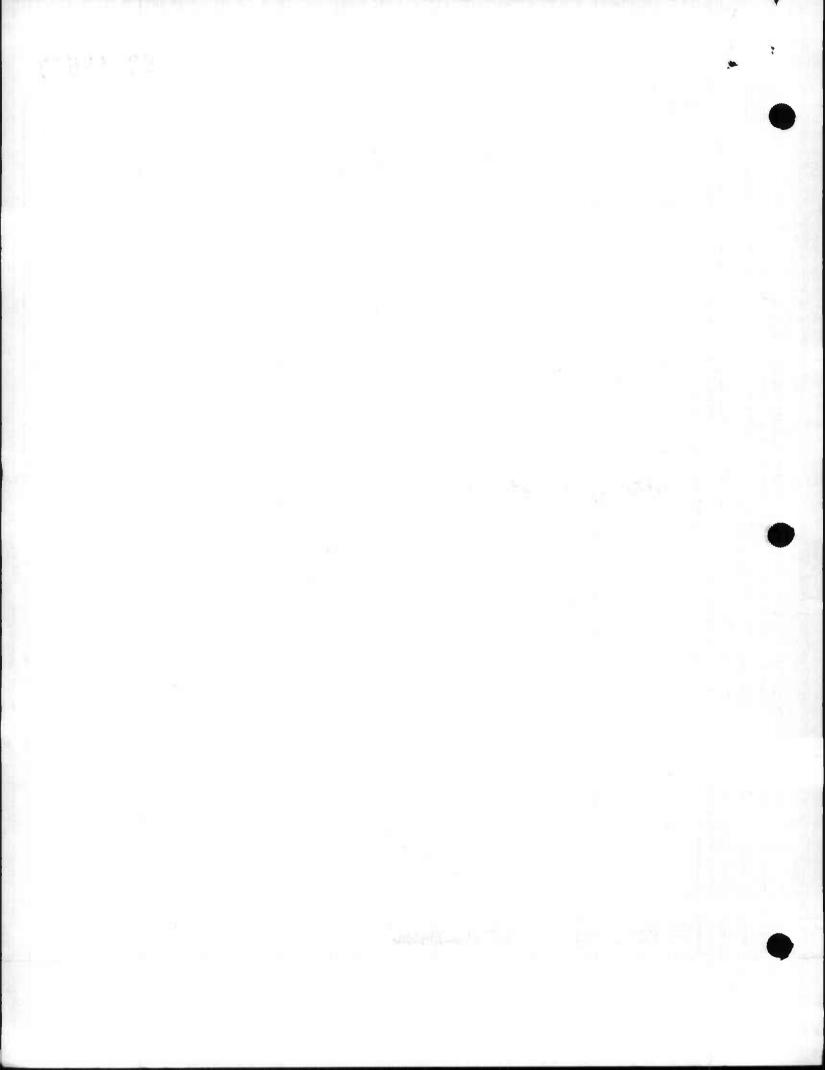
92 14517 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, MINTE ANK H. WOODBURN 2. DATE OF DEATH MONTH 3. TIME OF DEATN YEAR 1215 Woodburn trant 92 5 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. NOV 05,1913 B. BIRTHPLACE (State or Foreign 280-05-5256 1 XM 2 | F 78 DAYS HOURS MIN. OIHO" YRS. Se. FACILITY NAME (If not institution, give atreet and number) 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD. BALTIMORE CITY 1X XVES 2 NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 3903 WILKINS 21229 AVE. U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES \*\* 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 10 Specify: 1 Never Married 2 Warried BY Specify:WHITE 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during life. Do NOT use retired.) College (1-4 or 6+) TZth GRADE ENGINEER STEAM 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) HOMER B. WOODBURN SOPHIA RIST BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code, 2 ALBERTA F. WOODBURN 3903 WILKINS AVE. BALTIMORE, MD. 21229 20a METNOD OF DISPOSITION
3 Gramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State CEMETERY 5/29/92 4 Donation 5 Other (Specify) BALTO. MD. 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY 301 FREDERICK RD. Stanley M. ocurer MAC NABB FUNERAL HOME BALTO. MD. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, **Approximate** shock, or heart failure. List only one ceuse on each line. interval Batween **IMMEDIATE CAUSE (Fine)** Onset and Death disesse or condition theemourc resulting in death) DUE TO (OR AS A CONSEQUENCE OF) stage MEDICAL CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART ii. Other eignificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO DIRECTOR: After this certificate has been signed hours after death with the State Dept. of Health a Item 28 is marked, or Item 23 shows any COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 3-NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) EXAMINER? CTHER: 1 YES 2 NO 1 | Inputient 2 | ER/Outputient 3 | DOA rsing Home 5 - Residence S - Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 A Netural 5 Pending investigation M 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL DI TO THE FUNERAL DI Se filed within 72 ho IMPORTANT: If Ite 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

Resident

32 Angistran's SIGNATURES

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)



permit. Pages 1, 2, 3 should

for use as the burial-transit

BE 2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-tran be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAY 01 101 4. SOCIAL SECURITY NUMB S. AGE (In yes. IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH A. BIRTHPLACE (S) 490 DAYS HOURS 1 - M 2 F 9a FACILITY NAME 660C 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 2123 BA DIRECTOR RESIDENCE OF DE CEDENT 10d. INSIDE CITY 1 YES 2 NO BAltimore Dundalk Md. 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 21222 USA 2737 Moorgate Road 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puarto Ricen, etc.)

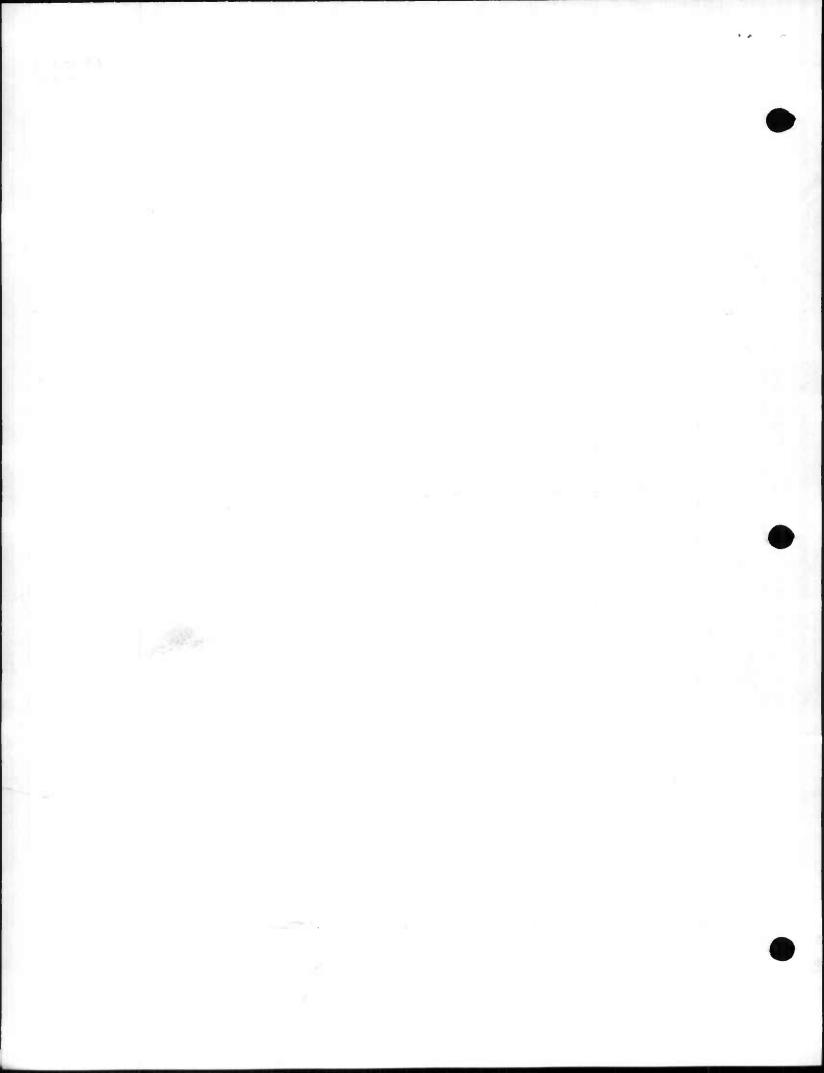
1 YES 2 RO Specify: 1 Never Married 2 Merried IF YES, GIVE WAR OR DATES Spec#White BY 3 Wildowed 4 Divorced 6 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16b. KIND OF BUSINESS/INDUSTRY COMPLET Elementary/Secondary (0-12) College (1-4 or 5 +) Housewife 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Last) WIIII all A. LeBrun Nellie Smith Ħ BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 2737 Moorgate Road BAltimore Md.21222 June Holler be 20a. METHOD OF DISPOSITION
1 ◯ Burtal 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must l GardensofFaithCemetery Rossville Md. 4 Donation 5 Other (Specify) medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome 300MaceAve.21221 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory strest, Approximete shock, or heert failure. List only one ceuse on each line Interval Betw Onset and Death IMMEDIATE CAUSE (Final the disease or condition willio resulting in death) traumatic event, Chu CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE O if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury or other that initieted events resulting in deeth) LAST injury, PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 - YES 2 1 NO meuna 1 TYES 2 NO PHYSICIAN: Dept. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) Hem EXAMINER? HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: Nursing Home 5 - Residence 6 - Other (Specify) 10 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT 26d. DEŞCRIBE HOW INJURY OCCURED 26b. TIME OF marked, 1 Natural 5 Pending 1 YES 2 NO BY Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Floute Number, 3 Suicide 6 Could not be 60 COMPLETED 28 72 hours 29a/CERTIFIER 1) CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated 2 MEDICAL EXAMINER: On the death occured at the time, data and place, and due to the cause(a) and m 29b. SIGNATURE AND TITLE OF CERTIFI 29d. OATE SIGNED (Month, Day, Year)

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REGISTRAR'S SIGNATURE 32. REGISTRAN'S SIGNAL PRINCESSE

ĕ		9a. FACILITY NAME (If not institution, give a	treet and number)
3 shor	E E	4705 Mawani Rd.	
ν,	1 K	RESIDENCE OF DECEDENT	
Ses	N N	10a. STATE 10b. COUNT	Y
permit. Pages 1,	FUNERAL DIRECTOR	Manyland Dalt	imama
riii.	12	Maryland Balt	imore
8	MA		
Tar Tar	1 9	4705 Mawani Rd.	
215-0020	15	11. MARITAL STATUS	12. WAS OECEDENT EVER IN U.S. FORCES? 1 YES 2
E 3		1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2
the day	B	3 Widowed 4 Divorced	
2	E	15. DECEDENT'S EDU (Specify only highest grade	CATION 18a.
0	<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5+)
Q 5 2 .	P	8 years	
MARYLAND retained by the hospil 5 should be detached notified at once.	COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	
YL Ve d	O		
S S S S	BE	Edward Abraham P  19a. INFORMANT'S NAME (Type/Print)	eters
MAR e retained 5 should notified	2		
y be re		Mr. Frank Yozsa	
		20a. METNOD OF DISPOSITION	20b. PLA
MOR age 6 ma director, p		♦ Donation 5 Other (Specify)	oval from State cemetery,
P de de		21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE
death. Pag e funeral dir e.		1 1, 2	
DA Per de l'alle		ofesselv 1	userel Hon
hours after of in by th or remove		23. PART I. Enter tha disesses, pro	complications that caused that
d in or re		shock, or haart fellure.	List only one cause on each I
y fille tion,		IMMEDIATE CAUSE (Final disease or condition	111/10/10
thin thin smat		and a state of the	· MYDCAR
760, ed withir ompletel al. crema			DUE TO (OR AS A CON
Scute of contract	Z	Constantially that we deleted	- ITHEVL
X e e ×	일	Sequantially list conditions, If any, leading to immediate	DUE TO (OR AS A CON
O. BOX 68 certificate be executing physician and cygiene prior to buris other traumatic	S	cause. Enter UNDERLYING	
tifica tifica the sene	正	CAUSE (Disease or injury that initiated events	OUE TO (OR AS A CON
P. C. cer ching in Hygin	1	resulting in death) LAST	
atte	핑		1
ORDS, that the dea the dea the dry the att lith and Menta any linjury, any linjury,	4	PART ii. Other significant condition	s contributing to death but no
A by and and	2		
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REC requires been sign of Heal	Σ		
law ras be sept.	ä		
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after this certificate has been signed by the attending physician and completely filled in by the with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	PHYSICIAN: MEDICAL CERTIFICATION	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	
AN: Hifical	SI	1 VES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient
OF VITAL RECORDS, P.O. BOX 68760, NYSICIAN: The law requires that the death certificate be executed with his certificate has been signed by the attending physician and complet with the State Dept. of Health and Mental Hygiene prior to burial, crented, or item 23 shows any Injury, or other traumatic event.	H	27. MANNER OF BEATN	28a. DATE OF INJURY
D F Sit S		Natural 5 Pending	(Moath, Day, Year)
OR ATTENDING P DIRECTOR: After t hours after death tem 28 is mark	BY	2 Accident investigation	280 DI ACE OF IN HIM
DR: A SE	8	3 Suicide 8 Could not be 4 Nomicide datermined	28s. PLACE OF INJURY — At building, atc. (Specify)
ATTE ATTE	E	- United Contentined	· Parent ·
2 8 8 8 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	7	29a. CERTIFIER 1 CERTIFYING PHYSIC	CIAN: To the best of my knowledge,
PITAL PAL 72	M	one) —	R: On the basis of exemination and/
HOS!	8		
TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After be filed within 72 hours after death	BE COMPLETED	296. SIGNATURE AND TITLE OF BERTIFIER	0
5 5 3 W	0	NKMWY	IM MW
	5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (I
1		0	
1/1		Ctovon Masses	M D F1-72
10		Steven J. Mason 31. DATE FILED (Month, Day, Year)	M. D. Franklin

1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEP/ CERTI	ARTMEN	OF H	EALTH AN	ID MEN	TAL HYGIEN			1 4015
1. DECEDENT'S NAME (First, Middle, Last)							ATE OF DEATH			3. TIME OF OEATN
	YOZ						5 20		992	11:00 A
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthda	MONTHS	1 YEAR	IF UNDER 24 HI		ATE OF BIRTH fonth, Day, Year)		8. BIRTH Count	PLACE (State or Foreign
216-30-9854  9e. FACILITY NAME (If not institution, give:	1 M 2 F 8	2 YAS					1-25-19		Pe	nnsylvania
4705 Mawani Rd.	street and number)			Ovei	lea	F DEATN		9c. coun Ba.	ITY OF O	
10e. STATE 10b. COUNT	Υ	10c. C	CITY, TOWN	OR LOCAT	ION					10d. INSIDE CITY
Maryland Balt	imore			Over	lea			10a CITIZ	PEN OF V	LIMITS?  1 YES 2 NO  WHAT COUNTRY?
4705 Mawani Rd.					21206	3			USA	Wild Cooking
11. MARITAL STATUS  1 Never Merried A Merried  3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YER IN U.S. ARMED YES 2 NO OR DATES		If yes, sp		SPANIC OR	IGIN? (Specify Yes		14. RACE	•
15. DECEDENT'S EDU (Specify only highest grade	CATION (COMpleted)	18a. DECEOENT	'S USUAL O	CCUPATIO	IN .		16b. KIND OF BUS	SINESS/INDI	USTRY	WHITE
Elementary/Secondary (0-12)	College (1-4 or 5+)		of work done use retired.)		st or working	1				
8 years  17. FATHER'S NAME (First, Middle, Last)		Hous	ewife				Homema			
							st, Middle, Maiden izabeth			
Edward Abraham F	eters	19h MAII II	NG ADDRESS	(Street e			LZauetn lumber, City or Tow			
Mr. Frank Yozsa							ore, Md.			
20a. METNOD OF DISPOSITION  (XBurlal 2 Crametton 3 Rem  4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DAT	E OF DISPOS	ITION (Na	me of	D	ATE 20c. LO	CATION — C	ity or To	
21. SIGNATURE OF FUNERAL SERVICE LIN		Moreland			Park D ADORESS OF		92   Bal	timor.	re,	Md.
* Lesselw Fr	uneral	Honz					ral Home		э. М	d. 21236
23. PART I. Enter tha diseases, preshock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. OUE TO (OR DUE TO (OR	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE	OF): CLEY OF):		GAR			ratory arre	eat,	Approximate interval Between Onset and Death  M(N)
PART II. Other significant condition	s contributing to dea	th but not resulting	in tha un	derlying	causa givan	In Part i.	24a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				20 00	CE OF BEAT	(Chest	l cool			
EXAMINER?	HOSPITAL:	Outpatient 3 □ DOA	OTHER	:	CE OF DEATH					
27. MANNER OF DEATN	28a. DATE OF INJU	RY 28b TI	4 Nurs	28c. INJL	RY AT		ther (Specify) DESCRIBE NOW IN	JURY OCC	JRED	
Natural 5 Pending 2 Accident Investigation	Moath, Dev. Vo	-92	NJURY M	WOF	ES 2 NO	-				
3 Suicide 8 Could not be determined	28s, PLACE OF INJ building, atc. (	URY — At home, farm (Specify)	, street, facto	ery, office		281. L	OCATION (Street a ity or Town, State)	nd Number o	r Aural A	oute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of my k	nowledge, death occur ation and/or investigat	rred at the til	me, deta	and place, and on the occurred at	due to the the time, d	cause(s) and man	ner as atated	d. cause(s)	and manner as stated,
29b. SIGNATURE AND TITLE OF DERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	lum 1	VD.			29c. LICENSE I	NUMBER		29d, DATE	SIGNED -2	(Month, Day, Year) 1-97
Steven J. Mason 31. DATE FILED (Month, Day, Year)	M. D. Frai	nklin Sq.	Med.		g. Fra	nklin	Sg. Dr	. (57	4-1	330)
MAY	26 1992	Julia David	un Car	1.00						



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certificate ha item

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TO THE HOSPITAL OR ATTENDITED TO THE FUNERAL DIRECTOR: AID THE FUNE After de lied within 72 hours after de IMPORTANT: If Item 28 is

death with the S marked, or i

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92 14520 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH MONTH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR ROSE BOWIE MARIE 3:25 23 APRIL 1992 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Morth, Day, Year) 6-25-38 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN. 1 M 2 FF 220-34-1091 53 FREDERICK, MD. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH FREDERICK MEMORIAL HOSPITAL FREDERICK MARYLAND FREDRRICK DIRECTO 10a. STATE 10b. COUNTY 10d. INSIDE CITY FREDERICK MD. LIBERTYTOWN 1 XYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12112 NORTH ST. LIBERTYTOWN, U.S.A. 21762 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yee, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married BY Specify: BLACK 3 Widowed 4 Divorced 60 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest COMPLET TELEMALOUE ELECTRONICS Elementary/Secondary (0-12) College (1-4 or 5+) ASSEMBLY LINE COMP. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) BE RAYMOND B. BOWIE PEARLINE BOWIE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) JEROME BOWMAN 924 WAMPLER LANE WESTMINSTER MD. 21258 20e. METHOD OF DISPOSITION
4 Buriel 2 Cremetion 3 Removal from State 20b. PLACE AND DATE DF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State EBENEZER UMC CEMETERY 4-28-92 4 Donation 5 Other (Specify) CENTERVILLE MD 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY GARY L. ROLLINS FUN. SERV 3433CLIFTMONT AVE. BALT. MD. 21213 us 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac Dr respiratory strest, shock, or heart failure. List only one cause on each line. Approximats Interval Between Onset and Death IMMEDIATE CAUSE (Final disesse or condition from to. DUE TO (OR AS A CONSEQUENCE OF): 5 01 resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION 9 Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING en zhastatic 0100 Car 0140 041 CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to dash but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AVAILABLE PRIOR TO AFULC 52/915 COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 - YES 2 - NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident
3 Suicide 5 Pending 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide

(Check only one)  CERTIFYING PHYSICIAN: To the best of my knowledge, death one)  MEDICAL EXAMINER: On the best of examination end/or investigation.		
29b. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month. Day, Year

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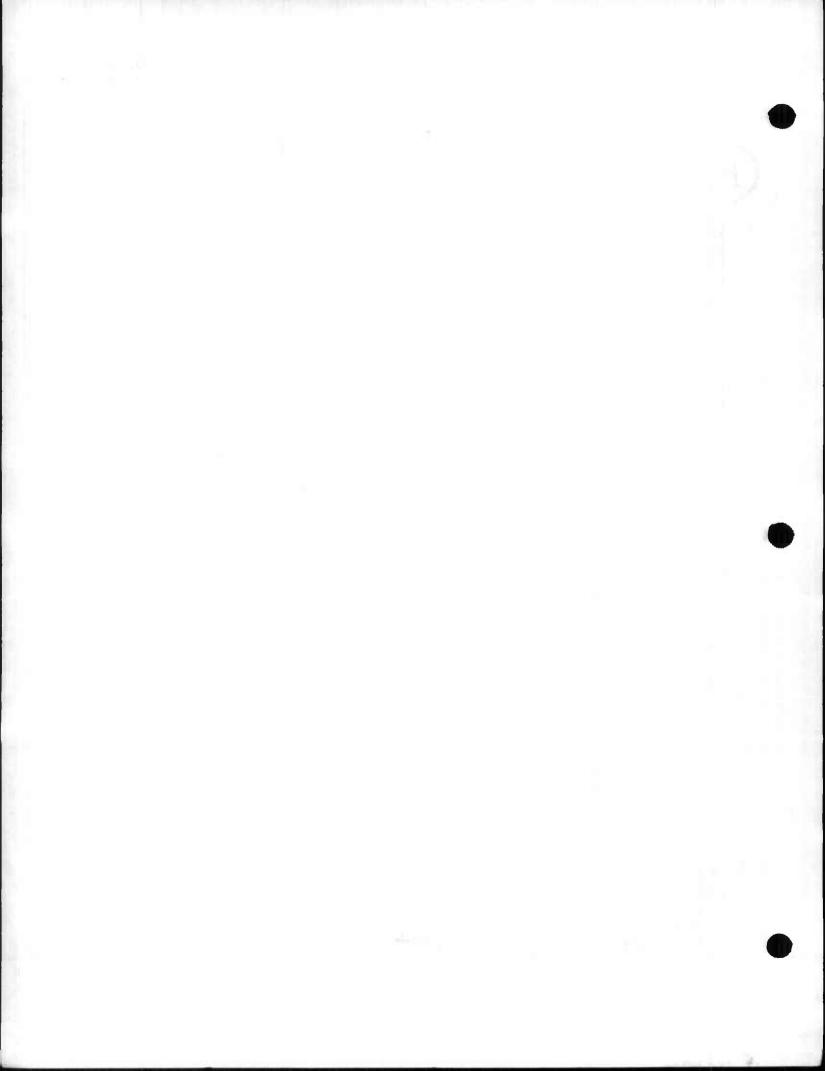
5 + 6 + 6 4 51

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) 32 REGISTRAR'S SIGNATURE
Fichia Variason-Randale APR 2.7 1992

1-12d-16 40 21701

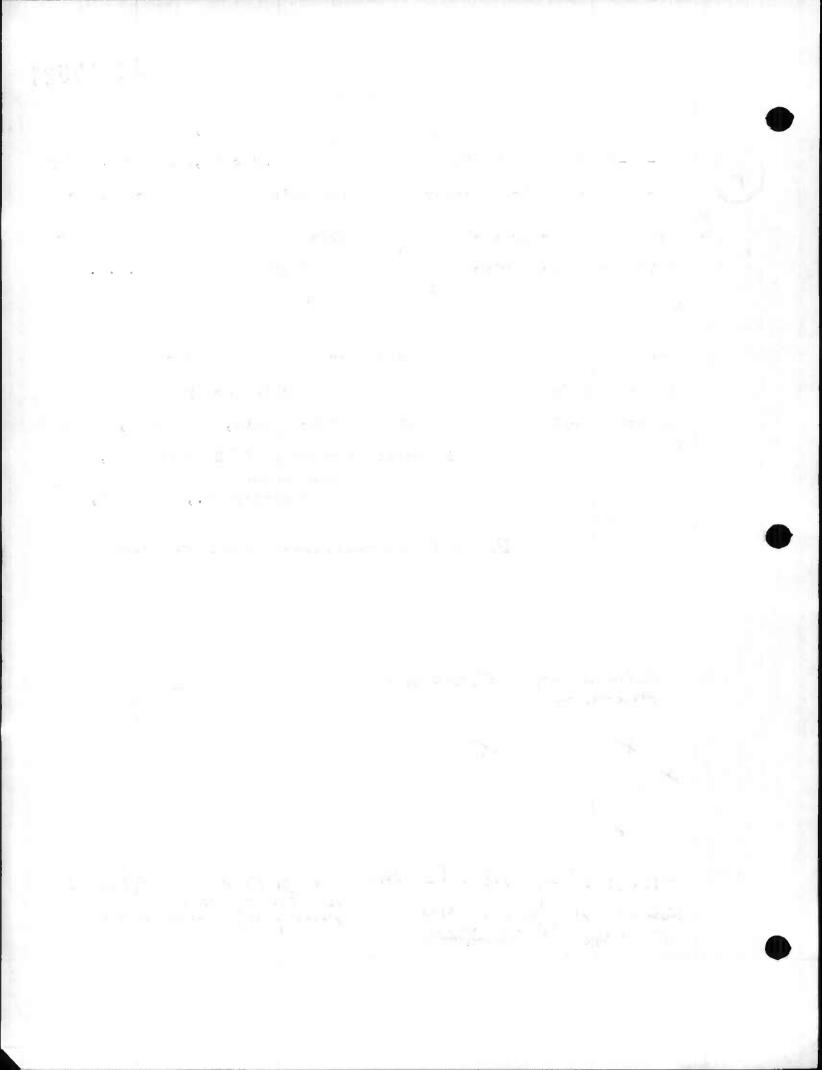
atated.



TO BE COMPLETED BY FUNERAL QIR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
funeral director, page 5 should be detached for use as the burial-transit permit, Pro-	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Preside within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

31. DATE FILED (MONE). Day 1047) MAY 1.5 1992

1. DECEDENT'S NAME (First, Middle, Last)		- OL		<b>3711</b>	OF DEATH		REG. N	10.		
WILHELMINA	DAVIS	BAIN				1.0	DATE OF DEATH MONTH	1992	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER 1 YE	AR # UNDER 24 H	is. 7.	DATE OF BIRTH			IPLACE (State or Foreign
214-38-1710 9e. FACILITY NAME (If not institution, give a	1 □ M 2 🕌 F	81	YRS.	MONTHS DA	11/2012	Ju	(Month, Day, Year)	1910	New	Jersey
	Mary and the	0 4			WN OR LOCATION O			1000	INTY OF D	
Anne Arundel M	edical	Genter		Al	napoli	S		Ann	ne A	rundel
Maryland Ann  10s. STREET AND NUMBER	e Arund	el		nnapo	lis					10d. INSIDE CITY LIMITS? 1 YES 2 X NO
	- D				10f. ZIP CODE			10g. CIT		WHAT COUNTRY?
1077 Sun Vall		T EVER IN U.S. ARM	4FD	13 WMS	214	No. of Lot	DIGIN2 (Specify	Yes or No	U.S	
1 Never Married 2 Married 3 Widowed 4 Divorced		YES 2 N		If yes	s, specify Cuban, Ma YES 2 KNO S	xican, Pu		res or No—	Spec	E — American Indian, k, Whita, etc. ite
15. DECEDENT'S EDU (Specify only highest grade	completed)	(Gh	EDENT'S to kind of w Do NOT us	USUAL OCCUP rork done during e retired.)	PATION g most of working		16b. KIND OF	BUSINESS/INI		
Elementary/Secondary (0-12)	College (1-4 or 5 d	•)		emake			Н	ome		
17. FATHER'S NAME (First, Middle, Last)			** 011	Can can		NAME (	First, Middle, Maid			
William Davis					De	lia	Kell	v		
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Str	reet and Number or R				p Code)	
20a. METHOD OF DISPOSITION 1XC Burlel 2 Cremation 3 Fem 4 Donation 5 Other (Spring) 21. BIGNATURE OF FUNERAL BERVICE AN	1	20b. PLACE A	ND DATE	F DISPOSITIO			DATE 20c.	LOCATION -	City or To	Complete Color
23, PART I. Enter the diseases, or	ay complications the	t caused the dea	oth Don	Tay	le and address of lor Fundamental Control of	est.	that Cha	pel Anna	Loui	21401 is.MD
23. PART I. Enter the diseases, or a shock, of heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications that List only one cau	t ceused the dee se on aach lina. (OR AS A CONSEO	C	Tay 147 ot anter the	le and address of lor Fundamental Control of	F FACILIT 1 e r & e s t e such ea	al Cha er St.	pel Anna	tuol rest,	21401 is.MD Approximate interval Between Onset and De
immediate cause (Final disease or condition	complications that List only one cau  a	ise on each line.	UENCE OF	Tay 147 ot anter the	le AND ADDRESS OF LOT Fur Glouce mode of dying,	F FACILIT 1 e r & e s t e such ea	al Cha er St.	pel Anna	tuol rest,	21401 is.MD Approximate interval Between Onset and De
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a. DUE TO	OR AS A CONSECU	UENCE OF	22. NAM Tay 147 ot anter the	le AND ADDRESS OF LOT Fur Glouce mode of dying,	F FACILIT 1 e r & e s t e such ea	al Cha er St.	pel Anna	tuol rest,	21401 is.MD Approximate interval Between Onset and De
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. BUE TO  DUE TO  DUE TO  d. acontributing to	(OR AS A CONSEOL	UENCE OF	22. NAM Tay 147 ot anter the	Flor Fundaments of Cloud mode of dying,	restessuch ea	al Cha er St. cerdlec or re-	pel Anna	tuol rest,	21401 is.MD Approximata interval Batwo Onset and De
immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  Pulmala	DUE TO	(OR AS A CONSEOR	UENCE OF	22. NAM Tay 147 ot anter the	Flor Fundaments of Cloud mode of dying,	rerestes such ea	i. 24e. WAS. PERF	Pel Anna appretory are	To	Approximate interval Between Onset and De On
immediate cause (Final disease or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. BUE TO  DUE TO  DUE TO  d. acontributing to	(OR AS A CONSEOR	UENCE OF	22. NAM Tay 1 47 of anter the	is and address of lor Fundamental Control of Gloucy mode of dying,	estessuch es	cerdlec or recorded to record to rec	Pel Anna appretory are	To	21401 is MD Approximate Interval Betwee Onset and De Onset and De  WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
immediate cause (Final disease or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	a. But to Due to Due to d. Due to d. Hospital:	(OR AS A CONSEON  (OR AS A CON	UENCE OF	22. NAM Tay 1 4.7 ot anter the  2.0 ii: ii: ii: ii: ii: ii: ii: ii: ii: ii	Is AND ADDRESS OF TO THE FUT OF T	ertesuch es	cerdlec or recorded to record to rec	AN AUTOPSY ORMED?	a pol rest.	21401  Approximate interval Betwee Onset and De Onset and
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  PART III. Other significant condition  PAR	DUE TO	(OR AS A CONSEON  (OR AS A CON	UENCE OF	22. NAM Tay 1 4.7 ot anter the  2. (a): :: :: :: :: :: :: :: :: :: :: :: :: :	Is AND ADDRESS OF TO TENT OF GOOD TO THE THE TO THE	Check o	Chalcer St. cerdlec or recorded to record to r	AN AUTOPSY ORMED?  2 M NO	24b	21401 is MD Approximate interval Between Onset and De  were autopsy findin AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation  3 Suicide 6 Could not be	DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO  C. DUE TO  DUE TO  DUE TO  C. DUE TO  C. DUE TO  DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO  C. DUE TO  DUE TO  C. DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO  C. DUE TO  D	(OR AS A CONSEON  (OR AS A CON	UENCE OF UEN	22. NAM Tay 1 4.7 ot anter the  2.7 ot anter the  2.7 other: 4   Nursing E OF   28c. BHY M   1 treet, factory, of	ilying ceuse giver  S. PLACE OF DEATH Home 5   Resider INJURY AT   WHER 2   NO	Check o	Challer St.  I. 24a. WAS. PERF  1 YES  Other (Specify)  I. DESCRIBE HOW  City or Yown, Sta	AN AUTOPSY ORMED?  2 M NO  V INJURY OC  et and Number tee)	24b	21401 is MD Approximate interval Betwee Onset and De Onse



	1. DECEDENT'S NAME (First, Mi	ddle, Last) Dora Dean		rd -	DEATH	2. DATE OF	DEATH DAY 199	VEAG	TIME OF DEATH
p	4. SOCIAL SECURITY NUMBER 212 74 5718	1 M 2 X F	8. AGE (In yrs. last birthday 87 YRS.			7. DATE OF (Month, De	BIRTH		CE (State or Foreign
É	9a. FACILITY NAME (If not institute washington Corresidence of December 1)	ounty Hospital			WN DR LOCATION OF GERSTOWN	DEATH	711.00	shingto	
AL DIRECTO		L COUNTY Vashington		agersto			100 0		INSIDE CITY LIMITS? YES 2 ND
FUNERAL	329 South St	reet			21740		log. Ca	USA	COUNTRY
8	11. MARITAL STATUS  1 Never Married 2 Mai  3X Widowed 4 Divorced	IE VEG CIVE WAS	YES 2 K NO	13. WAS If yes	DECENDENT OF HISP B, apecify Cuben, Maxi YES 2 ND Spec	ANIC ORIGIN? (S can, Puarto Rica city:	pecify Yas or No— n, atc.)	14. RACE — A Black, Wh Specify: White	
TEO	(Specify only hig	NT'S EDUCATION thest grade completed)	16a. DECEDENT' (Give kind o	S USUAL OCCUI	PATION g most of working	16b. Kil	OF BUSINESS/II	NDUSTRY	
once.	Elementary/Secondary (0-12)	College (1-4 or 5 +)		maker					
# I	17. FATHER'S NAME (First, Middle Jacob Miller					Belle	k, Malden Surneme) Yeager		
TO TO	19a. INFORMANT'S NAME (Type/ Daisy Reed	Print)			ed and Number or Rura d Drive,				
must be	20a. METHOO OF DISPOSITION 12 Burlal 2 Cremation 4 Donation 5 Other (Sp.		20b. PLACE AND DATE cemetery, cremetery or Rest Hav	OF DISPOSITION	N (Name of	0ATE 5-18	20c. LOCATION -	- City or Town, S	
examiner	21. SIGNATURE DF FUNERAL SE	m	inneck		ICH FUNER		Đ		
event, the medical	23. PART I. Enter the dises ahock, or heer IMMEDIATE CAUSE (Finel disease or condition resulting in death)	ases, or complicatione that of fallure. Liet only one cause a	on eech line.	nm'		ich ss cardiac	or reepiratory s	rrest,	Approximate intervel Between Onset and Death 2 days
	Sequentielly list conditions if eny, leading to immediat cause. Enter UNDERLYING	e DOE TO (D	R AS A CONSEQUENCE	OF):					1 work
or other	CAUSE (Disease or injury that initieted events resulting in deeth) LAST	C	R AS A CONSEDUENCE (	OF):	CAR				
ws any Inju	11	conditions contributing to de					PERFORMEO?  YES 2 NO	COM OF D	E AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH?  YES 2 NO
23 s	25. WAS CASE REFERRED TO MI	EOICAL		26	S. PLACE OF DEATH (C	theck anly one!			
or item YSICI/	EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:	Home 5 🗆 Rasidence		ecify)		
s marked, or BY PHY		stigation	Year) IN	ME OF 28c.	INJURY AT WORK?		BE HOW INJURY OF	CCUREO	
m 28 is ETED	4 Homicide detail	id not be 28e. PLACE OF I building, atc	NJURY — At home, farm, c. (Specify)	street, factory, o	office	28f. LOCATID City or To	N (Street and Number wn, State)	er or Rural Route i	Vumber,
= = 1	29a. CERTIFIER (Check only one) 2 MEDICAL	NG PHYSICIAN: To the best of my EXAMINER: On the basis of exam	knowledge, death occur nination and/or investigati	red at the time, o on, in my opinio	data and place, and du n, death occured at th	e 10 the cause(s	) and menner as at place, and due to	eted. the cause(s) and	manner as stated.
TO BE CON	29b. SIGNATURE AND TITLE OF	Vantont			29c. LICENSE NU			TE SIGNED (Mon	
ř	30. NAME AND ADDRESS OF PER	DATTH, A	no 332		UC37 7	1A < EA			
	MAY 19 19	92 Jahr San	SIGNATURE						

Annual Street, Street

English

DE 9104M

BALTIMORE, MARYLAND 21203-31	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the
0	24 HOURS	y filled in l
13146,	xecuted within	and completely
BOX	ificate be	physician
, P.O.	death cen	ental Hyri
RECORDS	w requires that the	been signed by the
JE VITAL	fYSICIAN: The la	is certificate has
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	DR ATTENDING PH	DIRECTOR: After the

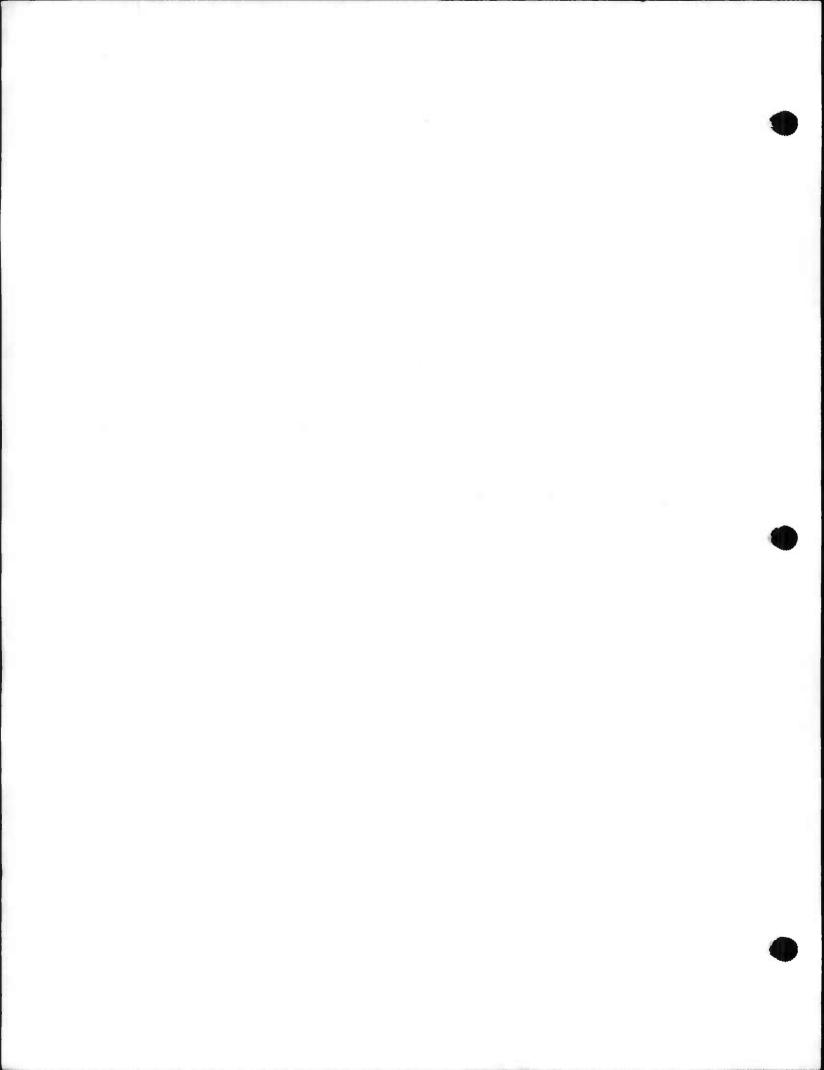
physician. burial-transit permit. Pages 1, p. 3 shou TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the thosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month,

A Hazel Fre

FOR 1 - STATE	STATE OF MARY			TMENT OF I			E	J 6	1452	J
1. DECEDENT'S NAME (First, Middle, Last)  (FERTRUPL	Gertrude				DEAIR	REG. NO.	W.	YEAR	3. TIME OF DEATH	м
4. SOCIAL SECURITY NUMBER 219-66-9964	5. SEX 6. AG	E (In yrs. lest	_	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-21-190	6	8. BIRTHE Country Mar	PLACE (State or Foreign	7
9e. FACILITY NAME (If not institution, give stre  Meridan Nursing I RESIDENCE OF DECEDENT				1000	or Location of DE erick	EATH		ederi		
106. STATE 106. COUNTY  Maryland Was	shington			y, town on Loca agerstow					10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
Meridan Nursing RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY  Maryland Was 10e. STREET AND NUMBER  712 Point Saler 11. MARITAL STATUS					21740		τ	USA	HAT COUNTRY?	
11. MARITAL STATUS  1 Never Merried 2 Merried  3 X Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO		If yes, s		NIC ORIGIN? (Specify Yee in, Puerto Ricen, etc.) /:	or No—	Black, Specif	— Americen Indien, , White, etc. by: Thite	
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)  8. 17. FATHER'S NAME (First, Middle, Last)	CTION Completed) College (1-4 or 5+)	(Give	re kind of w Do NOT us	E STEEL		18b. KIND OF BU	SINESS/IND		nice	
8 17. FATHER'S NAME (First, Middle, Last) John Petre			lomen	naker	18. MOTHER'S NA Mary B	ME (First, Middle, Malden yers	Sumame)			_
Eileen Black		12	201 <b>-</b> E	B Marsha	11 Stree	Route Number, City or Tow t Hagerst	own,	Mary		÷0
20a. METHOD OF DISPOSITION  1 M Burlal 2 Cremation 3 Remov  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	ral from State	other plac	ce)	ding Cem	metery, crematory or LETETY AND ADDRESS OF FA	Hag		OWIL,	wn, State Maryland	_
Polent O	B. Paul	لنسا				Minnich Blvd. Ha				)
23. PART i. Enter the diseases, or conshock, or heert feilure. Li iMMEDIATE CAUSE (Finel disease or condition resulting in death)		scives	Tic	CAR		and the same of the same of		rest,	Approximate interval Between Onset and De	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS		_							
DADT II Other standings and distance	contributing to death	but not re	esulting	in the underlying	ng ceuse given in	PERFOI	RMED?	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF-DEATH						1	Z [] NO		OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1  Inpatient 2  ER/O	outpatient 3	□ DOA	OTHER:	PLACE OF DEATH (Ch					
2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Yea 28e. PLACE OF INJU building, etc. (S	JRY — At hon		M 1 🗆	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW 281. LOCATION (Street City or Town, State,	and Numbe		ioute Number,	_
4   Homicide   8   Could not be determined    29e. CERTIFIER   CERTIFYING PHYSIC   (Check only one)   2   MEDICAL EXAMINER	The second of the second of the second								end manner ee state	d.
296. SIGNATURE AND TITLE OF CERTIFIER	I Am	- /-	10		29c. LICENSE NUI	MBER		TE SIGNED	(Month, Pay, Year)	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the buriat-transit narmili	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
101	10 1	pe fil	IMP	

92 14524 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -1. DECEDENT'S NAME (Figur Middle, Last) 2. DATE OF DEATH

	me 1.	DVISCOC			MONTH 5-10	-92	ll a. w
4. SOCIAL SECURITY NUMBER 216-22-8093	5. SEX 1 M 2 F	6. AGE (In yrs. lest birthday)		7	7. DATE OF BIRTH (Month, Day) Year)	0	BIRTHPLACE (State or Foreign Country)
Washington Co		spital					of DEATH hington
	γ	10c. CIT	Y TOWN OR LOC	ATION			104 INDIDE OFF
Md. Was			Hager	stown,	id.		10d. INSIDE CITY
			1			10g. CITIZE	USA
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	YES 2 NO	Il yes, s	specify Cuban, Mexic	an, Puerto Rican, etc.)	or No- 14	Black, White, etc. Specify: Black
		16e. DECEDENT'S	USUAL OCCUPAT	TION nost of working	16b. KIND OF BUS	INESS/INDUS	ectronics
Secondary (0-12)	College (1-4 or 5	1)			Angstr		
17. FATHER'S NAME (First, Middle, Last) Theodore Can	pbell					,	
19a. INFORMANT'S NAME (Type/Print) Golena P. Bu	ıtler	19b. MAILING 205-2	ADDRESS (Street	end Number or Aures	Route Number, City or Town	eigh.	N.U.27610
	noval from Stale	20b. PLACE AND DATE cemetary, crematory or o	OF DISPOSITION (	Name of	DATE / 20c. LO	CATION - CIN	y or Town, State
21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME	AND ADDRESS OF F	wury Watson	Fune	ral Home
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	b. SC.  SUE TO  C.  OUE TO  d.	(OR AS A CONSEQUENCE O	Her ery E	sules su	lira lira east.	30	
					PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending investigation  2 Accident investigation  3 Suicide 8 Could not be determined	28e. DATE OF (Month, D	ER/Oulpetient 3 DOA INJURY 28b. TIM INJ F INJURY — At home, farm, etc. (Specify)	OTHER: 4   Nursing Ho E OF 28c, IN W 1	PLACE OF DEATH (C) me 5  Reeldence LJURY AT ORK? YES 2  NO	PERFOR	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
	4. SOCIAL SECURITY NUMBER 216-22-8093  9e. FACILITY NAME (If not institution, give Washington Co.  RESIDENCE OF DECEDENT  10e. STATE 10e. COUNT Md.  110e. STREET AND NUMBER 114 Charles St.  11. MARITAL STATUS  11 Never Merried 2 Merried  3- Widowed 4 Divorced  15. DECEDENT'S EDICEPTORY (0-12)  Secondary  17. FATHER'S NAME (First, Middle, Last)  Theodore 2 Merried  19e. INFORMANT'S NAME (First, Middle, Last)  19a. INFORMANT'S NAME (First, Middle, Last)  20e. METHOD OF DISPOSITION  118 Burlel 2 Cremation 3 Ran  4 Donelion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI  23. PART 1. Enter the diseasea, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST	4. SOCIAL SECURITY NUMBER 216-22-8093  9e. FACILITY NAME (if not institution, give street end number) Washington County Ho RESIDENCE OF DECEDENT  10e. STATE 10e. COUNTY Md.  11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. Mever Merried 2   Merried 3- Widowed 4   Divorced  15. DECEDENT'S EDUCATION (Specity only highest grade completed)  Elementary/Secondary (0-12) Secondary  17. FATHER'S NAME (First, Middle, Last) Theodore Campbell  19e. INFORMANT'S NAME (First, Middle, Last) Theodore Campbell  19a. INFORMANT'S NAME (First, Middle, Last) Theodore Campbell  19a. INFORMANT'S NAME (First, Middle, Last) Theodore Campbell  20e. METHOD OF DISPOSITION 11/2 Burlel 2   Cremation 3   Ramoval from State 4   Donelion 5   Other (Specity)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  12. WAS DECEDENT 18 YES, GIVE V  College (1-4 or 5 or 5)  College (1-4 or 5 or 6)  College (1-4 or 5 or 6	4. SOCIAL SECURITY NUMBER 216-22-8093 1	9e. FACILITY NAME (If not institution, give street end number) Washington County Hospital  PRESIDENCE OF DECEDENT  10e. STATE 10e. COUNTY Md.  10e. CITY, TOWN OR LOC Hager: 11. MARITAL STATUS 11. Never Merried 2 Merried 12. MAS DECEDENT EVER IN U.S. ARMED FORCES? 1 Tes 2 MO If YES, GIVE WAR OR DATES  11. MARITAL STATUS 11. DECEDENT'S EDUCATION (Specify only highest grade completed) 12. MAS DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed) 13. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16. DECEDENT'S USUAL OCCUPATION ON The Notice redired) 17. FATHER'S NAME (First, Middle, Lest) 17. FATHER'S NAME (First, Middle, Lest) 18a. INFORMANT'S NAME (First, Middle, Lest) 19a. INFORMANT'S NAME (First, Middle, Lest) 19a. INFORMANT'S NAME (First, Middle, Lest) 19a. INFORMANT'S NAME (First, Middle, Lest) 19b. MAILING ADDRESS (Street 205-201 Life 205-201 Life 205-201 Life 205-201 Life 205-201 Life 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME (Fine) 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mathematical events and cock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Fine) 18a. MARITAL SERVICE LICENSEE 24. MAME (Fine) 25. DUE TO (OR AS A CONSEQUENCE OF): 26. DUE TO (OR AS A CONSEQUENCE OF): 27. MARITAL SERVICE LICENSEE 28. DUE TO (OR AS A CONSEQUENCE OF): 28. DUE TO (OR AS A CONSEQUENCE OF): 29. DUE TO (OR AS A	4. SOCIAL SECURITY NUMBER 216-22-8093 1 M 2 F 6 ADE (in yrs. last birthday) 90. FACILITY NAME (it not institution, give street end number) Washington County Hospital 90. CITY, TOWN OR LOCATION OF ENGINEER TOWN Hagerstown 100. STREET AND NUMBER 11 Charles St. 11. MARITAL STRIUS 10. COUNTY Washington 10. CITY, TOWN OR LOCATION Hagerstown, 11. Was DECEDENT EVER IN U.S. ARMED 11. Vers 2 Mono 11. Vers 2 Mono 11. Vers 2 Mono 12. Was DECEDENT EVER IN U.S. ARMED 13. WAS DECEDEDENT IN U.S. ARMED 14. Charles St. 15. DECEDENT'S EDUCATION 16. STREET AND NUMBER 11 Charles St. 16. STREET AND NUMBER 11 Charles St. 17. FUND OR LOCATION 18. STREET AND NUMBER 19. STREET ST	3. SOCIAL SECURITY NUMBER 216-22-8093 1	4. SOCIAL SECURITY NUMBER 216-22-0093 1

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			0	Suite	-

				ICATE OF	PEAIII	ned	. NO.	
	1. DECEDENT'S NAME (First, Middle, Last	00	llins			2. DATE OF OEA	DAY	YEAR 3. TIME OF DE.
	A SOCIAL SECURITY HUMBER					May 6		
	C SOCIAL SECURITY HUMBER	- 177 as - 1875 -	E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Ye	ier)	BIRTHPLACE (State or Country)
1	A. 53.50 100 110 110 110 110 110 110 110 110 1	100000000000000000000000000000000000000	68 YRS.			May 9,	1923	Maryland
1	9e. FACILITY NAME (If not institution, give				OR LOCATION OF D	EATH	9c. COUN	ITY OF DEATH
6	Anne Arundel	Medical Ce	nter	Anna	polis		Ann	e Arundel
E S	10a. STATE 10b. COUN		10c. CIT	TY, TOWN OR LOCA	TION			10d. INSIDE CIT
ō.	Maryland An	ne Arundel	T	Deale				1 YES 2.X
A.	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?
H	5868 Swamp C	ircle Road			2075]			II S A
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER			ENGENT OF HISPA	NIC ORIGIN? (Speci		14. RACE — American Inc Black, White, etc.
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OF			2 X NO Speci	nn, Puerto Rican, at fy:	c.)	Specify:
ED B				1				White
ETE	15, DECEOENT'S EI (Specify only highest gra	DUCATION ade completed)	(Give kind of life. Do NOT u	work done during mo	ON ost of working	18b, KINO C	F BUSINESS/IND	USTRY
7	Elementary/Secondary (0-12)	College (1-4 or 5+)				.,		
COMPL	17. FATHER'S NAME (First, Middle, Lest)		non	memaker	La Morrienia III	Но		
	William R. E	0400				ME (First, Middle, M		
BE	19a. INFORMANT'S NAME (Type/Print)	step	I son man my	O AOORESS (Street a	E		inzie	
5	Roberta Fran	lel 4 n						
	20a. METHOO OF OISPOSITION		THE BUACE AND DATE	OF OLED COLTION (M.		2175 24		MD 2075
	1 Duriel 2 Cremation 3 Re	emoval from State	nnapoli	other place)	5/1	4/92		
	21. BIONATURE OF FUNERAL SERVICE	LICENSEE /	KHHROOT	22. NAME A	NO ACCINESS OF FI	ACHLITY		lis, MD
	John Mild	14	41	Taylo	r Funer	al Cha		
_	review	X1- 10M	100	147	Glouces	ter St	. ,Anna	polis,MD
	23. PART I. Enter the diseases, o shock, or heart failure	or complications that/ceut	sed the deeth. Do	not enter the mo	de of dying, suc	ch es cerdiac or	reepiratory srre	est, Approxir
			i each line.					
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	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Myga	rdial	infar	ction			Interval
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 c CHARLE	ESCEDI	VARIA .	CULI	LEY			2. DATE MONTH		92	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 579-20-2113	5, SEX	6. AGE (In yrs.	last birthday) YRS.	IF UNDER	DAY8	IF UNDE	B 24 HRS.	7. DATE	OF BIRTH		Countr	IPLACE (State or Foreign  (V)  MD
De. FACILITY NAME (If not institution, give st	treet and number)	00				OR LOCAT				9c. COUNT	Y OF D	EATH
A.A.MEDICAL CENT	TER			AI	VNAP	POLIS				A	A.C	0
MD 106. COUNTY				TRAL:			CLA	IR				10d. INSIDE CITY LIMITS? TE YES 2 NO
00. STREET AND NUMBER					101	. ZIP COD	7			10g. CITIZE		WHAT COUNTRY?
11. MARITAL STATUS    Never Married   Married   Married   Divorced	12. WAS DECEDENT FORCES? XX IF YES, GIVE W	T EVER IN U.S. YES 2 AR OR DATES	ARMED NO	13. V	MAS DEC 1 yes, sp YES	ENDENT ( ecity Cuty 2   NO	214 OF HISPAI In, Mexica Specifi		7 (Specify Yes Rican, etc.)	or No — 1	4. RACE Black	U . S . A .  E — American Indian, k, Whita, arc.  AMERICAN
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+		Give kind of life. Do NOT u	work done d	CUPATIO	ON ist of world	ng	16b.	KIND OF BUS	iness/indu		
77. FATHER'S NAME (First, Middle, Last) THOMAS CULIT	EY							ME (First, MABET)	Middle, Melden : H TUR	100 100 100		
PEARL ERNESTINE T	URNER CUI	VELL	196. MAILING		Street a		r or Rural i	Route Numb	er, City or Town	n, Statu, Zip C	code)	3
Regretation of Disposition  Surface Cremation 3 Remote Donation 5 Other (Specify)		20b. PLAC	CE AND DATE	OFDISPOSI	-	me of	4-92	DATE		CATION — CH		wn, Siete A.A.CO MD.
		13 12	/ /	/								
CHARLES E. HI  CHARLES E. HI  CARLES E. HI	CKS 11	Coused the	deeth, Do	Z HC	OUSE		HICK	S FU	NERAL	SERVI	CE A	T DRIVE ANNA. MD.
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DIRECTOR: After the hours after death with them 28 is mark

FUNERAL within 72 P =

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TO THE FUNERA
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IMPORTANT: I

PERE

32. REGISTRAR'S SIGNATURE dia Davidson

31. DATE FILED (Month, Day, Year)

2

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

Items: 18,19a,b per Informant G=688 6/8/92 reb

92 14527 Items: 23 part I part I,27 per MEO G-688 6/8/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH DAVIS TRAVON ROMONTE 05 9:41 92 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) DAYS **HOURS** 1 🔯 M 2 🗌 F 215-96-2946 YRS. 9-7-1979 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR PRINCE GEORGES 4734 LAKELAND ROAD COLLEGE PARK RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL 1 TYES 2 NO ANNAPOLIS FUNERAL 10a. STREET AND NUMBER 10f. ZIP COOE 10g, CITIZEN OF WHAT COUNTRY? 1328 LINDEN AVENUE 21403 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2-T-NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puarto Rican, atc.)

1 YES 2 NO Specify: FORCES? 1 YES 2-NO 1 X Yever Married 2 Married BY Specify: 3 Widowed 4 Divorced BLACK COMPLETED 15. OECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi (Give kind of work done life. Do NOT use retired.) entary/Secondary (0-12) College (1-4 or 5+) 6th STUDENT 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) CHRIS DAVIS DALPHINE AYERS Cornish BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DALPHINE AYERS Cornish Clay St 1328 LINDEN AVE. ANNAPOLIS, 2 21403 MD. 20a. METHOD OF DISPOSITION
1 🔀 Burtal 2 🗆 Cremation 3 🗆 Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stata 5-13 PINELAWN MEM. PARK 4 Donation 5 Other (Specify) 1992 ANNAPOLIS, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. anu 21 WEST STREET ANNAPOLIS. MARYLAND 23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Approximata **IMMEDIATE CAUSE (Finei Onset and Death** disease or condition\_ Diabetic Ketoacidosis reaulting in daeth) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST MEDICAL PART ii. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) OTHER: 4 | Nursing Home 5 | Residence 6 (Mother (Specify) 4734 LAKELAND ROAD 1 -YES 2 NO 1 | Inpatient 2 | ER/Outpetient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED INJURY Natural 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 X MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TITLE OF C 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE O.C.M.E. ▶ 05- 08- 1992 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DHMH-16 Rev 1/89

111 PENN STREET, BATTIMORE, MARYLAND 21201

All harden and a second

IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- REGISTRAR		CE	RTIF	CATE OF	DEATH		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH			YEAR	3. TIME OF OEATH
MELVIN	DORSEY					05	07	1992	YEAH	10:42 P
4. SOCIAL SECURITY NUMBER 216-26-7334	5. SEX	59 S. AGE (In yrs. lest		IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF (Month, D	BIRTH ey, Year)		8. BIRTH Countr	**
9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOWN	OR LOCATION OF OR			7	NTY OF O	
THE JOHNS HOPE	KINS HOSPI	TAL		BALTI	MORE			BA	LTIM	ORE CITY
10a. STATE 10b. COUNT	v NE ARUNDEL		10c. CITY	ANNAPO						10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 106 CLAY STREET					N. ZIP CODE				S.A	WHAT COUNTRY?
11. MARITAL STATUS 1XX Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT FORCES? 1X IF YES, GIVE WAI	XYES 2 N R OR DATES		If yes, s	CENOENT OF HISPAN pecify Cuban, Maxica S 2 X NO Specify	n, Puerto Rica		or No	Black	— American Indian, c, White, etc.
15. OECEDENT'S EDU (Specify only highest grade	ICATION	18a. DEC	EDENT'S L	USUAL OCCUPAT	ION	16b, KI	ND OF BUS	SINESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	IIIo.	DO NOT USE ABORI		ost of working	AZ	ZAR M	OVIN	G & :	STORAGE
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Midd	lla, Maiden	Sumame)		
BENJAMIN BLAKE					ALI	CE DOI	RSEY			
9a. INFORMANT'S NAME (Type/Print)					and Number or Rural I					
ELAINE JACKSON  20a. METHOD OF DISPOSITION					AVE. BALT	7				
Burial 2 Cremation 3 Ram Donation 5 Other (Specify)	ioval from Stata			FDISPOSITION (A	CEMETERY	5-15-	-	CATION -		
M. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	2000	ND VI	22. NAME A	ND ADDRESS OF FAMILY SE & SONS WEST ST.	MORTI	JARY,	P.A		E, MARYLAN
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (C	PAS A CONSEO	UENCE OF	<b>E</b>						30min
PART II. Other significant condition			suiting in	n the underlyin	g ceuse given in		a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
15. WAS CASE REFERRED TO MEDICAL EXAMINER?	<u> </u>				LACE OF DEATH (Che	eck only one)				
1 🗆 YES 2 🗑 NO	HOSPITAL:	R/Outpatlant 3		OTHER: 4  Nursing Hor	ne 5 🗆 Rasidenca	8 🗆 Other (S)	pecify)			
7. MANNER OF DEATH  1 M Natural 5 Pending Investigation	28a. DATE OF IN (Month, Day,	Year)	28b. TIME INJU	JRY W	JURY AT DRK? YES 0 NO	28d. DESCRI	BE HOW IF	NJURY OC	CURED	
3 Suicide 8 Could not be detarmined	28e. PLACE OF building, et		ne, farm, st	reet, factory, offi	20	28f. LOCATIO	ON (Street a own, State)	nd Number	or Rural R	loute Number,
One. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	ICIAN: To the best of m									and manner as stated.
9b. SIGNATURE AND TITLE OF CERTIFIE					29c. LICENSE NUN D 4016	IBER		29d. DATI	SIGNED	(Month, Day, Year)
O. NAME AND ADDRESS OF PERSON WITH	O COMPLETEO CAUSE	OF OEATH (ITEM	27) (Type, I	BALT	mp					
1. DATE FILED (Month, Day, Year) 5/8/92	32. REGISTRAR		-							

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r attendin	use as th	
ospital o	ched for	ei ei
by the h	be deta	at onc
retained	5 should	notified
may be	or, page	ed isu
. Page 6	ral direct	iner m
fter death	the fune	al exam
HOURS a	lled in by	medic
within 24	pletely fil	rent, the
executed	and com	natic ev
icate be	physician	er traur
ath certif	tending at Hyrier	or oth
at the de	by the at	y injury
quires tha	n signed	OWS an
he law re	has bee	n 23 sh
SICIAN: T	the State	, or iter
NG PHYS	fter this c	marked
ATTENDI	ECTOR: A	n 28 is
TAL DR	RAL DIRI	If Nen
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnary be filled within 72 hours after death with the State float of Health and Manaa Hunison notes in burnary remains no remains	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
10	2 4	MP

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECED	DENT'S NAME (First	t Middle Land			CERTIF						REG. NO	•	-	
Anı	na Ma	aria		Drol	1					2. DATE OF MONTH	07-9		PASY	3. TIME OF DEAT
	L SECURITY NUMI -03-908		5. SEX	6. AGE (In yrs. 78	last birthday) YRS.	IF UNDER	t YEAR DAYS	IF UNDER	MIN.	7. DATE OF	BIRTH By Year)	4	Coun	
9a FACIL	ITY NAME /// not is	natitudian also a	treet and number)	е		Se v	TOWN O	or Locati	on of Di					ryland rundel
RESIDE	ENCE OF DEC	CEDENT												
MD		Anne	Arunde	1		erna								10d. INSIDE CITY LIMITS? 1 YES 2 X
	Truckh		Road					2 1 1 4				10g. CIT	US.	WHAT COUNTRY?
1 Neve	ral STATUS or Morried 2 [] lowed 4 [] Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED		f yes, sp	ENDENT Cooling	F HISPAN n, Mexica Specify	IIC ORIGIN? ( n, Puerlo Ric	Specify Yes	or No-	Blac	E — American India
Elamer	15. DEC (Specify onl entary/Secondary (0	CEDENT'S EDUC by highest grade 0-12)	CATION completed) College (1-4 or 5		DECEDENT'S (Give kind of life. Do NOT u	work done o se retired.)	CCUPATIO	ON st of workin	g	10000	OUS			
Fil	r's name (First, M Lippo 1	Ingegr	neri					R	osai	ME (First, Mid nia S	card	cell		
	Ann Tol				196. MAILING	ADDRESS Bark	(Street a	nd Number	or Rural F	nold	City or Town	n, State, Zip	101	2
1 Durie	HOD OF DISPOSIT	on 3 🗆 Ramo	oval from State	cemetery,	CE AND DATE	ther piece)				DATE		CATION —		
21. SIGNAT	TURE OF FUNERA	L SERVIDE LIC	ENSEE	1/1	Vet.	22.1	NAME AN	D ADDRES			DOI	che	ste.	r Count
23. PART	T I. Enter the d	Iseases or o	omnications the	A M	dooth Do	112	Ri	dae	TV /	neral Ave.	Anna	Loge	is.	MD
IMMEDI/ disease resulting Sequenti if any, le cause. E	T I. Enter the dishock, or hate CAUSE (Fir or condition g in desth)  Italiy list conditionally list conditionally to immediate the conditionally list conditionally l	dons, diate	A	OR AS A CONS	SEQUENCE OF	12 not enter	Ri the mo	dge de of dyl	ly Z	Ave.	Anna or reap	Loge	is.	
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TO BE COMPLETED BY FUNERAL DIRECTO

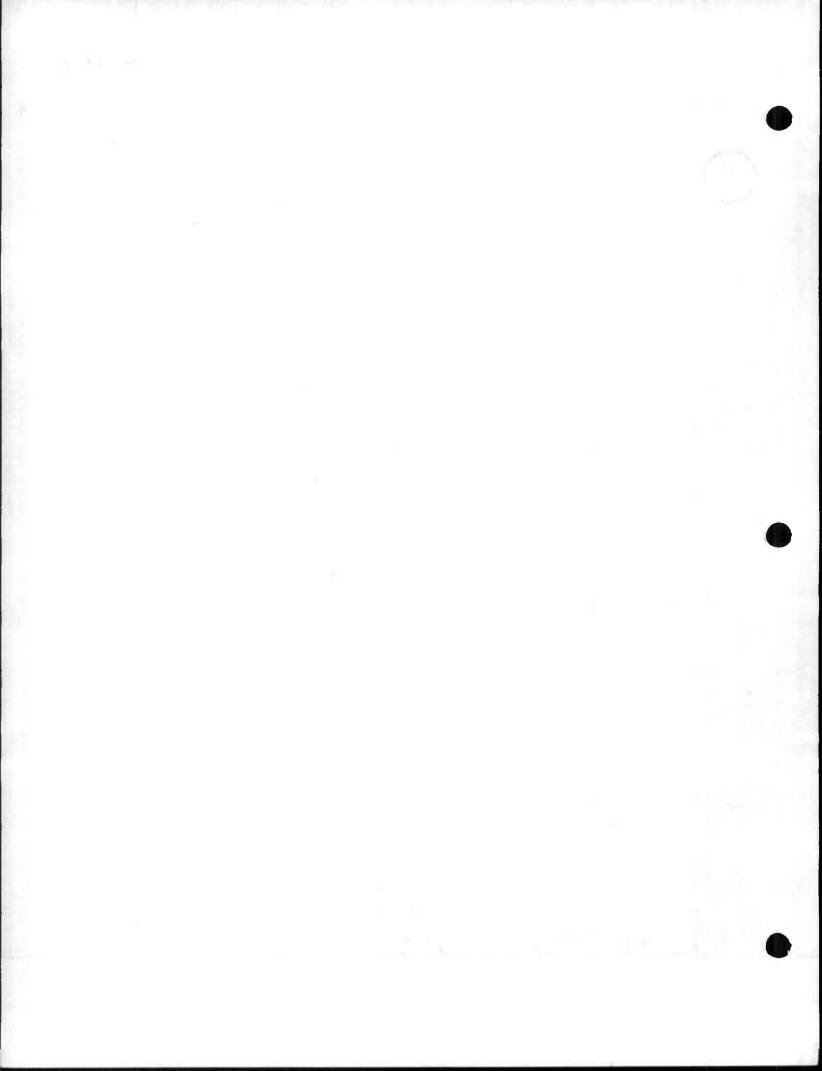
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-the filled within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
APR 2 7 1992

32. REGISTRAN'S SIGNATURE fichia Davidion-Randelly

FOR STATE REGISTRAR	SINIE UF MIAN	YLAND / CE	DEPARTI	MENT O	F HEALTH OF DEAT	TH	MENTAL HYGIEN REG. NO	E	92	
I. DECEDENT'S NAME (First, Middle, Last)							2. DATE OF DEATH			3. TIME OF OEATH
Pauline Virginia	a French						04 21		992	0700
I. SOCIAL SECURITY NUMBER	7	GE (In yrs. last	t birthday)	F UNDER 1 YE	AR IF UNDER	24 HRS.	7. DATE OF BIRTH			PLACE (State or Foreign
216-62-4255	1 M 2 F	79	YRS.	ONTHS DA		MIN.	(Month, Day, Year) 03/04/191		Brun	swick, MD
De. FACILITY NAME (If not institution, give					WN OR LOCATI	ON OF DE	EATH	9c. COU	INTY OF D	EATH
Frederick Memoria	al Hospital			Frede	rick			Fre	deri	ck
10e. STATE 10b. COUNT	TY		10c. CITY	TOWN OR L	OCATION	_				10d. INSIDE CITY
Maryland Fred	dował ole									LIMITS?
MALYTAILU FIEC	derick		POIN	t or	ROCKS	-				1-YES 2 NO
2710 01 01					IUI. ZIP COU	-		_		HAT COUNTRY?
3718 Clay Street						2177		US		
Never Married 2 Married	12. WAS OECEDENT EVE FORCES? 1 1	ES 2- N	MED				NIC ORIGIN? (Specify Years, Puerto Ricer, etc.)	or No-	14. RACE Black	- American Indian, White, etc.
Widowed 4 Divorced	IF YES, GIVE WAR O	R OATES		10	YES 2 NO	Specify	γ.		Specif	White
15. DECEDENT'S EDI	HICATION	10- 05	CEDENT'S US							willte
(Specify only highest grad	le completed)	(GI		k done during	g most of working	ng	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		1				Homema	leow		
7. FATHER'S NAME (First, Middle, Last)		Hou	sewife	<u>e</u>	1				-	
Harry Wilson Hav							ME (First, Middle, Maiden	,		
	VS .						Etta Price			<u> </u>
Pe. INFORMANT'S NAME (Type/Print)							Route Number, City or Tow			
avid F. French		3	374 P	oint	of Roc	ks R	d., Jeffer	son,	MD 3	21755
De. METHOD OF DISPOSITION  Special 2 Cremation 3 Ref	moval from State	20b. PLACE A	ND DATE OF	DISPOSITIO	N (Name of				City or To	
☐ Donation 5 ☐ Other (Specify)		St. P	aul's	Ceme	tery	4/	24 Poi	nt o	f Roc	cks. MD
Barbara A. Wi	111iams, Fur	ille eral	Mr. Dir.	John John 100	n T. W Peter	ss of fa illi SVil	aun ams Funera 1e Rd., Br			
23. PART I. Enter tha diseases, or abock, or heart feliure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Right house to consider to	n aach iina.								Approximata interval Betwee Onset and De
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any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury hat initiated events	cDUE TO (OR A				RENOWS	len	OTIC VOSCU	lan	OUSA	nd yrs
any, leading to immediate ause. Enter UNDERLYING AUSE (Dissess or Injury hat initiated events esuiting in death) LAST	d	AS A CONSEC	UENCE OF):					AUTOPSY		WERE AUTOPSY FINDIN
any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury lat Initiated events resulting in death) LAST	d	AS A CONSEC	UENCE OF):				Pert I, 24s. WAS AN	AUTOPSY MED?		WERE AUTOPSY FINDIN
any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury lat initiated events resulting in death) LAST  ART II. Other significent condition  Coronay are  Diables mile	d ons contributing to deep	AS A CONSEC	DUENCE OF):	the under		given in	Pert I. 24a. WAS AN PERFOR	AUTOPSY MED?		WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
any, leading to immediate huse. Enter UNDERLYING AUSE (Diseese or injury let initiated events issuiting in death) LAST  ART II. Other significent condition and authorized autho	d	h but not re	DUENCE OF):	the underl	iying ceuse (	given in	Pert I. 24a. WAS AN PERFOR	AUTOPSY MED?		WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?
any, leading to immediate buse. Enter UNDERLYING AUSE (Disease or Injury let initiated events southing in death) LAST  ART II. Other significent condition  Coronay arter  Diablies mile  WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	d.  DUE TO (OR A  d.  Cons contributing to deel  A dualase  HOSPITAL:  1 Inputent 2 = ERA  288. DATE OF INJU	h but not re	DOA C	2) THER: Nursing	lying couse (  6. PLACE OF D  Home 5  Re . INJURY AT	given in	Pert I, 24a. WAS AN PERFOR 1 TYPES 2	AUTOPSY MED? MNO	240.	WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
any, leading to immediate suss. Enter UNDERLYING AUSE (Disease or injury not initiated events resulting in death) LAST  ART II. Other significent condition Coronay arterior and the Dubbles multiple of the condition of the condi	DUE TO (OR A  d.  ons contributing to deel  A duplase  HOSFITAL:  1 Inpatient 2 = ERA  288. DATE OF INJU  (Month, Dey, Ye	h but not re	DOA C	20 THER:   Nursing DF   28co	iying couse (	given in	Pert I, 24a. WAS AN PERFOR 1 YES 2 eck only one)  8 Other (Specify)	AUTOPSY MED? MNO	240.	WERE AUTOPSY FINDIN AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
any, leading to immediate luss. Enter UNDERLYING AUSE (Disease or injury at initiated events suiting in death) LAST  ART II. Other significent condition  Coronay arter  Diables mild  WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be	d.  DUE TO (OR A  d.  DUE TO (	th but not re	DOA C	20THER: Nursing DF 28cory M 1	iying couse (	given in	Pert I, 24a. WAS AN PERFOR 1 YES 2 eck only one)  8 Other (Specify)	AUTOPSY MED? MO NO	24b.	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or Injury nat initiated events resulting in death) LAST  ART II. Other significent condition  Coronay afe  Diables meld  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  4 Homicide CERTIFFIRG PHYS	DUE TO (OR A  d.  Ins contributing to deel  ABLASE  HOSPITAL: 1 Inputer 2 = ENA  28a. DATE OF INJU  (Month, Day, Ye  28a. PLACE OF INJ  building, etc. (	Ch but not recommend to the but not recommend	DOA CONTROL OF THE CO	207THER: Nursing SF WM 1 set, factory, at the time,	6. PLACE OF D Home 5 Re INJURY AT WORK? YES 2 office	EATH (Cho	Pert I, 24a. WAS AN PERFOR 1 YES 2  eck only one)  B Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)	AUTOPSY MED? NO NJURY OC	CURED  CURED	WERE AUTOPSY FINDIN AMAILABLE PRIORI TO COMPLETION OF CAUSI OF DEATH!  1 YES 2 NO
B. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  7. MANNER OF DEATH  1  Netural 5  Pending Investigation 3  Suicide 8 Could not be detarmined detarmined  10. CERTIFIER (Check only)	d.  ons contributing to deel  ons contributi	Ch but not recommend to the but not recommend	DOA CONTROL OF THE CO	207THER: Nursing SF WM 1 set, factory, at the time,	s. PLACE OF D  Nome 5 Re INJURY AT WORK? YES 2 office  data end place	EATH (Choosidence) NO	Pert I. 24a. WAS AN PERFOR 1 YES 2  eck only one)  8 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street e City or Town, State)  to the cause(a) and mer time, date end place, an	AUTOPSY MED? NO NJURY OC	CURED  r or Rural R	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?  1 YES 2 NO
Any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury hat initiated events esuiting in death) LAST  PART II. Other significent condition  Corvey afe  Diables multiples and the properties of t	d.  ons contributing to deel  ons contributi	Ch but not recommend to the but not recommend	DOA CONTROL OF THE CO	207THER: Nursing SF WM 1 set, factory, at the time,	iying ceuse (  6. PLACE OF D  Home 5 Re INJURY AT WORK? YES 2  office  data end place on, death occur	EATH (Cho	Pert I. 24a. WAS AN PERFOR 1 TYES 2  eck only one)  8 Other (Specify)  28d. DESCRIBE HOW II  28f. LOCATION (Street a City or Town, State)  to the cause(a) and mer time, date end placa, an	AUTOPSY MED? NO NJURY OC	CURED  r or Rural R	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO



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	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRE

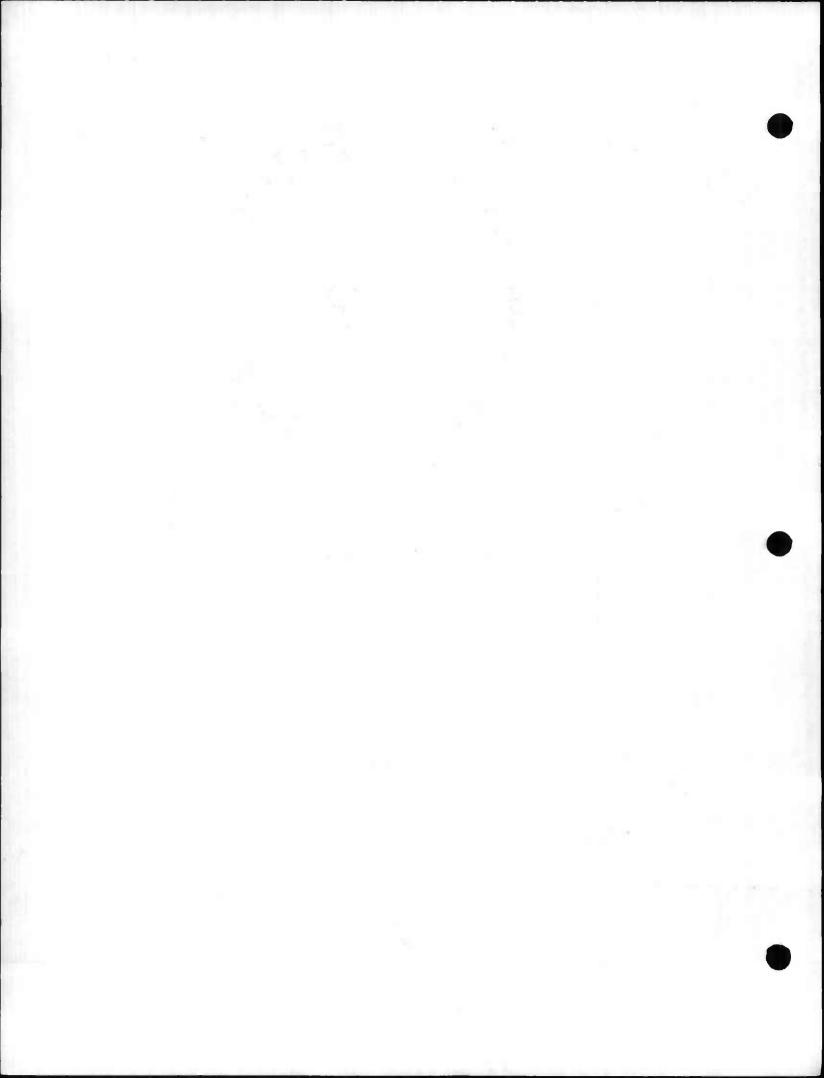
FOR STATE REGISTRAR	STATE OF N	MARYLAND C	/ DEPART	MENT OF	HEALTH AND	MENTA	L HYGIEN	E	) (	14001
1. DECEDENT'S NAME (First, Middle, Les Marg	aret	Lee	FISE			2. DATE	OF DEATH	" 9	YEAR	3. TIME OF DEATH 2:02 A M
220–09–8853	5. SEX 1  M 2  F	6. AGE (In yrs. Is 70		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	Jun	of BIRTH	1921	6. BIRTHP	aryland
Frederick Memor		al	9		or location of i			sc. coun Fred	TY OF DE	ATH
Maryland 106. coun	rederick			rown on Loca Prederi						10d. INSIDE CITY LIMITS? 1 4 YES 2 NO
street and number 1513 West Sever	nth Street			10	f. ZIP CODE 2170	01		10g. CITIZ	EN OF WI	AT COUNTRY?
. MARITAL STATUS  Never Married 2 Merried  Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED	II yes, s	CENDENT OF HISP Decity Cuben, Mexic 3 2 NO Spec	en, Puerto	N? (Specify Yes Ricen, etc.)	or No—	14. RACE Black, Specify	- American Indian, Whita, atc. : White
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+	) (6	Give kind of wor b. Do NOT use i	SUAL OCCUPATI k done during me retired.)	ON ost of working	16t	. KIND OF BUS	SINESS/INDU	STRY	
FATHER'S NAME (First, Middle, Last) James P. Tinney		ne	memake	3 <b>r</b>	18. MOTHER'S N					
a. INFORMANT'S NAME (Type/Print) Harriet Ann Clic	ek	62	b. MAILING AI	DDRESS (Street	Ind Number or Rural Drive,	/ Route Num	h Shel	n, State, Zip (	200e)	1
A METHOD OF DISPOSITION  ☐ Burial 2 ☐ Cremation 3 ☐ Ra  ☐ Donation 6 ☐ Other (Specify)		20b.PLACE	AND DATE OF	DISPOSITION (N.	ame of	DAT	E 20c. LO	CATION — C	ly or Tow	
SIGNATURE OF UNERAL SERVICE :  Local C.  PART I. Enter the diseases, or shock or head fellow.	· Dasfor		M00021	Ke	eney and	acility d Bas	ford F	unera	l Ho	
ahock, or heert feilure	List only one cause	e on eech line	B.		one or dying, au	0	nec or respi	ratory arre	st,	Approximate Interval Between Onset and Death
equentielly list conditions, any, leading to immediate ruse. Enter UNDERLYING AUSE (Disease or Injury et initiated events suiting in deeth) LAST	b. DUE TO	OR AS A CONSE	OUENCE OF):	5k, Z	0 +0 -	# /				
Old Int	suor 1	deeth but not i	resulting in t	KG.	g couse given in	Part i.	24s. WAS AN PERFORM	MEO?	, a	/ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetlent 3		THER:	ACE OF DEATH (CI					
MANNER OF OEATH    Natural 5   Pending Investigation	28a. DATE OF I (Month, Da	NJURY	28b. TIME O	F 28c. INJ WO			CRIBE HOW IN	JURY OCCU	RED	
S Suicide 6 Could not be determined	26a. PLACE OF building, a	INJURY — Al ho tc. (Specify)	me, ferm, atre	el, factory, offic		281. LOC.	ATION (Street as or Town, State)	nd Number or	Rurel Rou	ite Number,
CERTIFIER (Check only one)  1 CERTIFYING PHY: 2 MEDICAL EXAMIN	BICIAN: To the best of sx	ny knowledge, de imination and/or	ath occurred a	it the Ilme, data	and place, and dut	lo the cau	se(a) and meni	her as stated	Cause(a) a	nd manner as stated.
SIGNATURE AND TITLE OF PERTIFIE	M	- Mi	7		D Z 19					fonth, Pay, Year)
NAME AND ADDRESS OF PERSON W	RIMON	OF DEATH (ITE		ANGY	AUG. S	uste	204	Fras	2000	ek md.
APR 2 4 1992	Pregistran	'S SIGNATURE				41.1	33 (	11 66	(-41)	

to a problem both or with the and the state of the same of the same med bases of MS Real and the second of the second A PARTY SALES TO A PROPERTY OF

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh		IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notif
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	2	2	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	Ξ

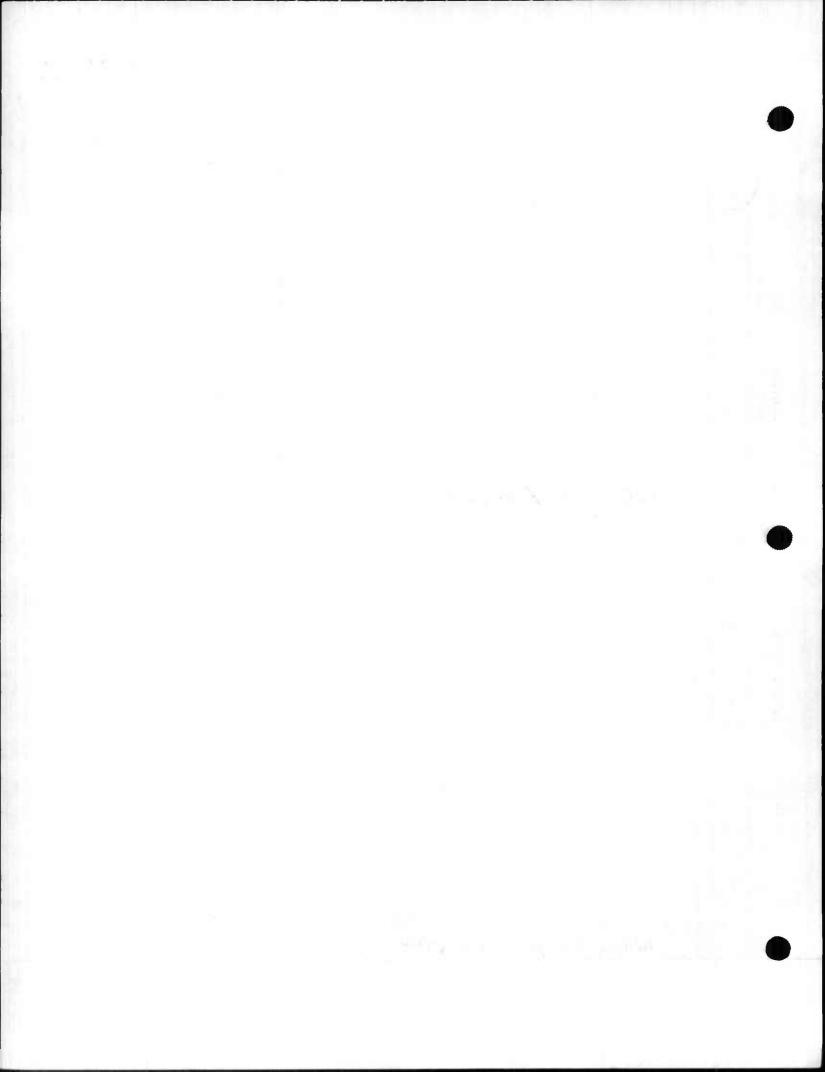
1 - STATE REGISTRAR	STATE OF W	IARYLAND / DEF	EPARTMENT OF	HEALTH AND	MENTAL HYGIEN		14002
1. DECEDENT'S NAME (First, Middle, L.)  4. SOCIAL SECURITY NUMBER	RACHEL 5. SEX	Floor	thday) IF UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH D	AY YEAF 1992	3:00 P  ATHPLACE (State or Foreign unity)
213-24-9252 90. FACILITY NAME (If not institution, g WASHINGTON COUN	TY HOSPITAL	03		OR LOCATION OF D	July 27,	1922 M 9c. COUNTY OF	Maryland F DEATH
		10	OC. CITY, TOWN OR LOCA SMITHSBU	TION			10d. INSIDE CITY LIMITS? 1 YES 2 \( \text{NO}\) NO
100. STREET AND NUMBER 110 MAIN STREET 11. MARITAL STATUS 1. November Married 2. 2 Married	12. WAS DECEDENT	EVER IN U.S. ARMED		2178	3 NIC ORIGIN? (Specify Yes	U.S.A	
3 Widowed 4 Divorced	IF YES, GIVE W	16a, DECED	If yes, a  1  YE	Decity Cuban, Mexic 3 2 NO Speci	en, Puerto Rican, etc.) #y:	BI	ACE — American Indian, ack, White, atc. ectly: WHITE
18. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)  8  17. FATNER'S NAME (First, Middle, Lest)	College (1-4 or 5+	(Give k	ind of work done during m NOT use retired.) Homemaker	ost of working	Person	nal Resi	
STACEY STOTTLE  190. INFORMANT'S NAME (Type/Print)		19b. M	AILING ADDRESS (Street		AME (First, Middle, Maiden HATTIE BUT) Route Number, City or Tow	rs	
ARTHUR H. FICO.  20s. METHOD OF DISPOSITION  1 M Burlel 2 Cremetion 3 5  4 Donation 5 Other (Specify)		20b. PLACE AND	MAIN ST.  DATE OF DISPOSITION (A Dry or other place) HAVEN CEME	ame of	1	MD 217 CATION — City or ERSTOWN	
21. SIGNATURE OF FUNERAL SERVICE Paul M. Dean	Dain	1. Da	22, NAME A	ND ADDRESS OF FA	ACILITY	UNERAL I	
23. PART I. Enter the diseases, ahock, or heart fallu immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (	on each line.  On as a consequer  Charles	28/ival NCE OF; NCE OF; NCE OF;	they for	ch as cardiac or reapi		Approximata interval Between Onset and Deat
PART II. Other algoliticant condi	tions contributing to d	death but not reau	iting in the underlyin	g cause given in	Part I. 24e. WAS AN PERFOR 1  YES 2	MED?	4b. WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATN? 1 YES 2 KNO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL	ER/Outpatient 3 🗆 (	OTHER:	LACE OF DEATH (Ch	6 Other (Specify)		
27. MANNER OF DEATH  Natural 5 Pending 2 Accident Investigation		r. Year)	M 1	URY AT DRK? YES 2 NO	26d. DESCRIBE HOW II	JURY OCCURED	
3 Suicide 6 Could not	butiding, a	tc. (Specify)	ferm, street, factory, offic		28f, LOCATION (Street e City or Town, State)		I Route Number,
(Check only one) 2 MEDICAL EXAM	IINER: On the basis of axe	my knowledge, death omination and/or inves	occurred at the time, date	and plecs, and dust leath occured at the 29c. LICENSE NU		due to the cause	p(a) and manner as stated.
30. NAME AND ADDRESS OF PERSON	wno completed causi	e of DEATH (ITEM 27)	(Type, Print)	1) 35 tare	29) ce for	1 5/	114/92
31. DATE FILED (Month, Day, Year) WAY 15 1992	32. REGISTRAR		/	. 8		7	

,	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF I		MENTAL HYGIEN REG. NO		
	1. DECEDENT'S NAME (First, Middle, Land)	()	S m. GLAS	SSMAN		2. DATE OF DEATH MONTH - 2	AY 9 YEAR	37/2 M
1	4. SOCIAL SECURITY NUMBER 049-14-9501	1 ☑ M 2 ☐ F	(In yrs. last birthday) 79 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/25/12	Cổ	RTHPLACE (State or Foreign puntry)
No.	96. FACILITY NAME (H not institution, gh Homewood Retire				on Location of De lerick	EATH	Frede	
DIMECT	106. STATE 10b. COU	NTY Frederick	10c. CITY	Freder				10d. INSIDE CITY LIMITS? 1X[X] YES 2 NO
ERAL (	100. STREET AND NUMBER 1701 W. Seventh				H. ZIP CODE 21701		109. CITIZEN C	OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 [X] YES IF YES, GIVE WAR OR D UNRNOWN	2 NO	If yes, s	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) y:	s or No 14. R	RACE — American Indian, Black, White, etc. Specify: White
PLETED	15. DECEDENT'S E (Specify only highest gr Elamentary/Secondery (0-12)		life. Do NOT us	vork done during m	ost of working	100 000	isiness/industr	er Research center
BE COMPL	17. FATHER'S NAME (First, Middle, Last)  James Glassma  190. INFORMANT'S NAME (Typo/Print)	n	10h MAH ING	ADDRES /Street	Fried	AME (First, Middle, Melder a Elbin Route Number, City or Tov		- Y= -
5	Marilyn Yost, T		F & M	Bank, 1	2.0. Box	518. Frede		Md. 21701
	1 N Burial 2 Cremation 3 R 4 Donation 5 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE	amoval from Stale	other place) aterbwry	Hebrew 22. NAME	AND ADDRESS OF FA		terbury.	
ERTIFICATION	23. PART I. Enter the diseases, shock, pr heert fellu IMMEDIATE CAUSE (Final disease pr condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS	each line.	- Lal		Merons		Interval Batween Onset and Death
MEDICAL CE	PART II. Other significant condi	tiona contributing to deeth	but not resulting	In the underlyl	ng cause given in	Part I. 24e. WAS A PERFC	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:	tractions 2 7 DOS	QTHER:	PLACE OF DEATH (C			
PHY	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	26b. TIR	AE OF 28c. II	NJURY AT YORK?  YES 2 NO	6 ☐ Other (Specify)  28d. DE\$CRIBE HOW	INJURY OCCURE	ED
TED BY	2 Accident investigat 3 Suicide 6 Could not 4 Homicide determine	be 26e. PLACE OF INJUR	RY — Al home, farm, ecily)	street, factory, of	fice	28f. LOCATION (Stree City or fown, Stat		Rural Route Number,
COMPLET	(Check only	HYSICIAN: To the best of my known						suse(s) and manner as stated,
TO BE COMP	29b. SIGNATURE AND TITLE OF CERT	Loreman	$\sim$		29c. LICENSE NI	397/	29d. DATE SI	GNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON ROBERT Kauf 31. DATE FILED (Month, Day, Year)	mann, M.D., 30	OO W. 9th	s, Print)  St. F	rederick	Md. 2170	1	
	APR 2 4 19	92 Julia Davidso	- Nathana					

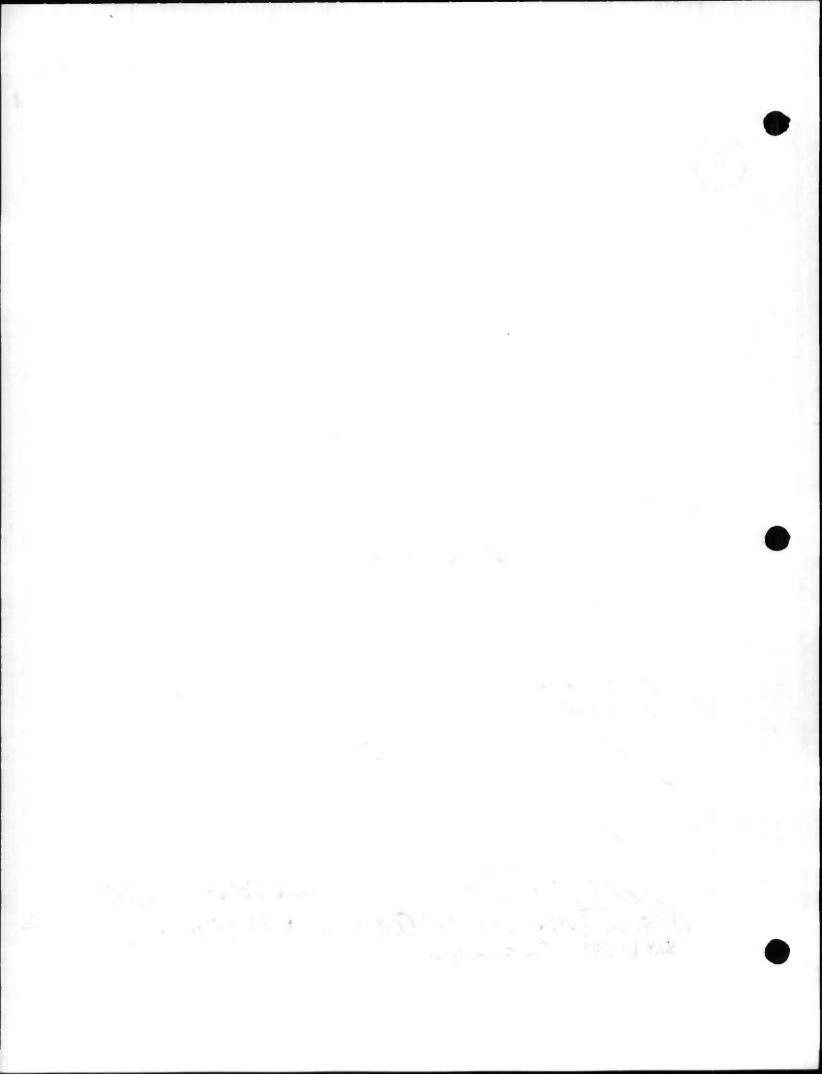


## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		1. DECEDENT'S NAME (First, Middle	in (.net)					2 DATE	E OF DEATH			TIME OF DEATH
	,			largaret	CIT	HERMAN		ADE	TH	8, 199	YEAR 3.	8:05 p
		4. SOCIAL SECURITY NUMBER	5. SEX			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE	OF BIRTH			CE (State or Fore
1		218-74-1217 9s. FACILITY NAME (If not institution	1 🗆 M 2 🧏	<b>7</b>	9 YRS.	ONTHS DAYS	HOURS MIN.	May	th, Day, Year	1912	Mary 1	and
	g	Frederick Men	orial Hos		9	Frede	OR LOCATION OF C	DEATH			deric	
ě	EC		COUNTY		10c, CITY.	TOWN OR LOCA	TION				100	I. INSIDE CITY
1	۵		Frederick	3		Freder	ick				11/2	LIMITS? YES 2 N
1	FUNERAL	100. STREET AND NUMBER  18 Taney Apar				10	21701				S.A.	COUNTRY?
	BY FU	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	FORCES	CEDENT EVER IN U.S ? 1 YES 2 GIVE WAR OR DATES	X NO	If yes, sp	CENDENT OF HISPA pecify Cuban, Maxic S 2 X NO Spec	en, Puerto	N? (Specify Rican, etc.)	Yes or No— 1	Black, Wh	American Indian hita, atc. Thite
-		15. DECEDENT	r'S EDUCATION est grade completed)	16a	DECEDENT'S US	SUAL OCCUPATION	ON ost of working	16	b. KIND OF	BUSINESS/INDU		
-	COMPLETED	Elementary/Secondary (0-12)	College (1-4	l or 5+)	life. Do NOT use r	maker	ost or working					
-	် ဂြ	17. FATHER'S NAME (First, Middle, L					18. MOTHER'S N					
	H	John W.	MILYAR	SD			Minnie		R.	BIEH		
	2	Peggy L. Gith					and Number or Rural					701
		20a. METHOD OF DISPOSITION	☐ Removal from Sta		ACE AND DATE OF I		ame of	OAT	TE 20c.	LOCATION CH	ly or Town,	State
		4 Donation 5 Dother (Speci	(y)	Moun	t Olive	t Cemei	tery 4/	22/19	992	Frederi	ck, M	<b>faryla</b>
		21. SIGNATURE OF MINERAL, SER	VICE LICENSEE	1		22. NAME A	ND ADDRESS OF F	ord	P.A.	Fineral	Home	
						L CERTIFICA						
			ea, or complication allure. List only on	a that caused the a cause on each	e death. Do not	106 E	ast Chur	ch S	treet	. Frede	rick.	Approximatinterval 8
	MOLL	anock, or heart is IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	a	a that caused the	e death. Do not lina.	106 Eat anter the mo	ast Chur	ch Si	treet	. Frede	rick.	Approximation of the later of t
	ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	aa	a that caused the a cause on each  (Clnm  UE TO (OR AS A CON	e death. Do not line.  NSEOUENCE OF):	106 Eat anter the mo	ast Chur oda of dying, au	ch Si	treet	. Frede	rick.	Approximatinterval 8
	L CERTIFICATION	snock, or heart is immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	a	IN that caused the a cause on each  If C   Now  UE TO (OR AS A CON	e death. Do not line.  NEEUENCE OF): NEEUENCE OF):	106 Eat anter the mo	ast Chur oda of dying, aud	ch Sich as car	treet	, Frede	rick,	Approximatinterval 8 Onset and
140102	EDICAL	shock, or heart is shock, or heart is immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algorificent co	a	IN that caused the a cause on each  If C   Now  UE TO (OR AS A CON	e death. Do not line.  NEEUENCE OF): NEEUENCE OF):	106 Eat anter the mo	ast Chur oda of dying, aud	ch Sich as car	treet diac or re	. Frede	24b. WEF	Approximination of control of con
TACION.	MEDICAL	shock, or heart is shock, or heart is immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algorificent co	a	IN that caused the a cause on each  If C   Now  UE TO (OR AS A CON	e death. Do not line.  NEEUENCE OF): NEEUENCE OF):	106 Eat anter the mo	ast Chur oda of dying, aud	ch Sich as car	treet diac or re	AN AUTOPSY	24b. WEF	Approximatinterval Be Onset and Onse
MEDIOAL	MEDICAL	shock, or heart is shock, or heart is immediate CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algorificent co	and tions contributed to the con	IN that caused the a cause on each  If C   Now  UE TO (OR AS A CON-  UE	e death. Do not line.  NEEUENCE OF):  NEEUENCE OF):  NEEUENCE OF):	the underlying	ast Chur oda of dying, aud	ch Sich as car	24a. WAS PERF	AN AUTOPSY	24b. WEF	Approximatinterval Be Onset and Onse
MENIORI	MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent contents of the conditions of the	anditions contribution	IN that caused the a cause on each  If C   Now  UE TO (OR AS A CON-  UE	e death. Do not line.  NEEOUENCE OF):  NEEOUENCE OF):  NEEOUENCE OF):  Ot resulting in	the underlying	ast Chur oda of dying, aud	ch Sich as car	24a. WAS PERF 1 1 YES	AN AUTOPSY	24b. WEF	Approximatinterval Be Onset and Onse
DUVELOIANI, MEDIOAL	PHYSICIAN: MEDICAL	SHOCK, OF heart II.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent context in the conditions of th	b. Di c. Di d. HOSPITA 1 Anpatien 28a, DA	IN that caused the a cause on each  If C   O WA  UE TO (OR AS A CON  L:	e death. Do not line.  NEEOUENCE OF):  NEEOUENCE OF):  NEEOUENCE OF):  Ot resulting in	the underlying the un	g ceuse given in	Part I.	24a. WAS PERF 1 YES	AN AUTOPSY	24b. WEF AMAICON OF I	Approximatinterval Be Onset and Onse
DV DUVELOIAN. MEDIOAL	BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other alignificent contents and the cause of the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other alignificent contents of the cause of the c	a. Di	In that caused the a cause on each  If C   OWN  UE TO (OR AS A CON-  UE	e death. Do not line.  NEEOUENCE OF):  NEEOUENCE OF):  NEEOUENCE OF):  OT resulting in the second of	the underlying the un	g ceuse given in  LACE OF DEATH (C.  TORY AT JOHN?  YES 2 NO	Part I.	24a. WAS PERF 1 YES	AN AUTOPSY ORMED?  2 NO	24b. WEF AMAICON OF I	Approxima interval 8e Onset and Onse
ED BY BUYERSIAM: MEDICAL	ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other alignificent content of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other alignificent content of the cause in the cause of the caus	ea, or complication allure. List only on on the list o	TE OF INJURY	e death. Do not line.  NEEOUENCE OF):  NEEOUENCE OF):  NEEOUENCE OF):  OT resulting in the second of	the underlying the un	g ceuse given in  LACE OF DEATH (C.  TORY AT JOHN?  YES 2 NO	Part I.	24a. WAS PERF 1 YES	AN AUTOPSY ORMED? 2 NO	24b. WEF AMAICON OF I	Approximatinterval 84 Onset and Onse
ETED BY BUYERSIAM: MEDICAL	ETED BY PHYSICIAN: MEDICAL	SHOCK, OF heart II.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent context in the cause of the cause o	a. Di	is that caused the a cause on each a cause on each of a cause of a	e death. Do not line.  NEEOUENCE OF):  NSEOUENCE OF):  NSEOUENCE OF):  Ot resulting in the second of	the underlying the un	g ceuse given in  LACE OF DEATH (CI ne 5   Rasidence JURY AT YES 2   NO	ch Sich as car  Part I.  Pert I.  28d. DE  28t. LOC	24a. WAS PERN 1 YES  CATION (Streen, Steven)	AN AUTOPSY ORMED? 2 NO W INJURY OCCU- et and Number or ite)	24b. WEF AMAI CON OF I	Approximatinterval Be Onset and Onse
COMPLETED BY DUVELCIAN. MEDICAL	COMPLETED BY PHYSICIAN: MEDICAL	SHOCK, OF heart II.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent context in the cause of the cause o	a. Did a live. List only on allure. List only on allure. List only on Did a. Did a live. D	is that caused the a cause on each a cause on each of a cause of a	e death. Do not line.  NEEOUENCE OF):  NSEOUENCE OF):  NSEOUENCE OF):  Ot resulting in the second of	the underlying the un	g ceuse given in  LACE OF DEATH (Cl.  TO SINCE 12 NO  To and place, and dustesth occured at the	ch Sich as car  Part I.  Peck only o  B Other  28d, DE  28t, LOC  City  a to the ca	24a. WAS PERN 1 YES  CATION (Streen, Steven)	AN AUTOPSY ORMED?  2 NO  W INJURY OCCU et and Number or tre)	24b. WEF AMA COO OF 1	Approxima Interval Be Onset and  RE AUTOPSY FIN ILABLE PRIOR T IMPLETION OF CO DEATH?  YES 2 N  Number,
DE COMBI ETED DV DUVEICIANI: MEDICAL	ETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificent contents in the cause of the c	a. Did a live. List only on allure. List only on allure. List only on Did a. Did a live. D	is that caused the a cause on each a cause on each of a cause of a	e death. Do not line.  NEEOUENCE OF):  NSEOUENCE OF):  NSEOUENCE OF):  Ot resulting in the second of	the underlying the un	g ceuse given in  LACE OF DEATH (CI ne 5   Rasidence JURY AT YES 2   NO	ch Sich as car  Part I.  Pert I.  28d, DE  28t, LOC/City  a to the ca  a time, data	24a. WAS PERN 1 YES  CATION (Streen, Steven)	AN AUTOPSY ORMED?  2 NO  W INJURY OCCU et and Number or tre)	24b. WEF AMA COO OF 1	Approximatinterval 84 Onset and Onse



	1 - STATE REGISTRAR		MARYLAND /	DEPAR	ICATE	OF H	DEAT	AND I	MENTA	REG. N			
	1. Dec <b>hbent's NAME</b> (First, Middle, Last)  Susan  Mary <del>Susie</del> Grove						2. DATE OF DE. MONTH May			of DEATH	3. TIME OF DEATH 1992 2:35 p. 1		
	4. SOCIAL SECURITY NUMBER 218 30 9629B	5. SEX 1 M 2 K F	6. AGE (in yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	(Monti	DF BIRTH 1, Day, Year) 25,1		Country) Mary	ACE (State or Foreign
CTOR	9a. FACILITY NAME (If not institution, give street and number) Homewood Retirement Center			96. CITY, TOWN OR LOCATION OF DE. Williamsport									
DIREC	10a. STATE 10b. COUNTY Maryland Washington			10c. CITY, TOWN OR LOCATION Hagerstown						10d. INSIDE CITY LIMITS?			
FUNERAL	10. STREET AND NUMBER 755 W. Washington Street			10f, ZIP CODE 21740					10g. CITIZEN C				YES 2 NO
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			IMED 13, WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year					en or No 1	or No 14. RACE — American Indian, Black, White, atc. Specify:			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementery/Secondary (0-12)  Unknown			DECEDENT'S USUAL OCCUPATION Give kind of work done during most of working to Do NOT use retired.)  housewife					whit STRY	ce			
BE CON	17. FATHER'S NAME (First, Middle, Last) Thomas Grooms				18. MOTHER'S NAME (First, Middle, Maiden Surname) Florence Banzhoff								
10	19a. INFORMANT'S NAME (Type/Print)  Mary Susan Grov	e	(	pre-	arra	nged	)	or Rural R	Route Numb	per, City or To	wn, State, Zip C	ode)	
	20a. METHDD OF OISPOSITION 1 Seurial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)		20b. PLACE A cemetery, crem	netory or a	ther place) W Cel	nete	ry		5-1	9 Wi	ocation — ch 111ams		Stota Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY HOME MINNICH FUNERAL HOME 415 E. Wilson Blvd., Hagerstown, Md. 21740												
CERTIFICATION	23. PART I. Enter the diseases, Dr complications that caused the death. Dp not anter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List pnly one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):												
MEDICAL	PART II. Other significant conditions contributing to death but not re				sulting in the underlying cause given in Par					PERFORMED?  1 YES 2 NO AMAILABL COMPLET DF DEATH		RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION DF CAUSE DEATH?  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND	28. PLACE DF DEATH (Check only one)  HOSPITAL: 1   Inpatient 2   ER/Ouipetient 3   DOA   4   Nursing Home 5   Residence 6   Other (Specify)											
ВУ РНУ	27. MANNEB OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)				28c. INJL WOF	JRY AT		28d. DESCRIBE HOW INJURY OCCURED				
	2 Sudalda	Suicide s Could not be 28a. PLACE DF INJURY — At building, atc. (Specify)				ome, farm, street, factory, offica			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: Dn the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.												
TO BE	29b. SIGNATURE AND TITLE OF CENTURE P.  30. NAME AND RODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH, ITE				29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 29d. DATE SIGNEO (Month, Day, Year)						nth, Day, Year)		
	MAY 19 1992 Jun Denison Product								21742				



STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH AND	MENTAL HYGIENE
	CERTIFICATE	OF DEATH	REG. NO.

	REGISTRAR		CERTI	FICATE C	F DEATH	REG. NO	).			
	1. DECEDENT'S NAME (First, Middle, Last) Margarethe D. Holtzinger						AY YE			
AL DIRECTOR				April 20,		2:30 P.				
	4. SOCIAL SECURITY NUMBER 218-07-1635	1 🗆 M 250 F	73 YRS.	MONTHS DAY		June 7	1918	Germany		
	Ba. FACILITY NAME (If not institution, give				N OR LOCATION OF D	EATH	9c. COUNTY			
	Frederick Memorial Hospital Frederick Frederick									
	10a. STATE 10b. COUNT	TY	10c. CI	TY, TOWN OR LO	CATION			10d. INSIDE CITY		
	Maryland I				Frederick			1 YES 2 NO		
FUNER/	7022 Basswood		21701			US				
	11. MARITAL STATUS 1 Never Married 2 Married  XXX Widowed 4 Divorced	ever Married 2 Married FORCES? 1 YES			2 WO If yes, specify Cuban, Mexico			RACE — American Indian, Black, Whita, atc. Specify: White		
	15. DECEDENT'S EDI (Specify only highest grad		16a. DECEOENT' (Give kind of	S USUAL OCCUP	ATION most of working	16b. KIND OF BU	SINESS/INDUST	ay .		
COMPLE	Elementary/Secondary (0-12)					Own home				
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Maiden	First, Middle, Maiden Surname)			
NE NE	Bruno Ni	Lemann			An	na Viehl				
2	:19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		))		
	Georgia Rigg					ascus, Md.				
	1 (XBurial 2   Cremation 3   Rer	moval from State C6	b. PLACE AND DATE Poplar	of disposition of the place of the springs	(Name of Cemetery	0ATE 200. LO	Poplar	Springs, Md.		
	1 Chewrite 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Popular Springs Cemetery 4/23/92 Popular Springs, Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Olin L. Molesworth, P.A.									
$\neg$	23. PART I. Enter the disesses, or	complications that cause	d the desth, Do	not enter the	DL Ridge F	d. Damaso	iretory arrest	. 20872 Approximete		
	shock, or heart fallure.	. List only one ceuse on	esch line.				, , , , , , , , , , , , , , , , , , , ,	Interval Between Onset and Death		
	disease or condition									
	reconning in death)	DUE TO (OR AS	A CONSEQUENCE	OF):	2000			years		
N O	Sequentially list conditions,	b					- 10			
	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	A CONSEQUENCE (	л <del>-</del> ):						
	CAUSE (Disease or Injury that Initiated events	DUE TO (OR AS	A CONSEQUENCE (	OF):						
CENTIFICATION	resulting in death) LAST	d								
	PART II. Other eignificent conditio	ns contributing to death	hut not requiting	in the underly	dan series ships in	Post I as una su				
8						PERFOR	PMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE		
MEDICAL	Hypertension atrial fibrillation, Diabetes 1 yes 2 tho of DEATH							OF DEATH?		
Σ	anema renal insufficiency, hypothyrendis									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28	PLACE OF OEATH (Ch	eck only one)				
	EXAMINER?	HOSPITAL:	Ipatient 3 DOA	OTHER:	ome 5 🗆 Residence	6 Other (Specify)				
	27. MANNER OF DEATH  1 Natural 5 Pending	27. MANNER OF DEATH  28s. DATE OF INJURY (Month. Day, Year)  28b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED INJURY						D		
ED BY	2 Accident investigation 3 Suicide 8 Could not be 28a PLACE OF INJURY — At home, farm, street, fectory, c			Affice 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						
	4 Homicide determined City or lown, State)									
길		SICIAN: To the best of my know								
COMPLET	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated.									
O BE CO	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	WBER	29d. DATE SIGNED (Month, Day, Year)			
2	Kathleen WO	Hen MD			D32073			► 4/21/9Z		
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  KW STERN MD 610 NINTH AVE BRUNSWICK MD 21716  31. DATE FILED (Month, Day, Year)  12. REGISTRATE SIGNATURE  1 ADDR 2 A 1992 Sunia Davidson-Mandall									
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE Randes	2						
	ΔPR 2.4 199	12 grena David	2010-11-10							

ę grander can a fit earse T 20 T 1 4 16 at a self-decreased and reduced to a self-reduced to the self-redu 

92

3. TIME OF DEATH

10d. INSIDE CITY

1 YES 2 NO

White

Approximata

Interval Between

**Onaet and Death** 

21701

8. BIRTHPLACE (State or Foreign Maryland

Frederick

U.S.A.

Specify:

14. RACE — American Indian Black, White, etc.

1325

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physic	filled in by the funeral director, page 5 should be detached for use as the burial. on removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be intained by the hospital or attanding physic	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

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28 Is

this certificate ha with the State D irked, or item 2

FUNERAL DIRECT within 72 hours a TANT: If Item 2

TO THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II

HOSPITAL

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

25. WAS CASE REFERRED TO MEDICAL

5 Pending Investigation

6 Could not be

determined

1 TES 2 NO

27. MANNER OF GEATN

1 Natural
2 Accident

3 Suicide

4 Homicide

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH HELFENSTEIN, II Edward Trail 04 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH April 8, 1927 MONTHS DAYS HOURS MIN. 216-22-8332 1 (M 2 | F 65 9a. FACILITY NAME (If not institution, give street and number, 9h. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN Frederick Memorial Hospital Frederick RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Maryland Frederick Frederick 10s. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7335 Dance Hall Road 21701 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 \( \text{NO}\) YES 2 \( \text{NO}\) NO 15 YES, GIVE WAR OR DATES 1945 \( \text{L} \) 1946 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Insurance Executive General insurance 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Ernest Helfenstein, Jr. Maurine Thurmond 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Ars. Susan V. Helfenstein 7335 Dance Hall Road, Frederick, Maryland 21701 20s. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Mount Ulivet Cemetery 4-25-92 4 Donation 5 Other (Specify) Frederick, Maryland 21701 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Keeney and Basford Funeral Home M00021 106 East Church Street, Frederick. 23. PART ). Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition DUE TO (OR AS A CONSEQUENCE OF! Dillure resulting in death) ママモヒレレーテット Sequentially list conditions, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events OUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): with resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 TYES 2 NO

> 1 TES 2 NO 28d. DESCRIBE NOW INJURY OCCURED

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

21

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and menner as stated.

28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

28c, INJURY AT WORK?

1 YES 2 NO

28. PLACE OF DEATN (Check only one)

114625

W STUTACT

4 Nursing Nome 5 Residence 6 Other (Specify)

29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

OTHER:

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NOSPITAL:

28a. OATE OF INJURY (Month, Day, Year)

Inpetient 2 - ER/Outpetient 3 - DOA

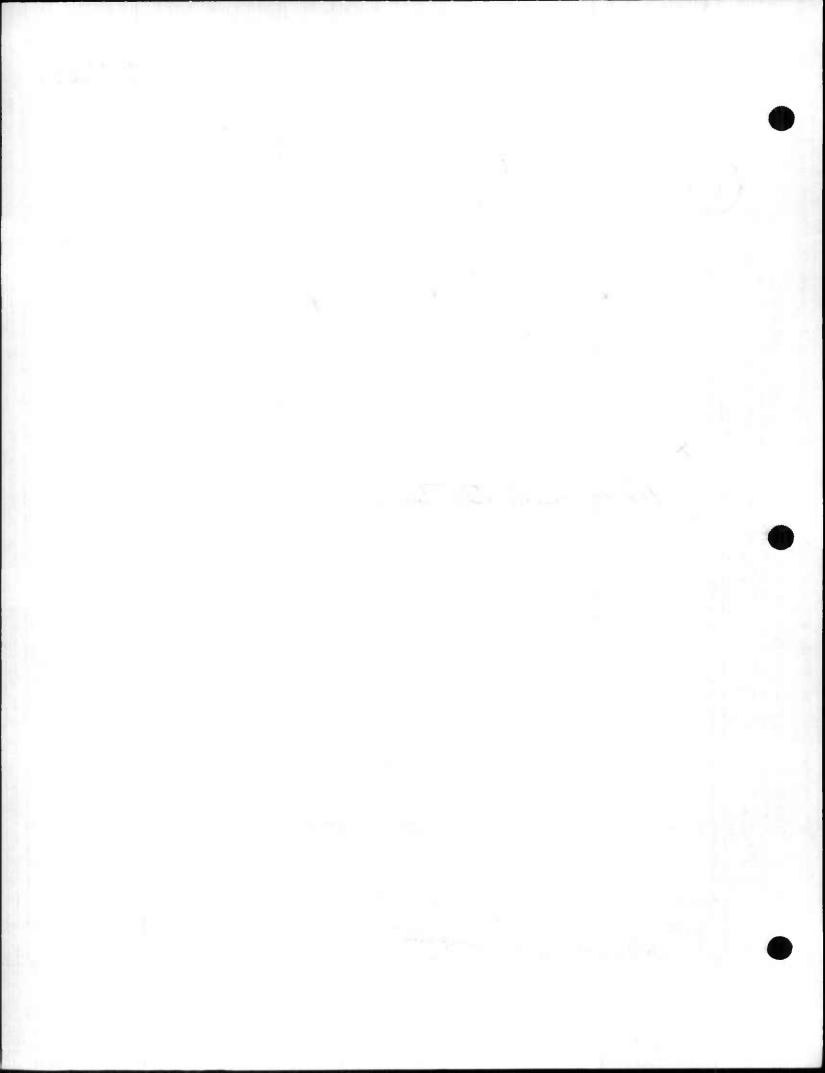
C 501

31. DATE FILED (Month, Day, Year)
APR 2 4 1992 32. REGISTRAR'S SIGNATURE
Sicha Davidson-Randall

- MARIE But a min grantening grant age may be the grant of the gr control officially invited the last of the second

.E.L.-7.

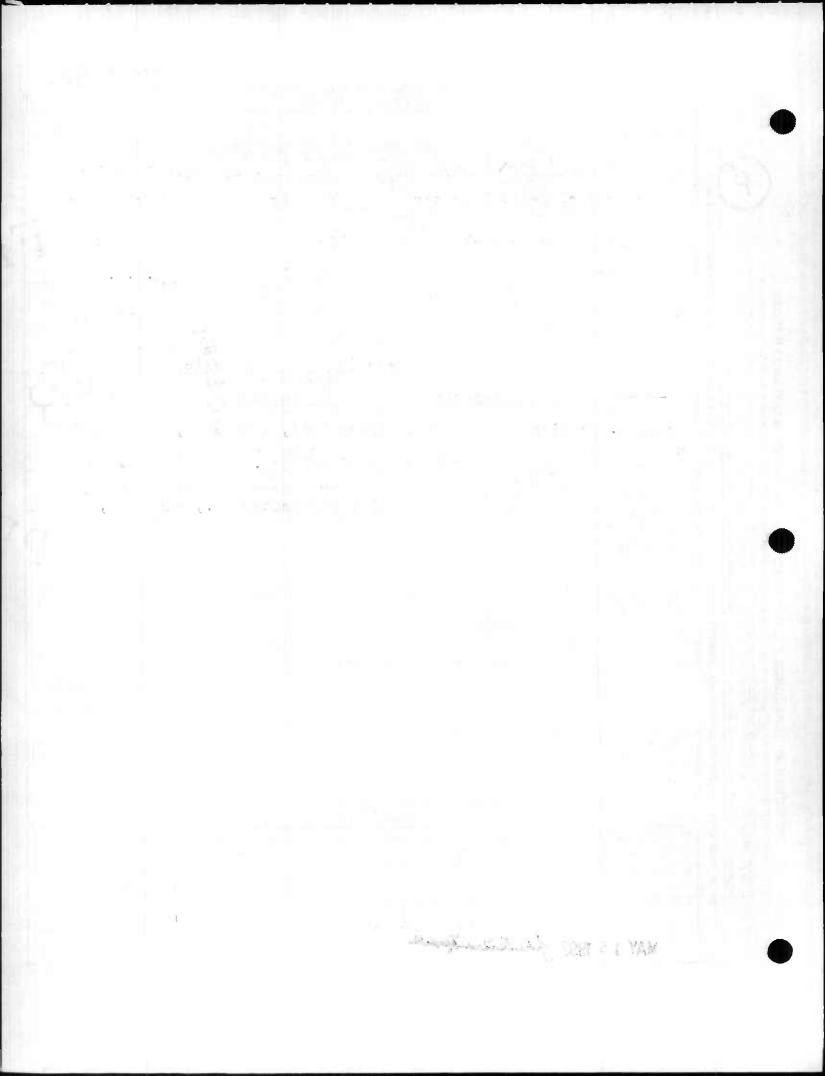
	1. DECEDENT'S NAME (First, Middle, Last	0					2	DATE OF	DEATH DAY		YEAR	3. TIME OF DEA
		RAMONA	MAE	HAH	Į		А	pril	_	1992		4:40
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		F UNDER 1 YEAR		4 HRS. 7.	Month, De			8. BIRT	HPLACE (State or F
	214-32-4816	1 M 2 F	59	YRS.		noons			30,19	32		yland
P	FACILITY NAME (If not institution, give	street and number)			9b. CITY, TOW	N OR LOCATION	N OF DEATI	Н		9c. COU	JNTY OF I	HTAS
E	7915 Old Re	ceiver R	d		Fred	erick				Fre	eder:	ick
1	10s: STATE 10b. COUN	ITY		10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CIT
DIRE	Maryland	Frederic	ck		F	rederio	ck					1 YES 2
M	10e. STREET AND NUMBER					101. ZIP CODE				10g. CIT	TIZEN OF	WHAT COUNTRY?
FUNERAL	7915 Old F	7								Un:	ited	States
5	11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	THE	RMED NO	If yes,	ECENDENT OF apecify Cuben,				or No-	14. RAC Blac	E — American Indi k, White, etc.
B	3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES		1 🗆 Y	ES 2 NO	Specify:				Spec	wy: Whit
ED	15. DECEDENT'S ED (Specify only highest grad	DUCATION de complete de	16a. D	ECEDENT'S	USUAL OCCUPA	TION		16b. KIN	ID OF BUS	INESS/IN	OUSTRY	
F	Elementary/Secondary (0-12)	College (1-4 or 5	Air	GIVE KIND OF 6. Do NOT u	work done during se retired.)	most of working			100	. Ca.	MAIO # 10	.,
COMPL	12	2		Secre	etary				Loay	i cor	mpan	y
	17. FATHER'S NAME (First, Middle, Last)						R'S NAME			,		
BE	19a. INFORMANT'S NAME (Type/Print)	Earl Ro	obert Sr				Carri				*	
TO B			1		ADDRESS (Street							
3	Donald Hahn 204, METHOD OF DISPOSITION		20h BI ACE		Old Re		RQ.		ederi			own, State
	Burlal 2 Cremation 3 Re	moval from Stata	cametary, ci	nemetory or o	ther place)		tonu	II-22			150	wa, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE		Tour		AND ADDRESS		TY			-	
	23. PART I. Ever the diseases, or shock, or heart failure immediate cause (Final disease or condition resulting in death)	complications this. List only one ca	at caused the suse on each	DO O	not enter tha n	node of dying	g, such a	wn P	or reapir	Fre	eder	Approxim
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intitleted events	b. OUE TO	RCINIMA	EQUENCE O	The	node of dying	g, such a	wn P	or reapir	Fre	eder	Approxim
L CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b. DUE TO  C. DUE TO  d.	COM AS A CONSE	EQUENCE OF	not enter than	Ca land	g, such a	wn P wid wid with the conditions with the cond	E PARANA  E WAS AN A PERFORA	Fre atory and ELS	eder:	Approxim Interval B Onset and Onset
L CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b. DUE TO  C. DUE TO  d.	COM AS A CONSE	EQUENCE OF	not enter than	Ca land	g, such a	wn P wid wid with the conditions with the cond	e produce a series a	Fre atory and ELS	eder:	Approximinterval B Onset and Interval B Onset and I
L CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	b. DUE TO  C. DUE TO  d.	COM AS A CONSE	EQUENCE OF	not enter than	Calland	g, such a	wn P cordiac	E PARANA  E WAS AN A PERFORA	Fre atory and ELS	eder:	Approxim Interval B Onset and Onset
L CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	b. DUE TO c. DUE TO d	O (OR AS A CONSE	EQUENCE OF	not enter than	Ing ceusa giv	g, such and C	Win P s cerdiac  Wid  1. 24  1. 1. 1. 24	or reapir	Fre atory and ELS	eder:	Approxim Interval B Onset and Onset
IYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST  PART II. Other significant conditions.	b. OUE TO  c. DUE TO  d	O (OR AS A CONSE	EQUENCE OF COURNER OF COURNE OF COURNER OF C	on the undarily  The state of t	Ing ceusa giv	g, such and C	WIN P s cerdiac  Wid  It I. 24  It I. 24  Only one)	or reapir	Free atory and atory at	eder	Approxim Interval B Onset and Onset
PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are conditions. If yes 2 No. 27. Manner of Death  Netural S Pending	b. OUE TO  c. DUE TO  d	O (OR AS A CONSE	EQUENCE OF COURNER OF COURNE OF COURNER OF C	not enter than  Left Enter the notation of the underlying the underlying the	Ing ceusa giv	yen in Par	WIN P s cerdiac  Wid  It I. 24  It I. 24  Only one)	or reapir	Free atory and atory at	eder	Approxim Interval B Onset and Onset
BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant conditions are conditions. If the conditions is a significant conditions are conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions in the conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions in the conditions is a significant conditions. If the conditions is a significant conditions is a significant conditions in the conditions is a significant conditions in the conditions is a significant conditions in the conditions is a significant condition in the condition in	b. DUE TO  c. DUE TO  d	O (OR AS A CONSE	EQUENCE OF	not enter than    Continue   Cont	Ing ceusa giv	yen in Par	WIN P a cerdiac  Wid  Li  Li  Li  Li  Li  Li  Li  Li  Li	I. WAS AN A PERFORM PERFORM YES 2	Free atory and atory at	eder rest,	Approximinterval B Onset and Interval B Onset and I
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions and interest in the cause of the	B. DUE TO  b. DUE TO  c. DUE TO  d. DUE TO  D	O (OR AS A CONSE	COUENCE OF TESTIFICATION OF THE PROPERTY OF TH	26. OTHER: 4   Nursing He E OF URY M   1   Intract, factory, of	PLACE OF DEADONE S PRESENT VORK?	yen in Par	WIN P a cerdiac  Wid  Li  Li  Li  Li  Li  Conly one)  Other (Sp d. DESCRII  City or To	I. WAS AN A PERFORM PERFORM YES 2  Occity) BE HOW IN (Street en wwn, Stete)	WITOPSY MEO? WHO JURY OC	24b	Approximinative Bonset and Approximinative Bonset and Onset and On
PLETED BY PHYSICIAN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined determined	B. DUE TO b. DUE TO c. DUE TO d. DOE TO d. DOE TO DOE DOE TO DOE DOE TO	O (OR AS A CONSE  O (OR AS A C	COUENCE OF	26. OTHER: 4   Nursing He E OF URY M 1   trast, factory, of	PLACE OF DEADONE S PRESENT VORK?	yen in Par	t I. 24a  t I. 24a  t I. Conty one)  Other (Sp City or To	i. WAS AN A PERFORM PERFORM VES 2  Weelfy)  BE HOW IN. IN (Street en win, Stete)	WITOPSY WED? WHO OC IN NUMBER AND STATE OF THE STATE OF T	24b  CUREO  r or Rural II the cause(e	Approximinterval B Onset and Onset a



STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	).	
AGNES I	HORTO				05 10	2 9	3. TIME OF DEATH  2 /400 N
1. SOCIAL SECURITY NUMBER 2/8-28-0863	1 🗆 M 2 💢 F	8/ YRS. *	F UNDER 1 YEAR FONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 18		BIRTHPLACE (State or Foreign Country) China
Anne Arundel				apolis	EATH	Anne	of DEATH  Arundel
RESIDENCE OF DECEDENT	Y	ine CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY
Maryland Ani	ne Arundel		napoli	S			LIMITS? 1 (3) YES 2 (1) NO
Anne Arundel RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Ann 10a. STREET AND NUMBER 298 Halsey Ros	ad		101	21401		17 10 2	of what country?
3 ☑ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NQ	If yes, spe		IIC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: riental
15. DECEDENT'S EDI. (Specify only highest grade Elementary/Secondary (0-12)  R  17. FATHER'S NAME (First, Middle, Last)	ICATION completed) College (1-4 or 5+)		rk done during mos retired.)	N st of working		runde	l County
8		Cafe	teria		Public		ol
17. FATHER'S NAME (First, Middle, List)	Igna	cio		Unki	ME (First, Middle, Melder	Surname)	
			DDRESS (Street or		Route Number, City or Tox	vn, State, Zip Coo	de)
Betty H. Meeki	ins	000 11	. 7	70 - 7	2 .		
20e. METHOD OF DISPOSITION  1 M Burlal 2 Cremation 3 Rem  4 Donation 6 Other (Specify)	noval from State	0b. PLACE AND DATE OF emelery, crematory or othe rlangton	DISPOSITION (Na	5/18/9	20c. LC	cation - chy	or Town, State
21. BIGHANDING OF PUNERAL SERVICE IS	Paylo	1	Taylo	r Funer		el	21401
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF:	wiking	Un for	tins		Onset and Death
PART II. Other algorificant condition	na contributing to death	but not resulting in	the underlying	cause given in		RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Ch	A THE PROPERTY.		
27. MANNER OF DEATH  1 Netural 5 Pending	1- Inpatient 2	28b, TIME	OF 28c. INJU	JRY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED
	28e. PLACE OF INJUI building, atc. (Sp	RY — At home, farm, str pecify)	eet, factory, office		281. LOCATION (Street City or Town, Stete		Bural Route Number,
	ICIAN: To the best of my kno ER: On the beste of examinet						suse(s) end manner es stated.
296. SIGNATURE AND TITLE OF CERTIFIE	uz m			29c. LICENSE NUM	BER   8 8	29d. DATE SI	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	LAN 64	DEATH (ITEM 27) (Type, P	am	Ganily):	MD ZIY	03	
31. DATE FILEO (Month, Day, Year) MAY 1.5 1992	A negarita sio	During					



ls:

	92-2622-003									9	2	145	40
	1 - STATE REGISTRAR	STATE O	MARYLAI	ND / DEPAR					MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, PATRICIA	-							2. DATE OF DEATH		992	3. TIME OF D	
	4. SOCIAL SECURITY NUMBER	5. SEX		yrs. last birthday)	IF UNDE	RIYEAR	RELL IF UNDER	24 HRS.				8:20	P. M
1	212-42-2006	1 🗆 M 2 🕞	E	48 YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 1 October	943	Count	m rvlan	-
	9. FACILITY NAME (If not institution ANNE ARUNDEL (	SENERAL HO	SPITAL	SPITAL ANNAPOLIS					EATH		E ARI	UNDEL	-
DIRECT	RESIDENCE OF DECEDER	COUNTY		10c. CI	Y, TOWN	OR LOCAT	ION						CITY
DIR	E2.	ne Arund	lel	el Annapolis								LIMITS?	□ NO
FUNERAL	1159 Severr	n View D	ive				2103			10g. CIT	USA	WHAT COUNTRY	٧?
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	DENT EVER IN U 1 TES E WAR OR DAT	2 NO		If yee, sp			IIC ORIGIN? (Specify Yen, Puerto Rican, stc.)	e or No—	14. PACI Biac Spec	E — American I k, White, etc.	ite
COMPLETED	15. DECEDENT (Specify only highes Elementary/Secondary (0-12) 1.2			6a. DECEDENT'S (Give kind of life. Do NOT u	work done ise retired.)	during mo	ON st of workli	rg	Constr				
BE CON	17. FATHER'S NAME (First, Middle, La Edwin C. Ka	,	ger						ME (First, Middle, Malder Bagwell	Sumame)			
TO	190. INFORMANT'S NAME (Type/Print Ted. R. He)	,		196. MAILING 1159	Sev	s (Street a 7ern	Vie	or Rural F	Noute Number, City or Tow AVE. Crow	n, State, Zi	ille	, MD	
	20a. METHOD OF DISPOSITION  1		cemete	ery, crematory or o	other plece,			CV		okly			
	21. SIGNATURE OF FUNERAL SERV	all.		<i>1</i>	H 8	arde	esty anna	ss of fa Fur pol:	neral Honis Road,	ne, Gam	P.A. bril	•	4D
	23. PART i. Enter the disease shock, or heert fe IMMEDIATE CAUSE (Finel disease or condition resulting in death)	llure. Liet only one	Conta	th ilne.	Gur				h ea cerdiec or reep	Allo Control	rest,		dmete i Between and Death
TIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING	<b>6</b> h.		ONSEQUENCE O									
CERTIFIC	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	d.	TO (OR AS A C	ONSEQUENCE O	F):								
	PART ii. Other aignificant con	ditione contributing	to deeth but	not resulting	In the u	nderiyin	cenee i	given in			24b	. WERE AUTOPS	
PHYSICIAN: MEDICAL	Deg	pression							PERFO	NO NO	ŀ	AMAILABLE PRICOMPLETION ( DF DEATH?  1 YES 2	OF CAUSE
SICIAN	25. WAS CASE REFERRED TO MEDI EXAMINER? 1 XYES 2 NO	HOSPITAL	2 ☑ ER/Outpet	lant 3 🗆 DOA	OTHE	R:			eck only one)  8  Other (Specify)	· · · · · · · · · · · · · · · · · · ·			
РНУ	27. MANNER OF DEATH	28e. DATE (Mont	OF INJURY	28b. Til		28c. INJ		I I	28d. DESCRIBE HOW	NJURY OC	CURED		
ВУ	2 Accident Investig	Netural 5 Pending   05-09			P.M	1 🗆 '	rES 2	NO				.S.W.	
ETED	3 Suicide 8 Could r 4 Homicide determi	lot be   build	ng, stc. (Specify	At home, ferm,		tory, offic			28f. LOCATION (Street City or Town, State 1159 SEVE			Route Number, DRIVE	
COMPLETED									to the cause(e) end me time, date end place, e			e) end manner a	le stated.
BE C	29b. SIGNATURE AND TILE OF CE	ATIFIER /	12.1	44.3			29c. LICI	ENSE NUM	IBER	29d. DAT	E SIGNED	(Month, Day, Ye	ier)

2

296. SIGNATURE AND TILE OF CERTIFIER Clerk no

O.C.M.E.

29d. DATE SIGNED (Month, Day, Year) 05-10-1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Chute Dennis J.

PENN STREET BALTIMORE MARYLAND 21201 111

12 REGISTRAN'S SIGNATURE AND SECOND

Service Service

187-55-91

1 60

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

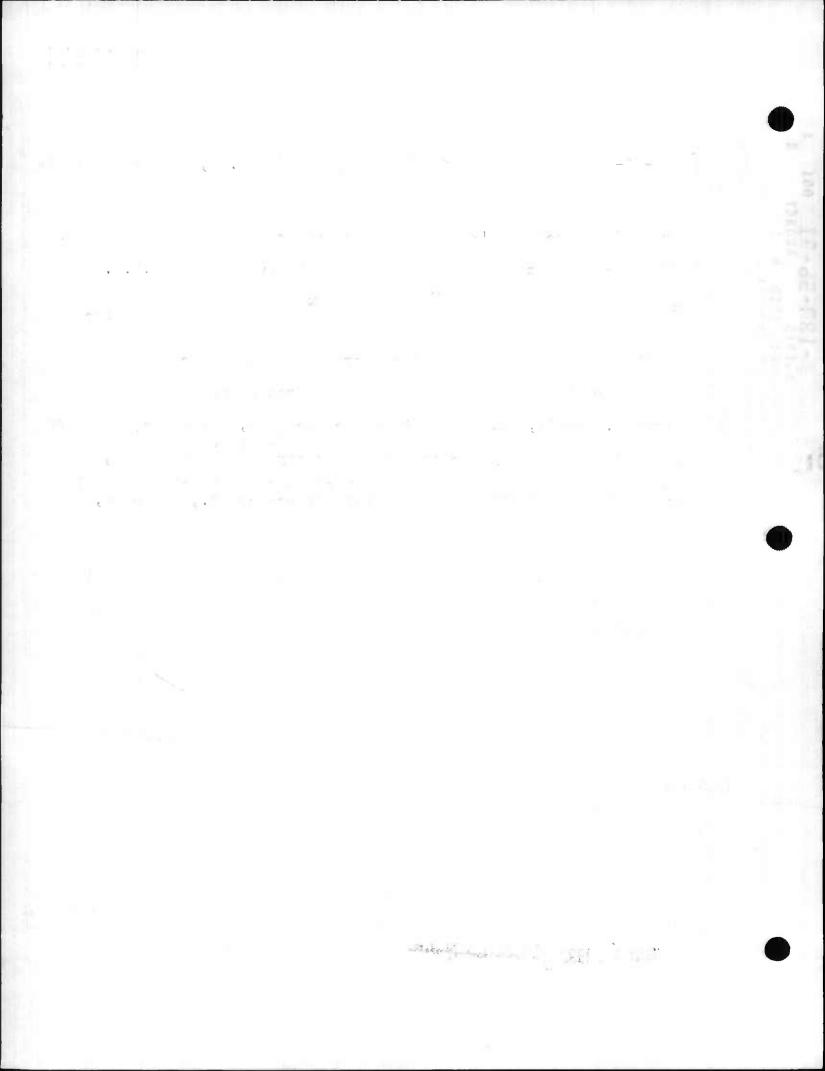
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR	STATE OF MARYLANI		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIENI	E	
1. OECEDENT'S NAME (First, Middle, Last)  AUDREY HA	RRIS			2. DATE OF DEATH DA O5 07		
185-22-6954  De. FACILITY NAME (If not institution, give stree	1 ☐ M 2 ☑ F 6 2	YRS. MONTH	DER 1 YEAR FUNDER 24 HRS. 8 DAYS HOURS MIN. TTY, TOWN OR LOCATION OF I		Co	ethplace (State or Foreign unity) nnsylvania
THE JOHNS HOPKI	NS HOSPITAL		ALTIMORE CITY N OR LOCATION	Y	BALTI	MORE  10d. INSIDE CITY LIMITS?
	n Anne's	Ste	evensville 10f. ZIP CODE			1 YES 2 NO
10e. STREET AND NUMBER  500 Queens Cou  11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2: IF YES, OIVE WAR OR DATES	NO NO	2] 66 3. WAS DECENDENT OF HISP, If yes, specify Cuban, Maxic 1   YES 2   NO Specific	ANIC ORIGIN? (Specify Yes	Bi Sp	ACE — American Indian, lack, Whita, atc. pecify:
15. DECEDENT'S EDUCA (Specify only highest grade oc	ATION ompleted)  College [1-4 or 5+)	DECEDENT'S USUAL (Give kind of work dor life. Do NOT use retired	ne during most of working d.)	166. KIND OF BUS	INESS/INDUSTRY	√hite '
Andrew Urish			18. MOTHER'S N	hy Kuchar	Sumame)	
Harry C. Harri 208. METHOD OF DISPOSITION		822 Ivy	League La	ne, Rocky	ville,	MD 20850
1]X Buriel 2 Cremation 3 Remov 4 Donation 5 Other (Specify)	cemetery C ed	ar Bluff	Cemetery  2. NAME AND ADDRESS OF F	ACILITY		
23. PART I. Enter the diseases, or co	inofications that caused the	13	aylor Fune	ter St. A	nnapo	lis,MD
ehock, or haert failure. Lit	CARDIAC	A RRES		cn as cardied or respi	ratory arreat,	Approximate interval Between Onset and Death
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	PROBABLE  DUE TO (OR AS A COM  CORONAR  DUE TO (OR AS A COM	MYOCAR NSEOUENCE OF):	DIAL INFO	ARCTION SE		1 hour 13 years
	contribution to death but					
PART II. Other eignificent conditione  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNEB OF DEATH	contributing to death but n	ot resulting in the	Undariying cauea given ii	1 Part I. 24e. WAS AN PERFORI	MED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 140
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	oTH	26. PLACE OF DEATH (C ER: lursing Home 5 ☐ Realdence			
1 TES 2 NO		401	Treatgerica	1		
	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED	
2 Accident Investigation	28e. DATE OF INJURY	INJURY	WORK? 1 YES 2 NO	281. LOCATION (Street a. City or Town, State)		
2 Accident Investigation	28e. DATE OF INJURY (Month, Dey, Year)	INJURY M At home, farm, street, for	WORK?  1 YES 2 NO sctory, office	28f. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,
2 Accident 3 Suicide 4 Homicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — A building, etc. (Specify)  AN: To the best of my knowledge: On the basis of examination and	INJURY M  At home, farm, street, fr  e, death occurred at the d/or investigation, in m	work?  1 YES 2 No  actory, office  e time, deta and pieca, and du y opinion, death occured at th	281. LOCATION (Street as City or Town, State) a to the cause(a) and man e time, data and place, and	nd Number or Runner as stated.  If due to the cause  29d. DATE SIGN	el Route Number,  e(a) and menner as stated.  IEO (Month, Day, Year)  7 - 9 2

DHMH-18 Rev 1/89



	1. DEGEDENT'S NAME (First, ) OM & S.	#1	ARRISON	, JR.			REG. NO.	9 9	Z Z	O45									
	216-36-7	050	1 M 2 🗆 F	AGE (In yrs. lest birthde		MIN.	(Month, Day, Year)	39	Country)	yland									
СТОВ	Anne Arun	del N		Center	Annapo					und e]									
DIRE	Maryland		r 1e Arunde		Edgewate					d. INSIDE CIT LIMITS?									
ERAL	405 Vento		ad		10f. ZIP CODE 21037				U . S . A .										
BY FUN	11. MARITAL STATUS 1 Never Married 2 3 Divo	Married	12. WAS DECEDENT E FORCES? 1 IN IF YES, GIVE WAR	YES 2 NO	13. WAS DECENDE If yes, specify ( 1  YES 2	NT OF HISPANIC Cuban, Mexican, F	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 1		American Ind hite, atc.									
PLETED	15. DEC (Specify only Elementary/Secondary (0	EDENT'S EDU y highest grade 0-12)	ICATION completed)  College (1-4 or 5+)	(Give kind o	'S USUAL OCCUPATION of work done during most of w use retired.)	vorking	16b. KIND OF BUS	SINESS/INDU	STRY										
COMPL	17. FATHER'S NAME (First, M	liddle, Last)		Car	Denter 10.1	MOTHER'S NAME	(First, Middle, Maiden	Surname)	ctio	n									
BE	James Al		Harrison			Ethel	Irene E	vans											
10	Jeana G.		son		Vonton R					0.37									
	20a. METHOD OF DISPOSITI	ION			Venton R EOF DISPOSITION (Name of		PATE 20c. LO	CATION — CI	ty or Town,	State									
	Donation 5 - Other	(Specify)	1 /	1 Commetery Crematory of	t Cemeter	V	Dav	idson	nvil	le, l									
	Votacelo	7	TU	1/	Taylor	Funera	I Chape	1	2140	Denistion & Company Davidsonville, MD  21. SIGNATURE OF PUNERAL SERVICE LICENSE  22. NAME AND ADDRESS OF FACILITY  Faylor Funeral Chapel 21401									
	IMMEDIATE CAUSE (Findisesse or condition	eart failure.	List only one cause	on each line.	not enter the mode of	uceste	r St., A	ratory arres	olis st,	MD Approximately									
TIFICATION	IMMEDIATE CAUSE (Fin	ions, diata	a. Presure Due to con	on each line.	on Columbia tus lasis	uceste	r St., A	ratory arres	olis	MD Approxim									
AL CERTIFICATION	snock, or no immediate in the immediate cause in death)  Sequentially list condition from it is my, leading to immediate. Enter UNDERLY CAUSE (Disesse or Injuthat initiated events	dons, diata	a. Presuman pue to con	R AS A CONSEQUENCE	orp:  orp:  of Colum  orp:  taslasis  orp:	uceste	er St., A is cerdiac or respi Embilies,	AUTOPSY	24b. WE	Approximinterval I Onset an									
MEDICAL	snock, or no immediate processes or condition resulting in death)  Sequentially list conditi if sny, laading to immediate. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	dons, diata	a. Presuman pue to con	R AS A CONSEQUENCE	orp:  orp:  of Colum  orp:  taslasis  orp:	uceste	er St., A se cerdiac or respi Embiles,	AUTOPSY IMED?	24b. WEI	Approximinterval E Onset an Interval E Onset an Interval E Interval									
MEDICAL	snock, or no immediate processes or condition resulting in death)  Sequentially list conditi if sny, laading to immediate. Enter UNDERLY! CAUSE (Disease or injust that initiated events resulting in death) LAS	ions, diata ing iry	a. DUE TO (OF DUE TO VOF d. DUE TO VOF d. DUE TO VOF d. DUE TO VOF	R AS A CONSEQUENCE	onpt enter the mode of Pulman  of:  of Colum  of:  tus lasas  of:  g in the underlying cau  26. PLACE OTHER:	de ste dying, such s	er St., A se cerdiac or respi Embles  rt i. 24a. WAS AN PERFOR  1   YES 2	AUTOPSY IMED?	24b. WEI	Approximinterval E Onset an Interval E Onset an Interval E Interval									
PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  CAUSE (Disease or Injut that initiated events resulting in death) LAS'  PART II. Other signification in the condition of the conditio	ions, diata ing iry	a. DUE TO (OF DUE TO VOF d. DUE TO VOF d. DUE TO VOF d. DUE TO VOF	R AS A CONSEQUENCE  AS A CONSE	onpt enter the mode of Pulmon  OF):  of Colon  OF):  tus last  OF):  g in the underlying cau  26. PLACE OTHER: 4   Nursing Home 5    ME OF   28c. INJURY WORKY	se given in Psi	er St., A se cerdiac or respi Embles  rt i. 24a. WAS AN PERFOR  1   YES 2	AUTOPSY MED?	24b. WE AMICO'OF	Approxision of the Autopsy (LABLE Prior MELETION OF DEATH?									
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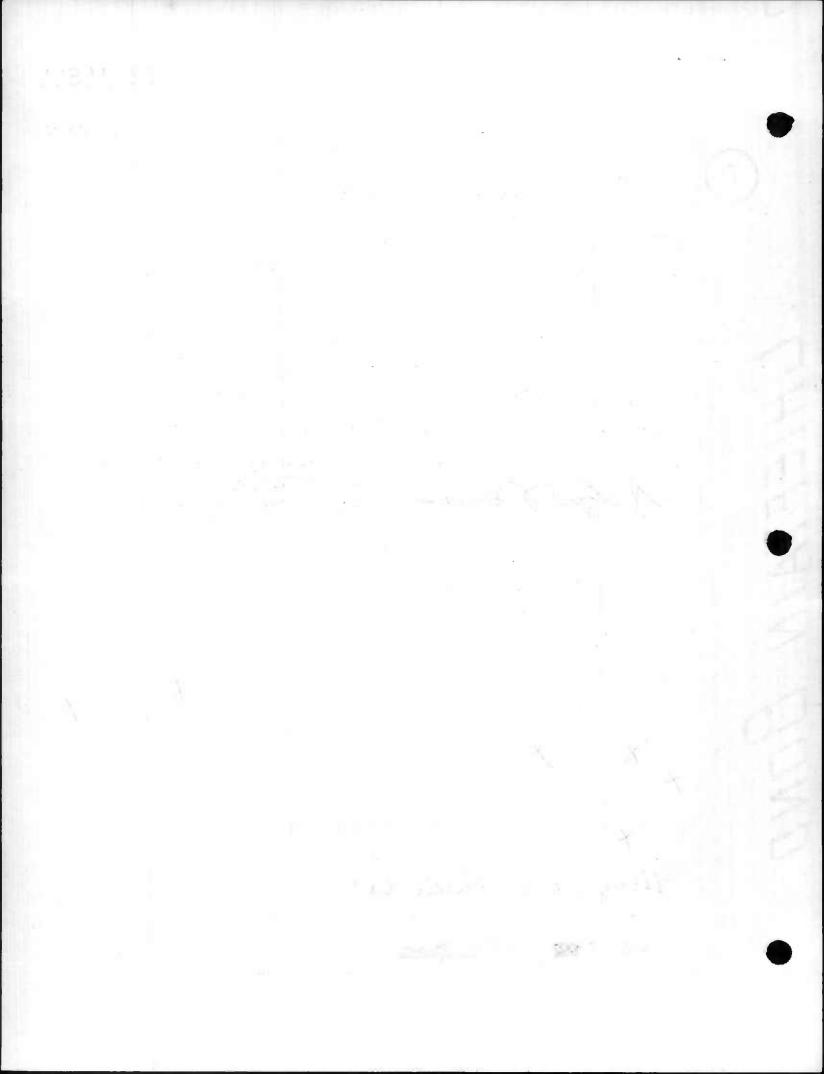
	1. DECEDENT'S NAME (First, Middle, Li	ist)	Too	a la TT T		2. DATE	OF DEATH		3. TIME OF OE
1.8	Joseph L	Hodges	5 JOS	eph Hod	ges	MONT	H DAY	YEAR	0337
	4. SOCIAL SECURITY NUMBER 219-18-2133	1 2 1 F	E (In yrs. last birthday) 77 YRS.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH h, Day, Year)	8. BIRTI- Count	HPLACE (State or I
BOB	90. FACILITY NAME (If not institution, grand of the property o	lel medical Co	enter		or Location of C			NTY OF D	Acural.
DIRE		e Arundel		ry, town on Local nady Si					10d. INSIDE CIT LIMITS? 1 YES 2
FUNERAL	100. STREET AND NUMBER 1178 Day Vie	w Avenue			20764			USA	WHAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, s	CENCENT OF HISPA pecify Cuban, Mexic B 2 NO Speci	an, Puerto	N? (Specify Yes or No— Rican, etc.)	14. RACI Black Speci	E — American Inc ik, White, etc. White
LETED	15. DECEDENT'S (Specify only highest g		(Give kind of life. Do NOT u		ost of working	100	. KINO OF BUSINESS/INC		1
COMP	17. FATHER'S NAME (First, Middle, Last)		Consti	ruction	Superv		C&P Te	тер.	hone C
l III	Edward Hodge						. Rawling	S	
TO B	19a. INFORMANT'S NAME (Type/Print) Flicie G. Ho	dges			and Number or Rural	Route Num	ber, City or Town, State, Zig. Shady S	Code)	, MD
	20a. METHOD OF DISPOSITION  [K] Burlel 2 Cremation 3 F  4 Donation 6 Other (Spenily)  11. SIGNATURE OF FUNERAL BERVICE	Ramoval from State	ob. PLACE AND DATE emetery, crematory or SOOD She	ephard	Cemeter		Ellico  al Home,	tt (	City,
ATION		or complications that cause on	ed the death, Do	905	Galesvi	lle	Road, Ga	les	Ville,
	anock, or neart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Roll oue to (on as	BA CONSEQUENCE C	905 on the modern of the moder	Galesvi  Ode of dying, such	lle ch as card	Road, Ga	les	ville,
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MEDICAL CERTIFICATION	anock, or heart failured in the control of the cont	a. PROBLETO (OR AS	BA CONSEQUENCE OF	905 on the modern of the moder	Galesvi ode of dying, such	lle chas carre	Road, Gadiac or respiratory and	les	Approximately and the second s
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ED BY PHYSICIAN: MEDICAL CERTIFICATION	Anock, or heart failu  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condit  25. WAS CASE REPUBLIC TO MEDICAL EXAMINER?  1 YES 2 1 100  27. MANNER OF DEATH  1 Natural 5 Pending Investigative 29 Accident 3 Suicide 6 Could not wearmined  29a. CERTIFIER (Check only)	a. OUE TO (OR AS  DUE	BA CONSEQUENCE C  A CONSEQUENCE C  A CONSEQUENCE C  A CONSEQUENCE C  Dut not resulting	905  not enter the me  2	Galesvi  Ode of dying, such  Myccon  Myccon  In Color  Galesvi  Myccon  In Color  Galesvi  Myccon  In Color  Galesvi  Myccon  In Color  Galesvi  Mycon  In Color  Galesvi  Mycon  In Color  Galesvi  Mycon  In Color  In	Part I.  Part I.  28d. OES  26f. LOC. City  to the case of time, data	Road, Gadiac or respiratory and diac or respiratory and diac or respiratory and diac or respiratory and diac or respiratory and and place, and due to the diac of respiratory and place, and due to the diac or respiratory and place, and due to the diac or respiratory and place, and due to the diac or respiratory and place, and due to the diac or respiratory and diac or respiratory and respiratory	1 24b	Approximately and the second of the second o

WAY TO SEE IT YAN

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE	OF DEA	-	2. DATE OF D	G. NO.		3. TIME OF DEATH
		Carl Bu	rl Helmic	k			Мау	4, DAY 1992		10:10 f.
1	4. SOCIAL SECURITY NUMBER 234-48-3048	The second secon	(In yrs. lest birthday) 73 YRS.	MONTHS E	YEAR IF UNDER	R 24 HRS.	7. DATE OF BI	1919	8. BIRTHP Country) W . Va	LACE (State or Foreign
)	90. FACILITY NAME (If not institution, give Garrett County )		2.		own or Locati	ION OF DEA	тн	9c. COU	NTY OF DE	
2	RESIDENCE OF DECEDENT	1000		l our	CLATIC				Gall	ecc
et'	Maryland Garr			ry, town on						10d. INSIDE CITY LIMITS? 1XX YES 2 NO
ONEHAL	10e. STREET AND NUMBER				10f. ZIP COD	E		10g. CIT	ZEN OF WI	IAT COUNTRY?
	Bear Creek Rd.				21531			U	SA	
	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR WW 2	B 2 NO	If y	If yes, specify Cuben, Mexican, Puerto Rican, etc.)			14. RACE Black, Specify	- American Indian, White, etc.	
1							16b. KIND	OF BUSINESS/INC	DUSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 8+)	work done dur use retired.)	ing most of worki	ng					
I	7th		berman	rman			Timber			
SE C	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Meiden Surneme)						
	Sheridar				(	lara N	Nelson			
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (S	Street and Numbe			ity or Town, State, Zip	Code)	
	Dorothy J. Ours		P.O.	Box 44	il. Fri	endsv	1110	MD 215	31	
	20e. METHOD OF DISPOSITION	21	Ob. PLACE OF DISPO				1110,	20c. LOCATION -	_	m, State
	1 X Buriel 2 Cremetion 3 Ref	moval from State	South Bra	nch Me	morial	Card	lane	Petersb		
	21. SIGNATURE OF FUNERAL SERVICE L		outh bla	22. NA	ME AND ADDRE	SA DE PROC	LINY	receiso	urg,	w.va.
	1 8	· V		Ne	wman F	unera	1 Home	es, P.A.		
	1 Oxfor	1 Della	rau					sville,	MD	21536
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	b. Hyperten	A CONSEQUENCE	OF):						Onset and Death 4 days Years Years
	CAUSE (Disease or injury Due TO (OR AS A CONSEQUENCE OF):									Years
	PART II. Other eignificent condition Bladder CA wit				erlying cause	given in F		WAS AN AUTOPSY PERFORMEO? YES 2 NO		WERE AUTOPSY FINDINGS MAILLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 7 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 Nopatient 2 ER/Ou	stration 2 DOA	OTHER:	26. PLACE OF C					
200	27. MANNER OF DEATH	28a. OATE OF INJURY (Month, Day, Year)	Y 28b. TII		8c. INJURY AT WORK?			BE HOW INJURY OC	CURED	
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI		, atreet, factor	1 YES 2		28f. LOCATION City or Tox	N (Street end Numbe wn, State)	r or Rural Ro	oute Number,
	29e. CERTIFIER CERTIFYING PHY	SICIAN: To the best of my kno	owledge, death occur	rred at the tim	a, date end place	e, end due t	to the cause(s)	end manner as sta	ried.	
COMPL	2 MEDICAL EXAMIN	IER: On the basis of examinat	tion end/or investigat	lon, in my opi						
IO BE	Margaret a faller 10 D26650 > 5/5/92									The state of the s
	HARGARet A.	KAISER &	1. 219	4	KLANI	M	10 21	550		
2	MAY 7 199	32 REGISTRAR'S SIG	SNATURE A PAGE							
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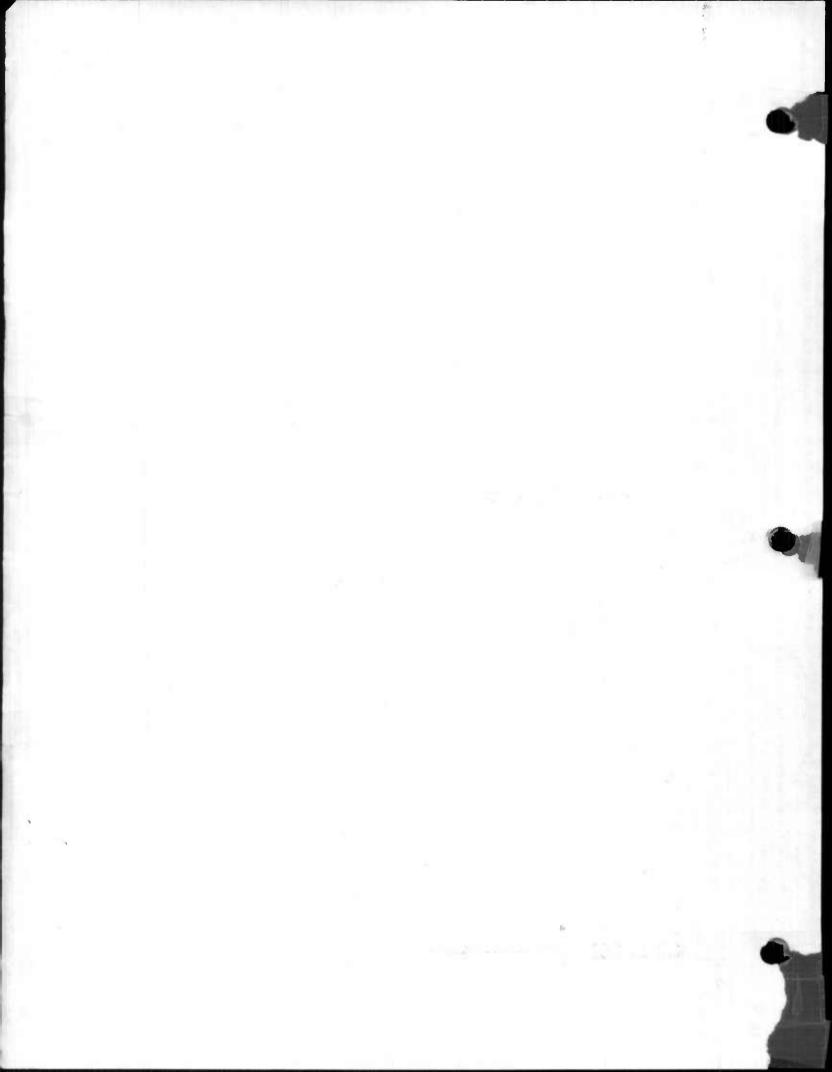
	1. DECEDENT'S NAME (First, Middle, Las	st) Florence		HENSON	OF DEATH	2. DATE	REG. NO.		1	. TIME OF DEATH	
	Flore	nce	L.	11	150n	MONTH	DAY	992	YEAR	. TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER 218 76 4379	1 🗆 M 2 🖾 F	MGE (In yrs. last birth	oday) IF UNDER 1 Y		7 DATE (	of BIRTH Day, Year) ch 2,1	.936	Country)	ACE (State or Foreign	
TO.	9a. FACILITY NAME (If not institution, ghe Washington Cour RESIDENCE OF DECEDENT	nty Hospital		-	wn or Location of agerstown	DEATH		9c. COUNTY Was	y of DEA		
DIREC	10a. STATE 10b. COU		100	Hagers						0d. INSIDE CITY LIMITS?  YES 2 NO	
FUNERAL	10e. STREET AND NUMBER  808 Interval Re	oad		10f. ZIP CODE 10g. CITIZEN OF 1 US					N OF WH		
84	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1 IF YES, GIVE WAR O	YES 2 NO	2 X NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)					14. RACE — American Indian, Black, White, atc. Specify: White		
PLETED	15. DECEDENT'S E (Specify only highest gn Elementary/Secondary (0-12)		(Give kin life. Do N	ent's usual occu and of work done during tot use retired.)	PATION ng most of worlding	16b.	KIND OF BUSI	INESS/INDUS			
E COMPL	17. FATHER'S NAME (First, Middle, Last) Merle Leroy Mi	sner			18. MOTHER'S I	AME (First, M		Sumame)			
TO 8	190. INFORMANT'S NAME (Type/Print)  Mamie Baker Mis	sner			val Rd., I						
	20s. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from Stata		ATE OF DISPOSITION OF Other place		5-2		ation — cit			
	21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY MINNICH FUNERAL HOME										
	OCOM!	00001	nne	- //1	5 E. Wilso			gerst	own,	Md. 217	
	iMMEDIATE CAUSE (Finei disease or condition	e. List only Dna cause D	on each line.	Do not enter the	5 E. Wilson mode of dying, an	on Blv	d., Ha			Approximata interval Between	
	iMMEDIATE CAUSE (Finei	e. List only Dna cause D	AS A CONSEQUEN	Do not enter the	5 E. Wilson mode of dying, and	on Blv	d., Ha			Approximata interval Between	
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AL CERTIFI	immediate Cause (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a	AS A CONSEQUENCE  AS A CONSEQUENCE  AS A CONSEQUENCE  th but not result	Do not enter the	5 E. Wilson mode of dying, and	on Blv	d., Ha lec or reapire	atory arrea	24b. W	Approximate interval Betwee Onaet and Date 2 days	
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ļ	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remove	IMPORTANT: If item 28 Is marked, or item 23 shows any injury, or other traumatic event, the medical
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		1 - FOR STATE REGISTRAR	STATE OF MARYL	AND /	DEPARTI	MENT OF	HEALTH AND	MENT	AL HYGIEN				
		1. DECEDENT'S NAME First, Middle, Last)	H H	Ann	son	HENSO			TE OF DEATH	AY	YEAR 92	3. TIME OF DEA	тн Рм
P	)	4. SOCIAL SECURITY NUMBER 217-28-0900	1 🗆 M 2 💢 F	(In yrs. les		F UNDER 1 YEAR ONTHE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DAT	TE OF BIRTH Inth, Day, Year) 0.27,19	27	Country)	vace (State or F	oreign
4	500	9a. FACILITY NAME (If not institution, give s  Colton Villa Nur  RESIDENCE OF DECEDENT			,		STOWN	DEATH		WASHI			
0.00	JINE	10a. STATE 10b. COUNTY	ington				OWN OR LOCATION  STOWN					10d. INSIDE CIT LIMITS?	
	1	100. STREET AND NUMBER 960 GA			, nage		101. ZIP CODE 21740				N OF W	IX YES 2	NO
DV ELIMED		11. MARITAL STATUS 1 Never Married 2 Married 3 Midowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES			If yes, s	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yelf yes, specify Cuben, Maxican, Puarto Rican, etc.)  1  YES 2 NO Specify:			Black, White, alc. Specify:		White, alc.	en,
Once.	ייר ברובט	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	(G.	CEDENT'S US ive kind of work Do NOT use n	UAL OCCUPATION of done during metrod.)	ION ost of working	1	HOME		/hit	<u> </u>	
Once		17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First	110	Sumame)			
ed at		Ignatius  190. INFORMANT'S NAME (Type/Print)	Smaue1		Drury,		Annie		Virgin			nson	
De notifi	2	Dennis W. Drury			36 N.	Mulber	end Number or Rural	lager	rstown,	MD 217	40		
er must		1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC	oval from State	PLACE /	matory or other Lawn		al Parks	/15/9	92 Hag	cation — cir erstow	n, M	n, State D 21740	)
al examin		Myrm. a	dun			P.O.B	NE FUNE Box # 348	Wil	liamsp			795	
shows any injury, or other traumatic event, the medical examiner must be notified at once.  MEDICAL CERTIFICATION		IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING	List only one cause on a	MeT	outal		Ce Ku	ch as ca	rdiac or respi	ratory arrest	t,	Approxim Interval B Onset and	atween
ry, or other traumatic		CAUSE (Disease or Injury that initieted events resulting in deeth) LAST	OUE TO (OR AS A	CONSEC	OUENCE OF):								
23 shows any injur		PART II. Other aignificant conditions	e contributing to death b	ut not re	eculting in t	he underlyln	g cause given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	C D	VERE AUTOPSY FIVALABLE PRIOR OMPLETION OF C F DEATH?	TO
5 0		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		0	26. PI	LACE OF DEATH (C)	neck only o	one)				
PHYSI		1 YES 2 AND  27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	atient 3		Hursing Hon	ne 5 🗆 Realdence						
marked BY P		1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)		INJURY	WC	PRK? YES 2 NO	28d, D	EŞCRIBE HOW IN	JURY OCCUR	ED		
TED E		3 Suicide 6 Could not be detarmined	28s. PLACE OF INJURY building, stc. (Speci	— At hor	ne, farm, stree	t, factory, offic	0	261. LO C/h	CATION (Street a y or Town, State)	nd Number or I	Rurel Rou	te Number,	
IMPORTANT: If item 28 is marked,  O BE COMPLETED BY PH		29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER	CIAN: To the best of my knowl B: On the beels of examination	edga, das and/or in	ith occurred at	the lime, deta	and piece, and dus	Io the co	suse(a) end man	ner as stated.	nuse(a) a	nd manner as a	tated.
BE C		29b. SIGNATURE AND TITLE OF CERTIFIER					D ( Po (	MBER		29d. DATE SI	GNEO (M	lonth, Day, Year)	
≥ 2		30. NAME AND ADDRESS OF PERSON WHO											$\dashv$
		31. DATE FILED (Month, Day, Year) MAY 14 1992	32. REGISTRAR'S SIGN	TURE_	C		U. C. C.	- Con	, ,	ای در	. 40		

0.000	1. DECEDENT'S NAME (First,	Middle, Last)	MADGE CLA	UDINE HA	ARSH	MAN			2. DATE OF OEA	TH DAY	YEAR 3.	S 46 1	
)	4. SOCIAL SECURITY NUMBER		7	AGE (In yrs. lest i		IF UNDER 1 YEA		ER 24 HRS.	7. DATE OF BIRT (Month, Day, Ye	ar)	e. BIRTHPLA Country)	CE (State or Family	
OR	9a. FACILITY NAME (If not inst Washington C	thution, give				9ь. city, том Над	N OR LOCA			9c. COU	NTY OF DEAT	Н	
DIRECTOR	10a. STATE 10b. COUNTY  MD Washington					y, TOWN OR LO			LIM			1. INSIDE CITY LIMITS?	
FUNERAL	100. STREET AND NUMBER Box 96 Rt 2						10f. ZIP CO 217		6	10g. CIT	USA	T COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Diverced			YES 2 IND		If yes		ban, Maxica	NIC ORIGIN? (Speci an, Puerto Ricen, et y:		14. RACE — Black, W Specify:	American Indian hita, etc. White	
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)				18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Home maker								
BE CO	17. FATHER'S NAME (First, Mid	C1	aude Henso					Grace		own)			
5	Robert L. H	larshn							Route Number, City of Lagerstor				
	20e_METHOD OF DISPOSITION 1 ABurlat 2 Cremation 4 Donation 5 Other (	cemetery, crem	LACE AND DATE DISPOSITION (Name of ery, crematory or other place)  PHILL Cemetery  DATE 20c. LOCATION — City or Town, State Hagerstown, Md.										
	21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE Vesta	P		22. NAM	AND ADDF		Minn:	ich Fun			
CERTIFICATION	23. PART i. Enter the dia ahock, or he iMMEDIATE CAUSE (Find disease or condition resulting in death)  Sequentially list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injurt that inlieted eventar resulting in death) LAST	ert failure.	a. CLT DUE TO (0	on each line.	CP JENCE OF	ALTER	1		ARE			Approximatinterval Br Onset and	
MEDICAL	PART II. Offer algorifican		CON6 57	11	40	-	ying cause	The state of the s	PE	S AN AUTOPSY REORMED? ES 2 10 16	CO OF	RE AUTOPSY FII MILABLE PRIOR 1 MPLETION OF C DEATN?	
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:	B/Outpetlant 3 (	DOA	OTHER:			a Nother (Specifi	. harrie	2 Ch	tra	
BY PHY		Pending nvestigation	28a. DATE OF IN (Month, Day,	LJURY	28b. TIM	E OF 28c.	INJURY AT WORK?	□ NO	28d. DESCRIBE			MC   Pho-1	
TED	2 Accident 3 Suicide 8 Could not be determined  26s. PLACE DF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28s. LOCATION (Street and Number or Rural Route City or Town, State)							Number,					
E COMPLE	29s. CERTIFIER (Check only one)  1 CERTIFVING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as sta												
	290. SIGNATURE OF CENTIMEN PHYSICIAN IN ATTENDATED 290. LICENSE NUMBER 29d. DATE SIGNAD (Monik, Day, Year)												
BE	/11/hr 1114	-/	Fun H.	W. WE	MANUFERMO ADDITIONS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) / TOHAN KTUNCY (M)   \$25   tawtac & the custom MV								
ш	M JAME AND ADDRESS OF	PERSON W	Fun H	0	27) (Typo)	-//	vtec	M	the	CLITA	5/13	172	



Pages

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THE HOSPITAL OR ATTENDING P THE FUNERAL OIRECTOR: After ti fled within 72 hours after death v

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IMPORTANT: IF

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MAY 1 2 1992

92 14548 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATN FRANK M. JONES 9Z MONTH 05 219 P- 11 FRANK M JONES 7. DATE OF BIRTN (Month, Day, Year) 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign Country) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 | F 216-24-507 62 YRS. 04 23 30 MARYLAND 9e. FACILITY NAME (If not institution, 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF OEATH ANNE ANNE ARUNDEL NIEDICAL ARUNDEL ANNAPOUS ENTER DIRECTOR RESIDENCE OF DECEDEN 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO MARYLAND ANNE ARUNDEL EDGEWATER 10e. STREET AND NUMBER 101. ZIP COOE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL 3765 OAK LANE 21037 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married B 3 Widowed 4 Divorced BLACK 195 1953 COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe during most of working College (1-4 or 5+) BUILDING & Elementary/Secondery (0-12) STATE OF MARYLAND SUPERVISOR 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Sumeme FRANK JONES DAISY CRAMPTON BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3765 OAK LANE EDGEWATER, MARYLAND 21037 DOROTHY V. JONES 20s. METNOD OF DISPOSITION 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State OATE 1993 PINELAWN PARK MEM. ANNAPOLIS. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY REESE & SONS MORTUARY, P.A. avv WEST ST. ANNAPOLIS. MD. 23. PART i. Enter the disees s, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory erreat, **Approximate** shock, or heert ellure. List only one cause on each line. Onset and Death **IMMEDIATE CAUSE (Finei** Hemispheric Stroke disesse or condition\_ Two Days Left resulting in death) OUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentisliy list conditions, OUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disesse or injury QUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE PART ii. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 1 TYES 2 NO OF DEATH? 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) Hem HOSPITAL: OTHER:
4 | Nursing Name 5 | Residence 6 | Other (Specify) 1 | YES 2 1 NO 1 Nonpatient 2 ER/Outpetient 3 DOA \$ 0 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d DESCRIBE NOW INJURY OCCURED marked, 5 Pending 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be COMPLETED Item 28 4 Nomicide

29a. CERTIFIER
(Check only one)

MEDICAL EXAMINES: On the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

5/11/92 29c. LICENSE NUMBER 36563 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) RNer Wayne Blerbarn 134 Wensville Rd MD West Julia Davidson-Ambara 31. DATE FILEO (Month, Day, Year)

**OHMH-18 Rev 1/89** 

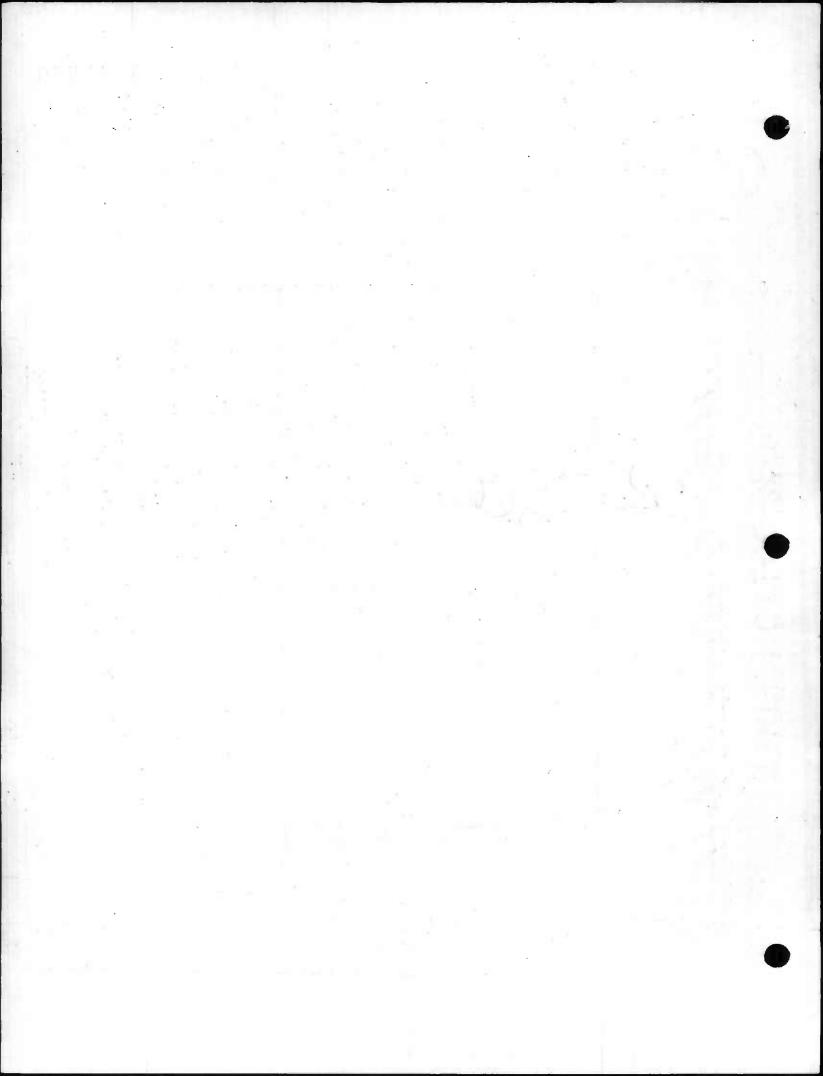
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		CERTIF	ICATE OF	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, La	est)				2. DATE OF DEATH		3. TIME OF DEATH
James	Neville	Jean	1		05/07/9		3:15am
4. SOCIAL SECURITY NUMBER 224-40-4338	5. SEX 1 M 2 F	6. AGE (In yrs. last birthday)  57  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10/26/34	8.	BIRTHPLACE (State or Fore Country)  New Jersey
9a. FACILITY NAME (If not institution, gh 176 Severn Way RESIDENCE OF DECEDENT			96. CITY, TOWN	OR LOCATION OF D		9c. COUNTY	
10e. STATE 10b. COU			Y, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 176 Severn Way				I. ZIP CODE			1 TYES 2 PA
11. MARITAL STATUS				2101		U.S.	
1 Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1	YES 2 NO	If yee, sp	ecify Cuben, Mexico	NIC ORIGIN? (Specify Yellon, Puerto Ricen, etc.) y:	RACE — American Indien, Bleck, White, etc. Specify: White	
15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	EDUCATION ade completed) College (1-4 or 5 +	(Give kind of the Co. NOT to	USUAL OCCUPATION Work done during mose retired.)	ON est of working	16b. KIND OF BU	SINESS/INDUS	
17. FATHER'S NAME (First, Middle, Last)		Ret. A	ir Force		U.S. Mi		7
James W. Jean					ME (First, Middle, Maiden	Sumama)	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street a	Ruth Mo	Aoute Number, City or Tow	n, State, Zip Coo	de)
Mrs. Joy Jean		P.O. B	ox 9749		Arnold		MD 21012
20e. METHOD OF DISPOSITION  1 □ Buriel 2 Cremetion 3 □ R  4 □ Donetion 5 □ Other (Specify)	emoval from State	20b. PLACE AND DATE of cometery, cremetory or of	ther place!	ame of	F 0		or Town, State
21. SIGNATURE OF PUNERAL SERVICE	LICENSEE	Metro Cre		ID AOORESS OF FA		sville	
620 C	2				495 RI	tchie	Hwy. Park MD 2114
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	oue to a	on as a consequence of the Conse	dongs Doc	why ase.			
PART II. Other algorificant condition	ions contributing to d	death but not reaulting i	in the underlying	g cause given in	Part i. 24a. WAS AN PERFOR	MEO?	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION DF CAU OF DEATH?  1  YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)		
EXAMINER?	HOSPITAL:	ER/Outpetlent 3 DOA	OTHER:	_	eck only one)  8  Other (Specify)		
EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2 I	NJURY 28b. TIM	OTHER: 4 Nursing Hom E OF 28c. INJ	• 5 Residence URY AT RK?		NJURY OCCUR	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1   Inpetient 2    28e. DATE OF I (Month, De)  28e. PLACE OF building, e	NJURY 28b. TIM	OTHER: 4   Nursing Hom E OF URY WO 1   1	o 5 F Residence URY AT RK? 'ES 2 NO	8 Other (Specify)		ED
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)  1 CERTIFYING PHY	28e. DATE OF I (Month. De) 28e. PLACE OF building, e	NJURY 285. TIMI INJ INJURY — At home, ferm, a tc. (Specify)  ny knowledge, death occurre	OTHER: 4   Nursing Hom E OF 28c. INJ URY WO 1   \( \) Intreet, factory, office	e 5   Residence URY AT RK7 /ES 2   NO	8 Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State) to the ceuse(a) and men	nd Number or R	ED lural Route Number,
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only)  1 CERTIFYING PHY	28e. DATE OF I  28e. DATE OF I  (Month, De)  28e. PLACE OF building, e	NJURY 28b. TIM INJ INJURY — At home, ferm, a tc. (Specify)  ny knowledge, death occurre imination end/or investigation	OTHER:  4   Nursing Hom E OF URY M 1   V V V V V V V V V V V V V V V V V V V	e 5   Residence URY AT RK7 /ES 2   NO	8 Other (Specify) 28d. DESCRIBE HOW II 28d. LOCATION (Street a City or Town, State) to the cause(s) and men time, date and place, an	nd Number or R	ED Burel Route Number, suse(e) end menner se stete
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER?	28e. DATE OF I  28e. DATE OF I  (Month, De)  28e. PLACE OF building, e  YSICIAN: To the best of n  NER: On the best of exa	NJURY 28b. TIM INJ INJURY — At home, ferm, a tc. (Specify)  ny knowledge, death occurre imination end/or investigation	OTHER: 4   Nursing Hom E OF	e 5 Presidence UNY AT RK7 (ES 2 NO end place, and due	8 Other (Specify) 28d. DESCRIBE HOW II 28d. LOCATION (Street a City or Town, State) to the ceuse(s) end men time, date end place, en	nd Number or R	ED lural Route Number, use(e) end menner se state

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1	1. DECEDENT'S NAME (First, Middle, L		C				DAY 100	3. TIME OF DEATH
1 3	Lester Fred	lerick Joy,	(In yrs. lest birthday)	IF UNDER 1 YEAR		May 4,	199	BIRTHPLACE (State or Foreig
)	219-34-5199 90. FACILITY NAME (If not institution,	1 🔀 M 2 🗆 F		MONTHS DAYS	HOURS MIN.	(Month, Dey, Year) July 30.1	1933 M	Country)  Saryland  OF DEATH
CTOR	13110 Bob Whi	te Lane		Hager		n		ngton
DIREC	10s. STATE 10b. CO			, town or Locat	ION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
ERAL	10e. STREET AND NUMBER		1100	10f	. ZIP CODE			N OF WHAT COUNTRY?
NEF	13110 Bob White	Lane	IN H.C. ADMED		21740 ENDENT OF HISPANIC	00101012 (014- V-	USA	. RACE — American Indian,
BY FUNI	1 Never Married 2 Merried 3 Widowed 4 Divorced	Never Married 2 Merried FORCES? 1 X YES 2 N			ecity Cuben, Mexican, 2 [X] NO Specify:		14 OF NO	Black, White, etc.  Specify:  White
TED	15. DECEDENT'S (Specify only highest	EDUCATION	18e. DECEDENT'S I	vork done during mo	ON st of working	16b. KIND OF BU	JSINESS/INDUS	
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mechani			Auton	notive	
COMPL	17. FATHER'S NAME (First, Middle, Las	Mechani	LC	18. MOTHER'S NAME	First, Middle, Meider			
01	Oscar O. Joy			Jessie H	ope Norri	İs		
TO BI	190. INFORMANT'S NAME (Type/Print)				and Number or Rural Roo	ute Number, City or Tox	wn, State, Zip Co	
-	Ramon Joy		630 Me		ad Hager			21740 y or Town, State
	23. PART I. Enter the diseases,	or complications that cause	ed the death. Dp n					
DICAL CERTIFICATION	23. PART I. Enter the diseases, shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	a. Due TO (OR AS  c. DUE TO (OR AS  d.	A CONSEQUENCE OF	tot enter the mo	Heart	Dies	N AUTOPSY PRMED?	t, Approximate interval Betwoons and Donast
MEDICAL CERTIFICATION	shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond	a. Due to (on as Due to (on as Due to (on as d. Due to (o	A CONSEQUENCE OF	in the underlying	de of dying, such	as cardiec or real  D ( Ca  Liny 7  art I. 24s. WAS A PERFC  1 — YES	N AUTOPSY PRMED?	t, Approximate interval Betwoen and D  24b. WERE AUTOPSY FIND AMALABLE PRIOR TO
MEDICAL CERTIFICATION	shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?	a. Due to (on as d. Due	A CONSEQUENCE OF  A CONSEQUENCE OF  Dut not resulting in	in the underlying	g cause given in Po	art I. 24a. WAS A PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?
HYSICIAN: MEDICAL CERTIFICATION	shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond	a. DUE TO (OR AS  c. DUE TO (OR AS  d	A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  but npt resulting in  tpetient 3 □ DOA  28b. Timi	on the underlying  28. Pt  OTHER: 4 □ Nursing Hore  E OF 28c. INJ	g cause given in Pa	art I. 24a. WAS A PERFO	N AUTOPSY PRIMED?	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?  1 YES 2 NO
HYSICIAN: MEDICAL CERTIFICATION	shock, or heart fall iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 NUYES 2 \( \square\) NO	a. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS  d. LI I   Inpetient 2   ER/Out  28e. DATE OF INJURY (Month, Dey, Year)	A CONSEQUENCE OF  A CONSEQUENCE OF  A CONSEQUENCE OF  but npt resulting in  tpetient 3 □ DOA  28b. Timi	in the underlying  28. Pt  OTHER: 4 □ Nuraing Horr  E OF 28c. INJ.  WC	g cause given in Pi	art I. 24a. WAS A PERFO.  1  YES  4 only one)	N AUTOPSY PRIMED?	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU DF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending	a. DUE TO (OR AS  DUE	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but npt resulting in tpetient 3 □ DOA 28b. Timiling IIII	28. PI OTHER: 4   Nursing Horr E OF   28c. INJ. WC	g cause given in Pa	art I. 24a. WAS A PERFO.  1  YES  4 only one)	NAUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAL DF DEATH?  1  YES 2  NO
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident 3 Suicide 8 Could not 4 Homicide 6 Certifying in Certifying in Cook only  29s. CERTIFIER (Check only)	a. DUE TO (OR AS  DUE	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but npt resulting in tpetient 3 DOA 28b. Time (NJ) (Y — At home, farm, a ecity)	28. PI OTHER: 4   Nursing Horr WINY M 1     street, factory, officed at the time, dete	g cause given in Polace of Peeldence 8  UNIX.  YES 2 NO  e end piece, and due to	art I. 24a. WAS A PERFC 1 YES Conly one)  Other (Specify) 28d. DESCRIBE HOW City or Town, Stah	N AUTOPSY PRIMED? 2 NO INJURY OCCUPATE OF THE PRIMED OF TH	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CALL DF DEATH?  1 YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident 3 Suicide 8 Could not 4 Homicide 6 Certifying in Certifying in Cook only  29s. CERTIFIER (Check only)	a. DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR A	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but npt resulting in tpetient 3 DOA 28b. Time (NJ) (Y — At home, farm, a ecity)	28. PI OTHER: 4   Nursing Horr E OF 28c. INJURY M I Construct, factory, office and at the time, date on, in my opinion, construction of the constr	g cause given in Proceedings of the course o	art I. 24a. WAS A PERFC 1 YES  Nonly one) Other (Specify) Red. DESCRIBE HOW Other (Street City or Town, State othe cause(e) and mme, date and piece, a	N AUTOPSY RMEO? 2 NO INJURY OCCUI	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CALL DF DEATH?  1 YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart fall IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant cond  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 V YES 2 NO  27. MANNER OF DEATH 1 Natural 5 Pending 1 Natural 5 Pending 1 Netural 5 Could no determin  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER  1 CERTIFYING I	a. Due to (or as	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF but npt resulting in tpetient 3 DOA 28b. Time (NJ) (Y — At home, farm, a ecity)	in the underlying  28. Pl  OTHER: 4   Nursing Horr  E OF 28c. INJ  URY M I Construct, office on, in my opinion, construction, in my opinion, construction of the const	g cause given in Proceedings of the course o	art I. 24a. WAS A PERFC 1 YES Conly one)  Other (Specify) 28d. DESCRIBE HOW City or Town, State of the cause(e) and men, date and place, a	N AUTOPSY RMEO? 2 NO INJURY OCCUI	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU DF DEATH?  1  YES 2 NO



1 - STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	Г		1, DECEDENT'S NAME (First, Middle, Last)				OAIL		-7111	2 DATE O	F DEATH AL	/18/00	2.1	IME OF DEATH
	, marie	1	C LAUDIA	MARIE	ia	Marie	Ny K	ing		MONTH O		/18/9 <u>2</u> \$ 9:	2_	17:15 m
1	-	<b>\</b>	4. SOCIAL SECURITY NUMBER		GE (In yrs. les		IF UNDER 1 YI		UNDER 24 HRS.	7. DATE OF	F BIRTH Day, Year)	8. 6	SIRTHPLAI	CE (State or Foreign
(	- 1	) [	219-01-7885-D	1 M 2 F	86	YRS.	MONTHS D	WS HOU	HOURS MIN. (MONTH, Day, Year)			Maryland		land
	. 1		FACILITY NAME (If not institution, give at	reet and number)			96. CITY, TOWN OR LOCATION OF DEATH						OF DEATH	1
il.	m	5	SHADY GIRI	OVE HO	SPIL	TAL ROCKVILLE					MONTHOMERY			
No. of the last of	.2	5	RESIDENCE OF DECEDENT											
	8	DIRECTOR	10a. STATE 10b. COUNTY	ntgomery		10c. CITY	r, TOWN OR L	_						I. INSIGE CITY LIMITS?
	permit. Page	. 16						amascu	3				YES 2 NO	
	<u> </u>	₹ I	10e. STREET AND NUMBER	7.5.				10f. ZIP				10g. CITIZEN		
s	ransit	FUNERAL	26908 Howard Cl	-					20872				US	
Sici	burial-transit	5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 7	ES 2 2		If ye	s, specify	ENT OF HISPAN Cuban, Mexica	n, Puerto Ri		100000	Black, Wi	
AND 21203-3146 the hospital or attending physician.	å å	E I	3 No Widowed 4 Divorced	IF YES, GIVE WAR OF	R DATES		1 [	YES 2	NO Specify	<i>/</i> :			Specify: Wh	ite
3-	SS		15. DECEDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL OCCL	PATION		16b. I	(IND OF BUS	INESS/INDUST		
120 g g	for use	E 1	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(G	ive kind of w . Do NOT us	vork done duri e retired.)	ng most of	working					
21 Spital o	ped to	COMPLETED	7			Home	emaker				Own home			
NND are hosp	be detached at once.	S	17. FATHER'S NAME (First, Middle, Last)			18. MOTNER'S NAME (First, Middle,					ddle, Maiden			
LA go the		BEC	Resin Thomas Mullinix Julia E. Cutsail											
MARYL retained by	5 should notified		19a. INFORMANT'S NAME (Type/Print)			b. MAILING	ADDRESS (S	treet and N	lumber or Rural I	Route Numbe	r, City or Town	n, Stata, Zip Coo	to)	
Z e	e 5 s	2	Betty Jean Bear	rd		1443	Long	Corn	er Rd.	, Mt.	Airy	, Md.	2177	1
E,	r, page		20s. METHOD OF DISPOSITION  12 Buriel 2 Cremation 3 Rem	outel from State	other of	ece)			y, cremetory or			CATION — City	or Town,	State
0 %	must		4 Donation 5 Other (Specify)		Bethe	sda l			ery 4/		Br	owning	svil	le, Md.
T &	tuneral di examiner		21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE					. Mole		h P	Δ		
BALTIMORE, MARYL after death. Page 6 may be retained by	the funeral director, wal.		1 Ollin I. V	Nolesmut	the				Ridge		-		d. 2	0872
after B	d in by the or remove medical		23. PART I. Enter the diseases, or o											Approximate
STAUCE			ahock, or haart failure.  IMMEDIATE CAUSE (Final	List only one cause or	n aach line	h.								Interval Batween Onset and Death
N. A.		I	disease or condition	SE	PTIC		SHO	LK						
6,	completely ial, cremati c event, t	i	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):											
13146, executed with	burial.	z	UNCONTROLLED 1							DIABETUS MELLITUS				
	OF	음비	Sequentially list conditions, if any, leading to immediate	DUE TO (OR A			•							
	80	2	cause. Entar UNDERLYING CAUSE (Disease or Injury	a DEH	JOR	ATI	00							
O. BO certificate	ing phy giene s	# 1	that initiated events resulting in desth) LAST	OUE TO (OR A			F): FURA1		.200	2510				
, P. C	he attending ph Mental Hygiene Ijury, or othe	CERTIFICATION	Total and a sound and a sound and a sound a so	d. CCT		1 6	UKA	_	Ell	ن يدرن		-		
S &	d Menta d Menta injury,		PART II. Other significant condition	s contributing to deat	h but not	resulting	In the unde	riying ca	ause given in	Part I.	24a. WAS AN			RE AUTOPSY FINDINGS MLABLE PRIDR TO
-	55 -	EDICAL									1 TES 2		CO	MPLETION DF CAUSE DEATH?
S sal	Sign Heal											7	1.5	YES 2 NO
L RE	been at. of	2										,		
A Pe	e Dept.	¥.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PLACE	E OF DEATH (Ch	eck only one	)			
VITAL	certificate h the State I	Sic	1 TES 2 NO	HOSPITAL:	Outpatient 3	DOA	OTHER:	g Homa 5	Rasidance	S - Other	(Specify)			
OF VITAL PHYSICIAN: The	s certifier the the	PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJU (Month, Day, Yo.		2Sb. TIM	IE OF 25	c. INJURY	AT	2Sd. DES	CRIBE HOW	NJURY OCCUR	ED	
	fter this eath with marked	BY	1 Netural 5 Pending 2 Accident Investigation						2 NO		_			
/ISION ATTENDING	R: After or death is man		3 Suicide S Could not be	28e. PLACE OF INJ building, etc. (	URY — At he Specify)	ome, farm,	atreat, factory	, offica		2Sf. LOCA City o	TION (Street Town, State)	and Number or	Rural Flouti	Number,
DIVISION DR ATTENDING	DIRECTOR: After hours after death item 28 is ma		4 Homicide determined			guardien.					Notices.			
5 8	DIRECTOR	P	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my k	nowledge, d	eath occurr	ed at the time	, date and	d place, and due	to the caus	e(a) and ma	nner se stated.		
THE HOSPITAL	FUNERAL within 72 i	COMPLI		ER: On the basis of examin	sation and/or	Investigation	on, in my opi	ion, death	h occured at the	time, date	and placs, sr	nd due to the c	ause(s) ar	d manner as stated.
E H	d with		296. SIGNATURE AND THE OF CERTIFIE	R / 1				29	c. LICENSE NU	MBER		29d. DATE S	IGNED (M	onth, Day, Year)
5 T	TO THE FUNERA be filed within 7 IMPORTANT:	) BE	Panha	1(0)					D 390	150		<b>&gt;</b> 4	. 19.	92
-	- 4 =	2	30. NAME AND ADDRESS OF PERSON WI						^					
			50 W- EDN		DRIV		# 20	7	Rol	KUI	LLE	MD	20	825
			APR 2 0 1992	32 REGISTRAR'S S	SON-PON	ndell								

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

cian.	TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	as the buria		
spital or att	ned for use		
by the ho	1 be detacl		at once
be retained	e 5 should		pelition 6
ре 6 тау в	irector, pag		must be
r death. Pa	e funeral d	Tei.	examine
hours after	ed in by th	, or remove	medical
d within 24	impletely fil	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
be execute	cian and co	or to burial	aumatic
certificate	iding physi	Hygiene pri	r other to
the death	ny the atter	nd Mental	Injury, o
equires that	n signed b	if Health a	tows any
The law ru	ate has bee	tate Dept. c	tem 23 s
PHYSICIAN	this certific	with the S	ked, or i
TENDING F	TOR: After	after death	28 is mar
TAL OR AT	SAL DIRECT	72 hours a	If item 2
THE HOSP	THE FUNES	fled within	PORTANT
2	2	2	E

BALTIMORE, MARYLAND 21215-0020

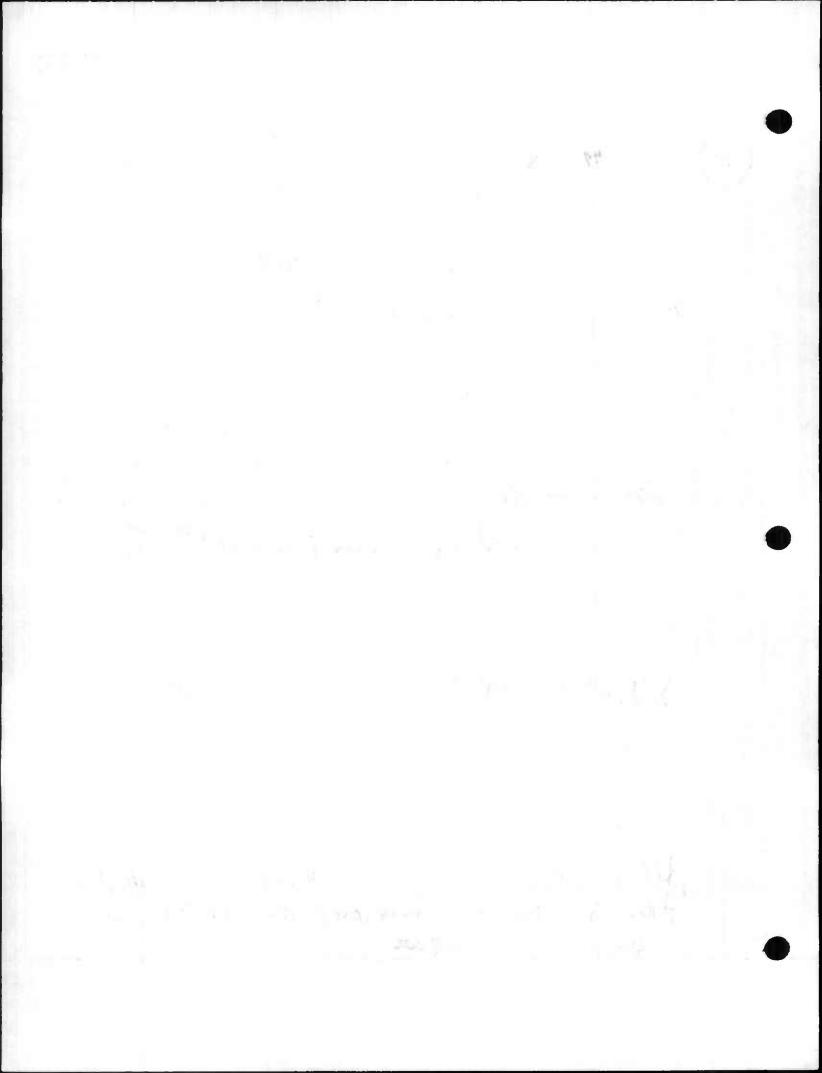
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	ATE OF D	EATH	REG. NO.			
	DECEDENT'S NAME (First, Middle, Last, Annan	-	KARL			April 24,	1992 <sup>ve</sup>	3. TIME OF DEATH 2:30 P. M	
\	4. SOCIAL SECURITY NUMBER 217-12-3113	1 - M 2 - XF 7]			UNDER 24 HRS.	Ct. 28, 1	BIRTHPLACE (State or Foreign Country Land		
TOR	9a. FACILITY NAME (If not institution, give Citizens Nursing RESIDENCE OF DECEDENT		94	Frede		тн	9c. COUNTY OF DEATH Frederick		
DIRECTOR	Maryland Fre	ederick		own on Location ederick			10d. INSIDE CITY LIMITS? 1 4 YES 2 NO		
FUNERAL	Rosemont Avenue,	Ext.		10f. ZII	21702		10g. CITIZEN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	If yes, specify	Cuban, Mexican, NO Specify:	ORIGIN? (Specify Yes Puerto Rican, atc.)		14. RACE — American Indien, Black, White, stc. Specify: White	
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION to completed)  College (1-4 or 5+)	164. DECEDENT'S US (Give kind of work life. Do NOT use re Secretary	done during most of tired.)	working	166. KIND OF BUS		ministration	
E COM	17. FATHER'S NAME (First, Middle, Last) Leonard Ashton	Brown		16		E (First, Middle, Maiden :			
TO BE	19a. INFORMANT'S NAME (Type/Print) John E. A. Karl,	II	196. MAILING AD 408 Crat	oness (Street and I	ourt, Fr	rte Number, City or Town	n, State, Zip Cod Md. 21	701	
	20e. METHOD OF DISPOSITION    Buriel 2   Cremetion 3   Rei 4   Donation 5   Other (Specify)	movel from State 20	b. PLACE AND DATE OF Commetery, cremetory or other he Elkton	place) Ceme tem		DATE 20c. LOC 28-92 Elk	cation - city		
1	21. SIGNATURE OF UNERAL SERVICE L	ICENSEE	M00021	22. NAME AND A	opress of Facility and E	asford Fu	neral		
	23. PART i. Enter the disesses, or ahock, or heart failure iMMEDIATE CAUSE (Final disesse or condition resulting in death)	s. Carol	d the daath. Do not each line.  A CONSEQUÊNCE OF:	enter the mode	of dying, such	ss cardiac or respi	ratory arrest,	Approximate Interval Between Onset and Daeth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE, (Disease or Injury that initiated events resulting in death) LAST								
MEDICAL C	PART II. Other aignificant condition	ens contributing to death	but not resulting in t	ha underlying ca	use given in Pa	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OF DEATH (Check	canly one)			
BY PHYSICIAN:	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	1   Inpetient 2   ER/Out		WORK?	AT 2	Other (Specify)	JURY OCCURE	D	
	2 Accident Investigation 3 Suicide 8 Could not be detarmined	28e. PLACE OF INJUR building, atc. (Spe	Y — At home, term, streetly)	et, tectory, office	2	18t, LOCATION (Street a City or Town, State)	nd Number or R	ural Route Number,	
COMPLETED		BICIAN: To the best of my know ER: On the basis of examination						use(s) end manner as stated.	
TO BE	296. SIGNATURE AND TITLE OF CERTIFI	· Kunas	9		c. LICENSE NUMBI		29d. DATE 810	NED (Mprith, Day, Year)	
	30. NAME AND ADDRESS OF PERSON W Dr. Bernard O. T. 31. DATE FILED (Month, Day, Year)	homas Jr. N	I.D Profe		Buildir	ng, Freder	ick, M	d. 21701	
	APR 2 7 1992	JR. REGISTRAR'S SIGN	Mandell						

of the sec · pole na plane near m The grant of the management gave by the first

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF DEATH	MY YEA	3. TIME OF D	
\	VERNO					April 19	1992	8:00 0	
1	220-09-81 <b>44</b>	5. SEX 8. A	GE (In yrs. lest birthday) 74 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH Sept. 5	Co	RTHPLACE (State o	
J	9a. FACILITY NAME (If not institution, give		/ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬ ¬			7,5		ryland	
H			nito]		OR LOCATION OF D	EATH	9c. COUNTY O		
DIRECTOR	Frederick Me	smortat Host	ortar	Fre	derick		Frede	erick	
Ä	10a. STATE 10b. COUN	тү	10c. CIT	TY, TOWN OR LOCA	ATION			10d, INSIDE C	
8	Maryland F:	Maryland Frederick			ederick			LIMITS?	
AL	10e. STREET AND NUMBER			1	Of. ZIP CODE	110	10g. CITIZEN C	OF WHAT COUNTR	
Ē	9406	Rd.		21	102	Unite	ed State		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EYE	ER IN U.S. ARMED			NIC ORIGIN? (Specify Year, Puerto Rican, atc.)	a or No- 14, R	IACE - American Black, White, atc.	
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 7	OR DATES		S 2 NO Specif		1	pecity: Whi	
ED B	15. DECEDENT'S ED	ICATION	wwy						
1	(Specify only highest grad	UCATION le completed) Collège (1-4 or 5 +)	(Give kind of	Work done during n	TON nost of working	16b. KIND OF BU	ISINESS/INDUSTR	Y	
COMPLET	Elementary/Secondary (0-12)	Bus	life. Do NOT use retired.)			ound Bus	Line		
N	17. FATHER'S NAME (First, Middle, Last)	1 003	DITAGI	to Mornishie			, nTHE		
	( Mai, migure, Last)	WILLIAM S.	18. MOTHER'S NAME (First, Middle, Malden Surname) FAIRYBELLE MEHRLING						
8	19a. INFORMANT'S NAME (Type/Print)	"TDDIAN S.	Annese /o-		Route Number, City or Tox				
2	Hubert Lewis					rederick,			
	20a. METHOD OF DISPOSITION		20b.PLACEAND DATE						
	1 Denetion 6 Other (Specify)		cemetery, cremetory or o	other place!			OCATION City o		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	FA. LANCO	en Cemet	AND ADDRESS OF FA		ntwood,		
	1 1	00	)			Staufi		eral HOm	
	23. PART I. Enter the diseases, or	Lenen	ner	1621	Opossumt	own Pike/I	rederic	ck,Md. 2	
CERTIFICATION	Sequentially list conditions, if any, laeding to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events	c	AS A CONSEQUENCE O						
ER	resulting in death) LAST								
	PART II Other significant condition	na coptributing to deat	th but not resulting	In the underlying	ng cause given in	Part I. 24e, WAS AN	AUTOPSV	24b. WERE AUTOPS	
EDICAL	- asserbly.	9 moures	nt		g III	PERFO	RMED?	AVAILABLE PR	
	- DOLAS	00				1 TYES	NO	OF DEATH?	
Σ.	District to					—		1 TYES 2	
AN	25. WAS CASE REFERRED TO MEDICAL			28 1	PLACE OF DEATH (Ch	eck nak one!			
SIC	EXAMINER?	HOSPITAL:	Outpatient 3 17 pos	OTHER:					
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJU	RY 28b, Tib	E OF 28c. IN	me 5 Assidence	6 ☐ Other (Specify)  28d. DESCRIBE HOW	NJURY OCCUPER		
	Natural 5 Pending	(Month, Day, Yes	ar) IN.	JURY W	ORK? YES 2 NO	100	VOUDINEL		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	260. PLACE OF INJ	URY — At home, farm,			281. LOCATION (Street	and Number or Ru	ral Route Number	
W I	4 Homicide determined	building, etc. (3	Specify)	Control of the Contro		City or Town, State,	)		
COMPLET	29a, CERTIFIER 1 CERTIFYING PHY	RICIAN: To the heat of an i	nominator descri	and and all an					
MP		SICIAN: To the best of my kines. On the bests of examination							
			and the state of t	on, in my opinion,			or due to the caus	ee(a) end manner (	
BE	296. A GNATURE AND THELE OF CONTIFE				29c. LICENSE NUI		29d. DATE SIG	Month, Day, Y	
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED STATES	DEATH OVER	0.0	77651	6	4	19192	
	30. NAME AND ADDRESS OF PERSON W	Can AAS			of the	Co-7	540	7/74-	
	31. DATE FILED (Month, Day, Year)	32 050000000		5 TONE	111	re		21105	
		32 REGISTRAR'S S	SON-Randell						
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

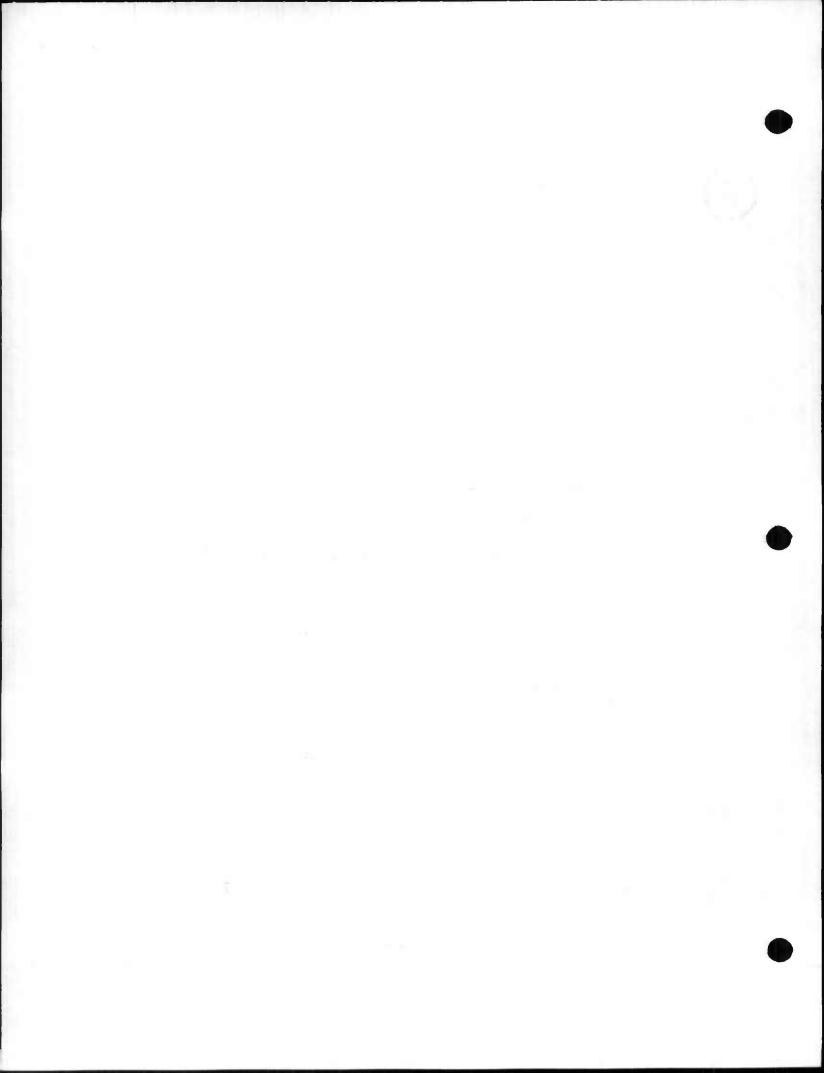


	1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPARTM CERTIFIC	MENT OF	HEALTH AND N	MENTAL HYG REG.					
	1. DECEDENT'S NAME (First, Middle, L	•	Leatherman			2. DATE OF DEAT	H	YEAR	TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 217-56-1326		AGE (In yrs. last birthday)	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	April 1 7. DATE OF BIRTI	7	Country)	ACE (State or Foreign		
1	9a. FACILITY NAME (If not institution, g	live street and number)			OR LOCATION OF OE	Mar. 14	, 1904 9c. COUNT	Md.	тн		
B	Washington Co.			Ha	agerstown			Wasl	nington		
DIBE	Md.	Frederick		own on Loca iversvi					LIMITS?		
ERAL		3826 Brethren Church Rd.			21773		10g. CITIZEN OF WHAT COUNTRY? U.S.A.				
BY FUNE	11. MARITAL STATUS 1 Never Merried 2 Married 3 XVIdowed 4 Divorced	r Married 2 Married FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No — If yea, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify:						
LETED	(Specify only highest g	(Specify only highest grade completed) (Give kind o			USUAL OCCUPATION work done during most of working se retired.)				White		
COMPL	17. FATHER'S NAME (First, Middle, Last	)	homem	aker	18. MOTHER'S NAM			wn home			
BE C	Marshall W		Virgie	Betts							
10	19a. INFORMANT'S NAME (Type/Print)  Mary Leatherman	1	3826 Br	ethren	and Number or Rural R Church R	oute Number, City of	Town, State, Zip C	ode) Mc1	21773		
	20s. METHOD OF DISPOSITION 1 N Burtel 2 Cremation 3 1 7 4 Donation 5 Other (Sp@ty)		20b. PLACE AND DATE OF D completery, cremetory or other RETOTTIED C	ISPOSITION //	lame of	DATE 200	LOCATION — CI	ty or Town	, State		
	22. NAME AND ADDRESS OF FACILITY Donald B. Thompson Funeral Home 31 E. Main St., Middletown, Md., 21769  23. RABD. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,   Approximate										
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reculting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. OUE TO (OF	R AS A CONSEQUENCE OF):  R AS A CONSEQUENCE OF):	eneral	ligne ante	no all	enis		Interval Betwee Onset and Dear		
MEDICAL C	PART II. Other eignificent condi	tions contributing to de	ath but not resulting in ti	he underlyin	g cause given in F	PEF	3 AN AUTOPSY FORMED? S 2 NO	CC	ERE AUTOPSY FINDINGS BILLABLE PRIOR TO MPLETION OF CAUSE F DEATH?  YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (Chec						
	27. MANNER OF DEATH  1 Netural 5 Pending	28e. DATE OF IN. (Month, Day,	URY 28b. TIME OF	F 28c. INJ	JURY AT DRK? YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	RED			
TED BY	3 Suicide a Could not	2 Accident Investigation 3 Suicide 8 Could not be 28a PLACE OF INJURY — At home, farm, street, fa					eet and Number or teta)	Rural Rout	e Number,		
COMPLE			knowledga, death occurred at						nd manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTI	FIER	OM TEG		29c. LICENSE NUMB		29d. DATE S		onth, Day, Year)		
TO BE COM	30. NAME AND ADDRESS OF PERSON	T DATTA	mo 334		LIT H	ACERST					
	APR 2 4 199	32 REGISTRAR'S	SIGNATOR AND BE				L				

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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may b	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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4. SOCIAL SECURITY NU 214-10-21		5. SEX	6. AGE (In yrs. I	est birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE	OF BIRTH		Coun	HPLACE (State or Foreign try)
9e. FACILITY NAME (# no	t institution, give	street and number)			9b. CITY	r, TOWN	OR LOCATE	ON OF DE		72-04	9c. COL	INTY OF	-
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11. MARITAL STATUS 1 Never Married 2 XXX Widowed 4 D	_		T EVER IN U.S. A YES 2 X WAR OR DATES	RMED NO		If yes, sp	ENDENT O	F HISPAN	n, Puarlo	N? (Specify Ye Rican, etc.)		14 RAC	E — American Indien, ck, White, etc.
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17. FATHER'S NAME (First							18. MOTH	IER'S NA	ME (First,	Middle, Malden	Surname)		
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190. INFORMANT'S NAME			1							aber, City or Tow			
Mrs. Naom		nger						reet	_				and 21701
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21. SIGNATURE ON FUNE		CENTEE	d'inter	ii Ciia	22. F	NAME AN	RT E.	DA.	CILITY ILEY	& SON	FUN	ERAL	HOMES, PA
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L ON ALLENDING PRINCIPAL THE LAW REQUIRES THAT THE GRANT GRANT OF THE CONTROL OF THE CONTROL PAGE 6 May be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit or		
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	ROBER							MON			YEAR	3. TIME OF DE
	4. SOCIAL SECURITY			GE (In yrs. lest birthday)	) IF UNDER 1.1	WEAR AT	UNDER 24 HRS.		y 11	1992	_	
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DIREC	10e. STATE	10b. COUN			TY, TOWN OR	LOCATION						10d, INSIDE CIT
	Maryland	Anı	ne Arundel	1	Annap	olie						LIMITS?
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COMPLET			5 +	Mili	tary					ense		
	17. FATNER'S NAME (Fir	1.12							Middle, Meide	n Surname)		
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0	19e. INFORMANT'S NAI									wn, State, Zip Co		
	Mary Bo			3.109	Jenr	nipe	r Lar	e.	Annap	olis.	MI	2140
	20e. METNOD OF DISPO	mation 3 - Re	moyaffrom State	20b. PLACE AND DATE	OF DISPOSITIO	ON (Neme or	5/1	5/9	2 20c. L	OCATION - City	y or Ton	wn, State
	4 Donation 5 🗆 0		// //	Joedlawn	Park	c Ce	meter	v	Mi	ami, 1	Flo	rida
	21. SIGNATURE OF FUR	NER AL SERVICE	OCHINSEE /	//	22. NAI	ME AND AL	DDRESS OF F	ACILITY	Chan	el	27	401
	1 yell	fugst	· Tayl	~	1147	7 67	on one	tar	onap	er Annap	-7.	
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IFICATION	IMMEDIATE CAUSE disease or condition resulting in death)  Sequentially list configuration in the configuration in the cause. Enter UNDER CAUSE (Disease or configuration)	(Finel on a military of the control	a. Cardio  DUE TO (OR A  OUE TO (OR A	a aach lina.	not enter the	e moda o	of dying, au	ch as car	dlac or resp	ATTICLE PI	t,	Approxin
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: MEDICAL	IMMEDIATE CAUSE disease or condition resulting in death)  Sequentielly list could any, leading to improve the cause. Enter UNDEF CAUSE (Disease or that initiated eventer resulting in death) IMMEDIATE II. Other eigning in VES 2 NO.  25. WAS CASE REFERRE EXAMINER?  1 YES 2 NO.  27. MANNER OF DEATH  1 Netural 5 2 Accident 3 Suicide 6 4 Nomicide	nditione, namediate RLYING injury LAST	a. Cardio  DUE TO (OR A   DUE TO (OR A)  DUE TO (OR A)	S A CONSEQUENCE OF THE PORT OF	OTHER: 4 OF JURY M 1	riying cet  26. PLACE 7 Home 5 C. INJURY WORK? 1 YES	use given in  OF DEATH (C)	Part I.  Beck only of the control of	24a. WAS AI PERFO 1 □ YES	N AUTOPSY RMED?  2 NO  INJURY OCCUR  and Number or F	24b.	Approxim Interval B Onaet and Onaet and WERE AUTOPSY F AMILABLE PRIOR COMPLETION OF 6 OF DEATH?  1 YES 2
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AL DIRECTOR. AND THIS COLUMNED HAS DOOD SHIPS UP ALCOHOLD PRINCIPLE AND COMPOSED HIPS IN OUR MINER OF DIRECTOR, PAGE		I flem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be
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Did in	2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	f Item 28 is marked, or Item 23 shows an
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	REGISTRAR		CERTI	FICATE O	F DEATH	REG. NO	).	
		ILL ARD	LE	ATHE	RMAN	2. DATE OF GEATH	7 42	3. TIME OF DEATH 1936 M
	219-36-4438	M 2 □ F	(In yrs. lest birthde) 65 YRS.	MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) Jan. 3, 1	927 Ma	ryland
TOR	96. FACILITY NAME (If not institution, give street Frederick Memorial RESIDENCE OF DECEDENT			Frede	i or location of o	EATH	Freder	
FUNERAL DIRECTOR	10a. STATE 10b. county Maryland Frede	rick		liddletou				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
VERAL	100. STREET AND NUMBER 8408 Myersville Road	d			21769		109. CITIZEN OF U.S.A	WHAT COUNTRY?
B	11. MARITAL STATUS	. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 XNO	If yes,	ECENDENT OF HISPA specify Cuban, Mexic ES 2 NO Specif	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.) fy:	e or No- 14. RAC Black Special	CE American Indian, ck, White, atc. city: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade communication)  Elementary/Secondary (0-12)  C		16a. OECEDENT (Give kind o life. Do NOT Form	'S USUAL OCCUPA of work done during i use retired.)	TION most of working	166. KIND OF BU	SINESS/INDUSTRY	
COME	17. FATHER'S NAME (First, Middle, Last) Harry U. Leatherman				18. MOTHER'S NA	ME (First, Middle, Maiden SCW10 YeVL	Sumame)	
TO BE	190. INFORMANT'S NAME (Typo/Print) F. Lorraine Leather		19b. MAILH	NG ADDRESS (Stree	t and Number or Rural	Route Number, City or Tox	vn, State, Zip Code)	yland 21769
	20e, METHOD OF DISPOSITION  1 M Burlei 2 Cremetion 3 Removal  4 Donation 5 Other (Specify)	from State	PLACE AND DAT	E OF DISPOSITION	Name of	DATE 20c. LC	CATION — City or T	
	21. SIGNATURE OF FUNERAL SERVICE LICENS			22. NAME	AND ADDRESS OF FA	VCILITY	504 Main	
	23. PART I. Enter the diseeses, or com	plications that cause	d the death Do					Approximate
	immediate cause (Finel disease or condition resulting in death)	ARTERIO OUE TO (OR AS	SCLE A CONSEQUENCE	KOTIC	CARD	id VASCUL		Interval Between Onset and Daeth
CERTIFICATION	CAUSE (Disease or Injury	ESSEN 2			ENSION	<i>f</i>		
SERTIF	that initiated events resulting in death) LAST	DUE TO OR AS A	A CONSEQUENCE	OF):				
MEDICAL	PART II. Other eignificant conditions of		out not resulting	g In the underly	ing couse given in	Part I. 24a. WAS AN PERFO	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 N NO
PHYSICIAN:		OSPITAL:		OTHER:	PLACE OF DEATH (C)			
	27. MANNER OF DEATH  1 D Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. T	IME OF 28c. II	NJURY AT YORK?  YES 2 NO	8 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, atc. (Spe-	/ — At home, ferm	n, street, factory, of	lca	281. LOCATION (Street City or Town, State	and Number or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN MEDICAL EXAMINER: 0	t: To the best of my known the bests of axemination						(a) and manner as stated,
TO BE C	29b. SIGNATURE AND JITLE OF CERTIFIED	Heste "	D		29c. LICENSE NU			07/92
F	30. NAME AND ADDRESS OF PERSON WHO CO RRRRROBERT	MPLETED CAUSE DE DE	10 7/4	St F	reden	ck ms	2170/	-45-99
	NAY 13 1992	32 REGISTRAR'S SIGN	ATURE					

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the state of the s	attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit, Pages 1. 2.	PIN
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shows any injury,

certificate has been signed by it the State Dept. of Health and if, or Item 23 shows any in

with L marked,

DIRECTOR: After the hours after death with them 28 is mark

TO THE FUNERAL C be filed within 72 h IMPORTANT: If II

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BALTIMORE, MARYLAND 21215-0020

92 14558 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Migdle, Last) 3. TIME OF DEATH 2. DATE OF DEATH AMBERT ON 0502 4. SOCIAL SECURITY NUMB 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign Nov. 28, 1910 New York 81 DAYS 1X M 2 | F HOURS 578-07-9607 YRS. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Frederick Memorial Hospital Frederick Frederick DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Frederick MD Frederick 1 YES 2 NO 101. ZIP COOE 21701 FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 13 East Third St. USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Merried IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced White WWII BE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16m. DECEDENT'S USUAL OCCUPATION 166. KIND OF BUSINESS/INOUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Administration Marine Corp 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Richard D. LeGarde Elizabeth L. Lamberton 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Barbara T. LaGarde 13 East Third St. Frederick, MD 21701 20a. METNOD OF DISPOSITION
1 ☐ Burlal 2 ☐ Cremation 3 ☐ Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 5-14-92 Smiths burg, MD 20c. LOCATION - City or Town, State Smiths burg Chematory 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Davis Funeral Home ennis 12525 Bradbury Ave. Smithsburg.MD 21783 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximeta Interval Between IMMEDIATE CAUSE (Final Onset and Deeth disease or condition reauiting in desth) OUE TO (OR AS A CONSEQUENCE OF) HE PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERF AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO DE DEATH? 1 | YES 2 | NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER? SPITAL: SER/Outpatient 3 DOA OTHER: ne 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 1 YES 2 NO BY Accident 28s. PLACE OF INJURY — Al home, farm, street, factory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide

29a. CERTIFIER

(Chack only

(C

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER

29C LICENSE NUMBER 6609

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

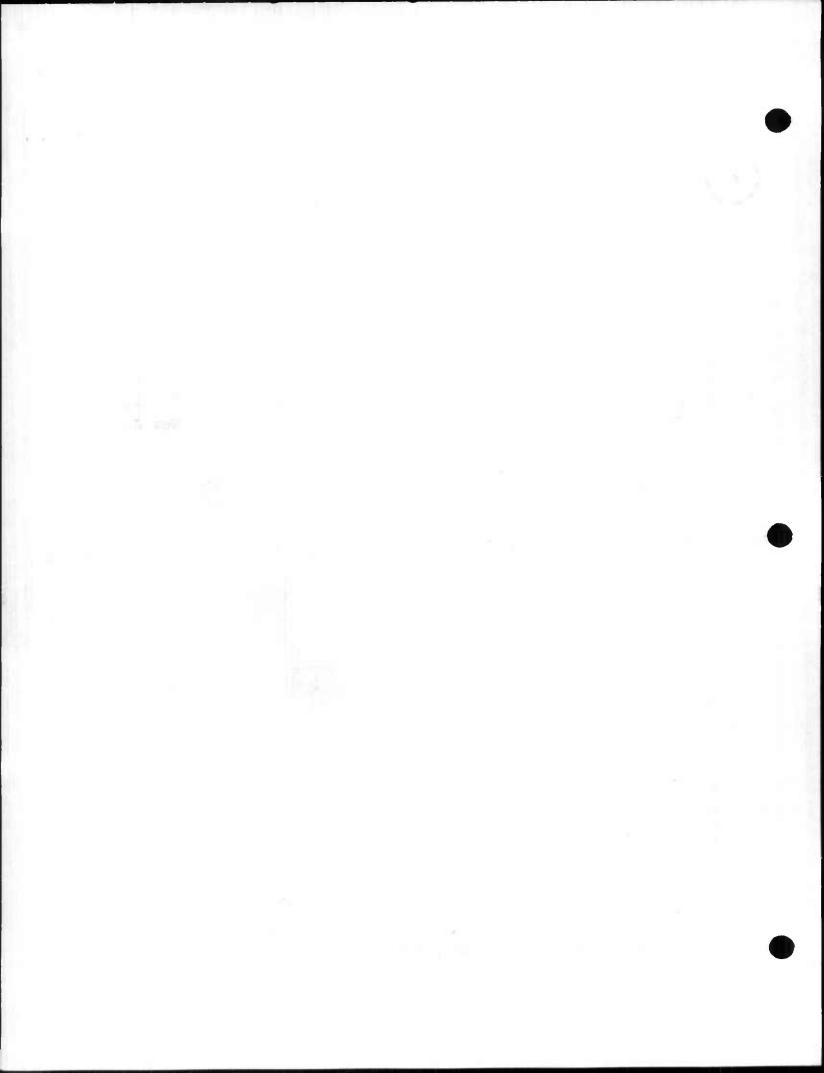
Joseph Ashwal 56 Thomas Johnson Dr. Frederick, MD 21701

31. DATE FILED (Month, Day, Year)
MAY 15 1992

32. REGISTRAR'S SIGNATURE 1

Stell street to Blanch Wilklows Weld

	FOR 1 - STATE REGISTRAR		STATE OF I	MARYLANI	) / DEPAI	RTMENT O	F HEALTH	AND N	MENTAL HYGIEN		36	14009
	1. DECEDENT'S NAME (First	I. Middle, Lest) JAM	ES ROBI			N, Sr		ТН	2. DATE OF DEATH		92 <sup>YEAR</sup>	3. TIME OF DEATH
\	4. SOCIAL SECURITY NUM 042-24-68		5. SEX	6. AGE (In yrs	. last birthday) YRS.	IF UNDER 1 YE		R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) Jan 11,		a Dimensi	PLACE (State or Foreign
1	9a. FACILITY NAME (If not le Montgomery			- 7		96. CITY, TOV	EATH 9c. COUNTY OF					
ECTO	RESIDENCE OF DE			aı	40- 00	Y, TOWN OR LO	ney, M	aryla	and	Mont	tgame	
- DIRECT	Jersey	Cape	May			Cape						10d. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER 221 Park		levard -	- #8			101. ZIP COD	204			zen of w	HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED NO	If yea	DECENDENT ( , specify Cubi YES 2 XNO	an, Maxican	C ORIGIN? (Specify Ya , Puarto Rican, etc.)	a or No	Black,	- American Indian, Whita, etc.
COMPLETED	(Specify online Elementary/Secondary (1)		CATION completed) College (1-4 or 5 +		OECEDENT'S (Give kind of life. Do NOT us Dent		ATION most of working	ing	16b. KINO OF BU	siness/ind		
BE CO	17. FATHER'S NAME (First, M Victor 19a. INFORMANT'S NAME (1)	A. N	<b>fartin</b>					Gert		ee		
2	James R.	Marti			4340	4th	Aven	ue,	Avalon,	n, State, Zip New	Jer	sey
	20a METNOD OF DISPOSIT 1 Burial 2 Crematic 4 Doriation 5 Other	(Specify)		St.	Mich	of DISPOSITION	Cem.			CATION —		Maryland
	≥ STORATURE OFFUNERA	TZ	. Will	ism		Olir Dama	scus	Mole , Ma	sworth,	2.0	0872	neral Hm. -0117
	23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fin disease or condition resulting in death)	cart renure.	a. Mô	caused that se on each I	Ina.	Sa	moda of dyl		aa cardiac or reap	iratory arre	est,	Approximate Interval Batwean Onaet and Death
CERTIFICATION	Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuthat initiated eventa resulting in deeth) LAS	diete NG Iry	0.	OR AS A CONS								
PHYSICIAN: MEDICAL CI	PART II. Other significe	nt condition	s contributing to	death but no	t resulting i	n tha underly	ing cause ç	given in Pa	art i. 24s. WAS AN PERFOR	MED?	1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO DOMPLETION OF CAUSE DE DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEDICAL	HOSPITAL:	FR/Outpetlant	2 🗆 804	OTHER:	PLACE OF D					
	/3	Pending	28a. DATE OF I	NJURY	28b. TIMI	E OF 28c.	NJURY AT WORK?	2	Other (Specify)  28d. DESCRIBE HOW II	JURY OCC	UREO	
TED BY	3 Suicide 8 G	reatigation Could not be determined	28e. PLACE OF building, e	INJURY — At tc. (Specify)	home, farm, s	treet, factory, of			28f. LOCATION (Street a City or Town, State)	nd Number o	or Rural Roo	ute Number,
COMPLETED	29a. CERTIFIER (Check only orns)	IFYING PHYSIC	CIAN: To the best of r	ny knowledge,	death occurre	d at the time, d	ita and place,	and dua to	the cause(s) and man	ner as state	d.	
<b>8</b>	THE R. P. LEWIS CO., LANSING, MICH.	от ситпеци	71.0	0.1	mo	)	_	NSE NUMBI				Aonth, Day, Year)
٩	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSI	E OF OPATH (IT	EM 27) (Typ)	Print)	M/ 1/17	7.V	n (	27	an,	JA JAM
	31. DATE FILED (Month, Day, Y	4 1992	32 REGISTRAN		Indelle	MAG	11)	mh		7116	7,11	a grad



NEIL E. PADGETT,

31. DATE FILED (Month, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY FUNERAL DIRE IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Last)		OLITI	TIFICATE	OI DEA	*****	2 DATE	REG. NO			2 TIME	OF DEATN
KERRY C			MONTGOM	<b>VEBA</b>		05			92		
4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. last birth			ER 24 HRS.	7 DATE	OF BIRTH	_			ate or Foreign
480-50-4095	1-X M 2 D F	49 YF	RS. MONTHS C	DAYS HOURS	MIN.		h, Day, Year)	3	Cou	ntry)	GTON, DO
e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, T	OWN OR LOCA	TION OF D		70 15 1	_	UNTY OF		31011710
NORTH ARUNDEL HO	SPITAL ASS	SOCIATION	GLE	EN BURN	IIE				Α.Α.	COUN	TY
RESIDENCE OF DECEDENT  10b. COUNT	Υ	10c	. CITY, TOWN OR	LOCATION						10d. INSI	DE CITY
Maryland Anne	Arundel		Mi	llersv	ille					LIMI	
a. STREET AND NUMBER				101. ZIP CO	DE			10g. CI	TIZEN OF	WHAT COU	
351 Butternut Con	urt Mil	lersville			2110	8		τ	J.S.	Α.	
MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED	13. WA	S DECENDENT	OF NISPA	NIC ORIGI	17 (Specify Yes	or No-	14, RA	CE — Ameri	en Indian,
Never Married 2 Married Widowed 4 Divorced	IF YES, GIVE WAT	YES 2 NO		yes, specify Cui			Hican, etc.)		Sou	ec/hv:	
15. DECEDENT'S EDU	ICATION	16- DECEDE	NT'S USUAL OCC	WIGHTION:		1 400			•	ucasi	an
(Specify only highest grade	e completed)	(Give kin	int's USUAL OCC nd of work done dur IOT use retired.)		king	168	. KIND OF BU	SINESS/IN	UUSTRY		
12+	College (1-4 or 5+)	Cons	ultant			E	urnitu	ire S	Sale	s Com	oanv
FATNER'S NAME (First, Middle, Last)				18. MC	THER'S NA		Middle, Maiden			3 47411	- 3
ohn E. Montgomer	ry				dith						
. INFORMANT'S NAME (Type/Print)		19b. MAI	ILINO ADDRESS (S	Street and Numb	er or Rural	Route Num	ber, City or Tow	n, State, Z	ip Code)		
irs. Penny Montgo	omery	3	351 Butt	ernut	Count	t Mi	llers	/ille	e, M	D 211	3C
a. METHOD OF DISPOSITION  Burlel 2 Coromation 3 - Rem	noval from State	20b. PLACE AND D		ION (Name of		DAT	E 20c. LO	CATION -	- City or	Town, Stata	
□ Donation 5 □ Other (Specify)		Metro	Cremato	ry			Ba	Ltimo	ore,	Mary.	land
SIGNATURE OF UNERAL SERVICE LI	CENSEE										
B //	1 / /			ME AND ADDR			Funor				
Tempo (	+ Asa	Sance	) B	arranc	0 & 5	Sons	Funera	al Ho	ome	-	21146
3. FIGHT I. Enter the diseases, or	complications that	Sused the death.	) B	arranc 95 Rit	o & S chie	Sons Hwy.	Seve	al Ho	ome Park	, MD	proximate
MEDIATE CAUSE (Final	List only ona cause	on aach line.	Do not anter th	Barranc 195 Rit	o & S chie	Sons Hwy.	Seve	al Ho	ome Park	, MD	
AEDIATE CAUSE (Final	List only ona cause	on aach line.	Do not anter th	Barranc 195 Rit	o & S chie	Sons Hwy.	Seve	al Ho	ome Park	, MD	proximate rval Between
AEDIATE CAUSE (Final	List only ona cause	coused the death. on each line. Ching	Do not anter th	Barranc 195 Rit	o & S chie	Sons Hwy.	Seve	al Ho	ome Park	, MD	proximate rval Between
EDUX E CAUSE (Final early or condition withing in death)	a. DUE TO (O	CTING	Do not antar th	Barranc 195 Rit	o & S chie	Sons Hwy.	Seve	al Ho	ome Park	, MD	proximate rval Between
ease or condition withing in death)  quantially list conditions, say, leading to immediate	a. DUE TO (O	on aach line.	Do not antar th	Barranc 195 Rit	o & S chie	Sons Hwy.	Seve	al Ho	ome Park	, MD	proximate rval Between
quantially list conditions, sny, leading to Inneedista use. Enter UNDERLYING USE (Disease or Injury	a. DUE TO (O	R AS A CONSEQUENCE	Do not antar the	Barranc 195 Rit	o & S chie	Sons Hwy.	Seve	al Ho	ome Park	, MD	proximate rval Between
equantially list conditions, landing to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events	a. DUE TO (O	CTING	Do not antar the	Barranc 195 Rit	o & S chie	Sons Hwy.	Seve	al Ho	ome Park	, MD	proximate rval Between
equantially list conditions, say, leading to immediate use. Enter UNDERLYING USE (Disease or Injury at initiated events sulting in death) LAST	a. DUE TO (O	R AS A CONSEQUENCE	Do not anter the	Sarrance 195 Rit na mode of d	O & Schie	Sons Hwy.	Seve	al Ho	ome Park	, MD	proximate rval Between
equantially list conditions, sny, leading to immediate use. Enter UNDERLYING USE (Disease or Injury at initiated events suiting in death) LAST	a. DUE TO (O	R AS A CONSEQUENCE	Do not anter the	Sarrance 195 Rit na mode of d	O & Schie	Sons Hwy.	Sevel flac or resp	al Horna H	ome Park rreat,	, MD Applint	Proximate prval Between the and Death Color Colo
quentially list conditions, my, leading to immediate use. Enter UNDERLYING USE (Disease or injury it initiated events suiting in death) LAST	a. DUE TO (O	R AS A CONSEQUENCE	Do not anter the	Sarrance 195 Rit na mode of d	o & Schie	Sons Hwy.	Seven	al Horna I	ome Park rreat,	, MD Applint On Applint On Applint	POPSY FINDINGS E PRIOR TO ON OF CAUSE
quentially list conditions, my, leading to immediate see er unbergying USE (Disease or injury t initiated events uiting in death) LAST	a. DUE TO (O	R AS A CONSEQUENCE	Do not anter the	Sarrance 195 Rit na mode of d	o & Schie	Sons Hwy.	Sevel flac or resp	al Horna I	ome Park rreat,	Applints On Applin	POPSY FINDINGS E PRIOR TO ON OF CAUSE
quentially list conditions, my, leading to immediate use. Enter UNDERLYING USE (Disease or injury it initiated events suiting in death) LAST	a. DUE TO (O	R AS A CONSEQUENCE	Do not anter the	Sarrance 195 Rit na mode of d	o & Schie	Sons Hwy.	Sevel flac or resp	al Horna I	ome Park rreat,	Applints On Applin	OPSY FINDINGS PRIOR TO ON OF CAUSE 7
quantially list conditions, inty, leading to immediate use. Enter UNDERLYING USE (Disease or injury at initiated events suiting in death) LAST	a. DUE TO (O  DUE TO (O  d	R AS A CONSEQUENCE	Do not anter the CE OF): CE OF): CE OF):	Sarrance 195 Rit na mode of d	O & Schie chie lylng, auc	Part I.	Sevel flac or resp	al Horna I	ome Park rreat,	Applints On Applin	OPSY FINDINGS PRIOR TO ON OF CAUSE 7
quantially list conditions, sny, leading to immediate use. Enter UNDERLYING USE (Disease or Injury at initiated events suiting in death) LAST  RT II. Other eignificant condition  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	a. DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O	R AS A CONSEQUENCE	Do not anter the Do not	Sarrance 195 Rit na mode of d	O & S Chie lying, auc	Part I.	Sevel diac or respondence of the sevel diac or respondence of the sevel diagram of the sevel	al Horna I	ome Park rreat,	Applints On Applin	OPSY FINDINGS PRIOR TO ON OF CAUSE 7
quantially list conditions, inty, leading to immediate use. Enter UNDERLYING USE (Disease or Injury it initiated events uiting in death) LAST  RT II. Other algoriticant condition  MAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH	a. DUE TO (O  DUE TO (O  DUE TO (O  DUE TO (O	R AS A CONSEQUENCE  R AS A	Do not anter the Do not	Parrance of the mode of de control of the mode of de control of the  O & S Chie lying, auc	Part I.	Sevel diac or respondence of the sevel diac or respondence of the sevel diagram of the sevel	AUTOPSYMED?	ome Park rreat,	Applints On Applin	OPSY FINDINGS PRIOR TO ON OF CAUSE 7	
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EDUF CAUSE (Final conditions of conditions o	a. DUE TO (O  b. DUE TO (O  c. DUE TO (O  d	R AS A CONSEQUENCE R AS A CONSEQ	Do not anter the A Do not anter	erlying cause  28. PLACE OF  19 Home 5 1  28. INJURY AT  WORK?  1 YES 2	O & S Chie lying, aud given in	Part I.	Sevel flac or responded to the sever flac or responded to the sever flac or responded to the	AUTOPSY IN NO NUMBER OF NU	ome Park rreat,	Applint On Applint On Applint On Applint On Applint On Applint On Applin On	OPSY FINDINGS PRIOR TO ON DF CAUSE 7
ART II. Other algnificant conditions was case reference to medical conditions within a condition and the conditions of t	a. DUE TO (O b. DUE TO (O d. DU	R AS A CONSEQUENCE R AS A CONSEQ	Do not anter the A Do not anter	erlying cause  28. PLACE OF  19 Home 5 1  28. INJURY AT  WORK?  1 YES 2	O & S Chie lying, aud given in	Part I.	24a. WAS AN PERFORM  (Specify)  GCRIBE HOW I	AUTOPSY IN NO NUMBER OF NU	ome Park rreat,	Applint On Applint On Applint On Applint On Applint On Applint On Applin On	OPSY FINDINGS PRIOR TO ON DF CAUSE 7
CAUSE (Final Conditions)  equantially list conditions, sny, leading to immediate use. Enter UNDERLYING MUSE (Disease or injury at initiated events suiting in death) LAST  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH  Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  1. CERTIFIER (Check only)	a. DUE TO (0 b. DUE TO (0 c. DUE TO (0 d	R AS A CONSEQUENCE  R AS A	Do not anter the Do not	erlying cause  28. PLACE OF 19 Home 5   19 Home 5   10 PK2	O & Chie chie lying, auc ying, auc piece and due ca, and due	Part I.  Pack only or  6 Other  286, Des	Sevel diac or resp  24a. WAS AN PERFOR VES 2  T (Specify) CRIBE HOW I  ATION (Street or Town, State)	AUTOPSY IMED?	ome oark rreat,  24  ccured or or Rural	Applints On Applin	OPOXIMATE INVALIDATION OPOSY FINDINGS I PRIOR TO ON OF CAUSE 7 2  NO
AAS CASE REFERRED TO MEDICAL EXAMINER?    YES 2 NO    Natural   Yes 3 NO    Natural   Yes 4 NO    Natural   Yes 4 NO    Natural   Yes 4 NO    Natural   Yes 4 NO    Natural   Yes 4 NO    Natural   Yes 4 NO    Natural   Yes 4 NO    Natural   Yes 4 NO    Natural   Yes 4 NO    Natural   Yes 4 NO    Natural   Yes 4 NO    Natural   Yes 4 NO    Natural   Yes 4 NO    Natural   Yes 4 NO    Natural   Yes 4 NO    Natural   Yes 4 NO    Natural   Yes 4 NO    Yes 5 NO    Natural   Yes 4 NO	a. DUE TO (0 b. DUE TO (0 c. DUE TO (0 d	R AS A CONSEQUENCE  R AS A	Do not anter the Do not	erlying cause  28. PLACE OF 19 Home 5   19 Home 5   10 PK2	O & Chie chie lying, auc ying, auc ying, auc piere, auc	Part I.  Pack only or  6 Other  286, Des	Sevel diac or resp  24a. WAS AN PERFOR VES 2  T (Specify) CRIBE HOW I  ATION (Street or Town, State)	AUTOPSY IMED?	ome oark rreat,  24  ccured or or Rural	Applints On Applin	OPOXIMATE INVALIDATION OPOSY FINDINGS I PRIOR TO ON OF CAUSE 7 2  NO
Quantially list conditions, interest of the conditions of the cond	a. DUE TO (0 b. DUE TO (0 c. DUE TO (0 d	R AS A CONSEQUENCE R AS A CONSEQ	Do not anter the description of the second state of the second sta	erfying cause  28. PLACE OF  By Home 5   19  Be. INJURY AT  WORK?  1   YES 2  y, office  e, data and place  and one, death occ  29cptil	O & Chie chie lying, auc ying, auc ying, auc piere, auc	Part I.  Part I.  261. Loc City  to the cau	Sevel diac or resp  24a. WAS AN PERFOR VES 2  T (Specify) CRIBE HOW I  ATION (Street or Town, State)	AUTOPSY MED?  NO NURY OC	ome oark rreat,  24  ccured or or Rural	Applints On Applin	OPSY FINDINGS PRIOR TO ON OF CAUSE  2 □ NO

M.D./7706 QUARTERFIELD ROAD/GLEN BURNIE, MARYLAND 21061

white with the same of the

TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
II.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached

1 - STATE REGISTRAR		STATE OF MAR	YLAND C	DEPARTI ERTIFIC	MENT	OF H	DEAT	AND N	IENTAL HYGIE REG. N		2	4561
1. DECEDENT'S NAME (First,	Middle, Last)	Donald	Burle	ey Met	hen	У			2. DATE OF DEATH MONTH May 8	1992	YEAR	3. TIME OF OEATH 12:30 P. Mn
4. SOCIAL SECURITY NUMBER 235-22-5424	1	M 2 □ F	GE (In yrs. la		F UNDER 1	YEAR DAYS	IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year) Aug 21,		6. BIRTHE Country	PLACE (State or Foreign ) W.Va.
9a. FACILITY NAME (If not ins Garrett Coun	ititution, give stree ty Memo	end number) Prial Hosp	oital	9	b. CITY,	oak.	land	ON OF DEA		% COUNTY OF DEATH Garrett		
RESIDENCE OF DEC	10b. COUNTY			Lan. Avenue								
W. <b>V</b> a.	IOD. COUNTY	Preston		10c. CITY, 1	OWN OF	R LOCAT		Terra	Alta			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER	Route	2 Box 156				101	ZIP CODE	267	64	10g. CIT		HAT COUNTRY? SA
11. MARITAL STATUS  1 Never Married 2 X I  3 Widowed 4 Divor	Married	FORCES? 1 Y Y	ES 2 [	RMED NO	If	yes, spe	ENDENT O	n, Mexican	C ORIGIN? (Specify ), Puarlo Rican, etc.)	Yes or No—	14. BACE	— American Indian, White, etc.
15. DECE (Specify only Elementary/Secondary (0-1	DENT'S EOUCAT highest grade con	ION npleted) College (1-4 or 5+)	16a. DE	ECEDENT'S US Not wind of word Do NOT use of Farmer	done du stired.)	CUPATIO iring mos	ON St of working	g	16b. KIND OF E	BUSINESS/INC		g
17. FATHER'S NAME (First, Mid	R	oss Meth							E (First, Middle, Maidle Verdi	e Chri	~	her
196. INFORMANT'S NAME (TV) Neva Jean Me			19	Rt 2 B	OX	(Street a. 156	nd Number Ter	or Aural Ad	lta, WV	own, State, Zip 26764	Code)	
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list condition if any, lesding to immediaceuse. Enter UNDERLYIN CAUSE (Disease or Injunthat initiated events resulting in death) LAST  PART II. Other eignificant	Specify)  SERVICE LICENT  J. J. J.  Leeses, or comert fallure, List  and the company of the comp	DUE TO (OR A	S A CONSE	OUENCE OF):	Ceme 22. N Ar 10.	AME AN thur 5 Hi	D ADDRESS H. qhla de of dyli	and A	ye. Ternera ve. Ternera secondiac or res	al Hom ra Alt plratory ari	alta, ine, Inca, Wirest,	W.Va.
EXAMINER?		OSPITAL:	urtnetlant 3		THER:							
27. MANNER OF DEATH  1 M Netural 5 Pr 2 Accident Inv 3 Suicide 6 C.		28a. DATE OF INJUR (Month, Day, Yea 26a. PLACE OF INJU- building, etc. (S	RY (r) JRY — At ho	26b, TIME OF	M 2	6c. INJU WOF	JRY AT RK? ES 2	NO	Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Stree City or Town, Stat	t and Number		ute Number,
29e. CERTIFIER (Check only one) 2 MEDIC.  29b. SIGNATURE AND TITLE C	AL EXAMINER: O	i: To the best of my kn	owledge, de	ath occurred a	t the tim	e, date	ath occure	od at the til	me, data and place, a	and due to the	e cause(s) (	and manner as stated.  Month, Day, Year)
30. NAME AND ADDRESS OF F	PERSON WHO CO	OMPLETED CAUSE OF	DEATH (ITE	M 27) (Type, Prir			D26			•	5/11/	'92
Roger A. Lewi		510 W.	GNATURE	Ave.	Te	erra	Alt	a, W	7 26764			

+IVA

3

DHMH-18 Rev 1/89

The other day

W 3 1 1 1 1

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

REGISTRAR		CERTII	FICATE C	F DEATH	REG. I	NO.	
1. DECEDENT'S NAME (First, Middle, Last)  JOHN LEVI	SCOTT		LER		2. DATE OF DEATH	DAY	YEAR 8:43 A M
4. SOCIAL SECURITY NUMBER 212-07-0038	5. SEX 6. AC	SE (In yrs. lest birthday, 87 YRS.	MONTHS DAY		7. DATE OF BIRTH Month, Day, Year 3-3-0-5	,	8. BIRTNPLACE (State or Foreign Country) Maryland
Avalon Manor N	etrool and number) LYSINGIT	ome		MORLOCATION OF D	EATN		ry of DEATH Kington
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNT	Y	10c, C	ITY, TOWN OR LO	CATION			10d. INSIDE CITY
MD Was	hington		Smiths				LIMITS?
10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZ	EN OF WHAT COUNTRY?
15 Maple Ave. P	0 Box 236			21783		l	ISA
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEOENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	If yes	DECENDENT OF NISPA apocify Cuban, Maxic (ES 2 NO Specifics 2	an, Puarto Rican, etc.)	Yes or No-	14. RACE — American Indian, Black, White, etc. Specify: White
15. OECEDENT'S EDU (Specify only highest grade	JCATION COMPleted	16a. DECEDENT	S USUAL OCCUP	ATION	16b. KINO OF	BUSINESS/INDU	JSTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ilfe. Do NOT	f work done during use retired.)	most of working	Auto	Co.	
17. FATHER'S NAME (First, Middle, Last) Walter J. Miller				Annie	AME (First, Middle, Maid E. Marti	ı	
19a. INFORMANT'S NAME (Type/Print)  Lydia C. Miller		P O	BOX 230	et and Number or Aural 6 Smithsbu	Poute Number, City or Vig, MD 21:	Town, State, Zip (	Code)
20a METNOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		Smiths by		(Name of tery 5-	20-92 Sm	LOCATION - C	City or Town, Stata
21. SUMATURE OF PUNERAL SERVICE LI	1	vi	Davi	AND ADDRESS OF FA	Home	nithshu	vrg.MD 21783
23. PART i. Enter the diseases, or shock, or heert failure. iMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that cause on List only one cause on	each line.	not enter the	mode of dying, suc	th as cardiec or re	apiratory arre	Approximate interval Between Onset and Death
	OUE TO (OR A	S A CONSEQUENCE (	OF):	-			
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING	bDUE TO (OR AS	S A CONSEQUENCE (	OF):				
CAUSE (Disease or injury that initiated events reaulting in deeth) LAST	DUE TO (OR AS	S A CONSEQUENCE D	OF):				
PART II. Other algorificent condition		but not resulting	in the underly	ring cause given in	PERF	AN AUTOPSY CORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							1   YES 2   NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch	eck only one)		
1 YES 2 NO	1 Inpatient 2 ER/O		4 Hursing H	ome 5 - Residence	6 Other (Specify)		
1 Natural 5 Pending 2 Accident Investigation	26s. OATE OF INJUR (Month, Day, Year	) IN	M 1 [	INJURY AT WORK? YES 2 NO	26d. DESCRIBE HOV	W INJURY OCCU	URED
3 Suicide 6 Could not be 4 Nomicide determined	28s. PLACE OF INJU building, stc. (S)	RY — At home, farm, pecify)	street, factory, o	Hica	281. LOCATION (Stree City or Town, Sta		or Rural Route Number,
29e. CERTIFIER (Check only one)  1 CERTIFYING PNYS. 2 MEDICAL EXAMINE	ICIAN: To the best of my known.	owledge, death occur tion and/or investigati	red at the time, d	eta and place, and due	to the cause(s) and n time, data and place,	nanner as stated	d. cause(s) and manner as stated.
	on the			29c, LICENSE NUI			SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	e, Print)	HAKERST	ow, me		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or atten	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

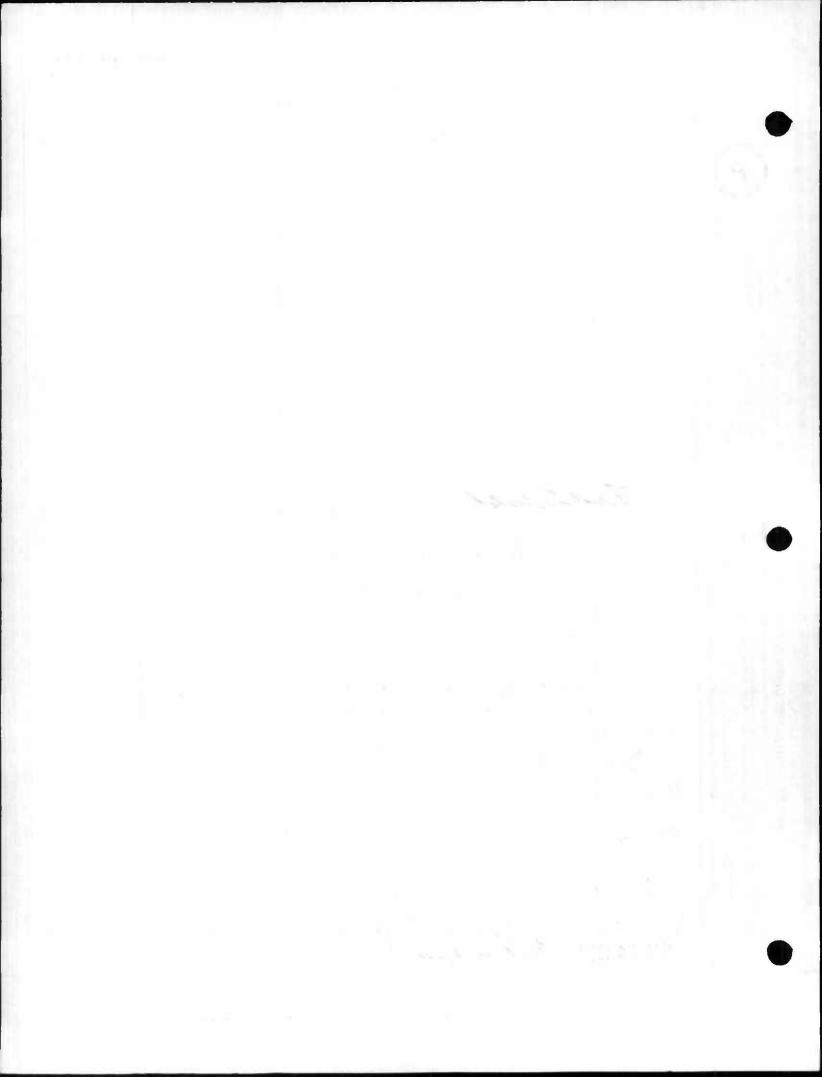
Dr.E.W.Ditto, III
31. DATE FILED (MONTH, Dey, Year)
MAY 14 1992

	FOR 1 - STATE REGISTRAR	STATE OF M		/ DEPAR Ertif						<b>GIEN</b> G. NO	Ε	2	14563
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	ATN D	44	VEAD	3. TIME OF DEATN
	Gordon	Alf			- 1	400RI	E		May 1	1, "	1992	YEAR	1400 M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la		IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE OF BIF (Month, Day,	HTF			LACE (State or Foreign
1	213-16-1365	1 🛛 M 2 🗆 F	73	YRS.					Aug. 26	,19	18	Mary	/land
1	9a. FACILITY NAME (If not institution, give str				9b. CIT	Y, TOWN	OR LOCATIO	ON OF DE				NTY OF OE	ATN
5	Washington County	Hospita	1		Ha	agers	stown				WASH	INGTO	N
3	10a. STATE 10b. COUNTY			10c. CIT	Y TOWN	OR LOCA	TION						to d. INIDIO C. O.T.Y.
OINEC.	Maryland Washi	naton		100		nspor						- 1	10d. INSIDE CITY LIMITS?
-	10e. STREET AND NUMBER			1	TTUI	-	ZIP CODE				T 40- 0171		1 ☐ YES 2 🖔 NO
CINEDAL	16061 SpielmAN Roa	aid					2179					USA	IAI COUNTRY?
	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. AL	RMED	12	WAS DEC			IIC ORIGIN? (Spe	-14 - M-			.551.0
	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	X YES 2	NO	13.	If yes, sp	ecify Cubii	n, Mexice Specify	n, Puerto Rican,	etc.)	or No	Specify Whi	— American Indian, White, atc. ↑ △
	15. DECEDENT'S EDUC (Specify only highest grade of	ATION ompleted	16a. Di	ECEDENT'S	USUAL C	CCUPATIO	ON		16b. KIND	OF BUS	SINESS/IND		00
	Elementary/Secondary (0-12)	College (1-4 or 5+)	1	hve kind of v				g					
			She	et Me	tal	Work	er		Meta	al F	abri	catin	ıg
	17. FATNER'S NAME (First, Middle, Last)								ME (First, Middle,	Meiden	Sumame)		
		ordon		Moo				<u>essi</u>		the			rhart
	19a. INFORMANT'S NAME (Type/Print)								Route Number, City				
	Betty M.Moore			16061	Spi	elma	in Rd	. Wi	lliamsp	ort	,MD	21795	
	20a. METNOD OF DISPOSITION 1 N Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)		20b. PLACE					/ 14,				city or Town	n, State MD 21795
	21. SIGNATURE OF FUNERAL SERVICE LICE	Mr	-		P	.0.E	OX #	348	AL HOME	msp	ort,	MD 21	
	23. PART I. Enjoy the diseases, or complete the condition of the condition resulting in death)  Sequentially list conditions,	Hat.	OR AS A CONSE	QUENCE OF	04								Approximata Interval Between Onset and Death
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		OR AS A CONSE										
	PART II. Other significant conditions	contributing to d	leath but not i	resulting i	n the u	nderlying	causa g	iven in	P	YAS AN PERFOR YES 2		6	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	EATH (Che	ock only one)				
	1 YES 2 ATO	1 🗆 Inpatient 2 🗆	ER/Outpetient 3	□ DOA			5,416	dence	6 Other (Speci	ity)			
	27. MANNER OF CEATN  1. Astural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day		28b. TIMI INJ		28c. INJI WO 1   Y	JRY AT RK? 'ES 2 _	NO	28d. OESCRIBE	HOW IN	JURY OCC	URED	
	3 Suicide 8 Could not be datermined	28e. PLACE OF building, e	INJURY — At he tc. (Specify)	oma, farm, s	treel, fec	tory, office			28f. LOCATION ( City or Town	(Street a , State)	nd Number	or Rural Rou	ite Number,
	29e. CERTIFIER (Check only one) 2 MEOICAL EXAMINER	AN: To the best of n	ny knowledge, de	ath occurre	d at the t	time, data opinion, d	and place, eath occurs	and due	to the cause(s) a	nd men	ner as atate	ed. cause(e) s	and manner as atated.
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE			I			fonth, Day, Year)
	2 clworl W	Dix	ou	NET	•			- (06	_				,1992

217 W. Washington St. Hagerstown, MD 21740
32 REGISTRAR'S SIGNATURE
Julio Servicen Renderle

and the state of t

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF	HEALTH AND DEATH	MENTAL HYG			
	1. DECEDENT'S NAME (First Middle, Last	MATERICE	Drayher	MARRIO'	TTE	2. DATE OF DEAT	DAY O	YEAR	3. TIME OF DEATH
)	4. SOCIAL SECURITY NUMBER  212-14-7205  90. FACILITY NAME (If not institution, give	1 M 2 🗆 F	7 ( YRS. 1	F UNDER 1 YEAR HONTHS DAYS	HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye Feb. 15	1921	Man	ryland
TOR		ounty Hospita		Hager		DEAIN	9c. COUN		ington
DIRECTOR	100. STATE 100. COUN  Maryland Wa	m shington		TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER  826 Summit Ave	nue		10	21740		10g. CITIZ	USA	HAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 12 YES IF YES, GIVE WAR OR DA	2 NO	If yee, s	CENDENT OF NISPA pecify Cuben, Mexic S 2 NO Spec	ANIC ORIGIN? (Specificen, Puerto Rican, etc.	y Yes or No—	14. RACE Black, Specify	- American Indian, White, etc.
LETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION	III. DO NOT USE	rk done during m retired.)	ON ost of working	16b, KIND OI	BUSINESS/INOU		MILLE
COMPL	12 17. FATHER'S NAME (First, Middle, Last)		Mach	inist	18. MOTHER'S N	Ai1	craft		
BE	Howard M. Marr	iotte	10h MARING A	000500 (0		ce E. Bet			
٤	Dorothy V. Mar		826 S	Summit A	Avenue,	Hagerstov			d 21740
	20e, METHOO OF DISPOSITION  1   X Buriel   2   Cremetion   3   Rer  4   Donatton   5   Other (Specify)		PLACE AND DATE OF htery, cremetory or othe Rest H	or place 1		0ATE 200 5-15-92 H	agersto		
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE Nated		22. NAME A	ND ADDRESS OF F	Minn:	lch Fune	eral	
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in daeth)  Sequentially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A DUE TO (OR AS A C	CONSEQUENCE OF):	,	ıcha	my 6	MBOLCE	5	Interval Batween Onset and Death
MEDICAL	SEPSIS WITH OXYTOCH. BILLTURE	ns contributing to death but  F SHOCK DU  HEPINATO		KLEBS	g cause given in	PEF	S AN AUTOPSY FORMEO2 S 2 NO		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?    YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO	HOSPITAL:		THER:	ACE OF DEATH (C)	8 Other (Specify)			
BY PH	27. MANNER OF DEATN  1 Natural 5 Pending Investigation	(Month, Day, Year)	28b. TIME (	OF 28c. INJ	URY AT DRK? YES 2 NO	28d. OEŞCRIBE HO	W INJURY OCCU	RED	
	2  Accident investigation 3  Suicide 8  Could not be determined	28e. PLACE OF INJURY - building, etc. (Specifi	At home, ferm, stre	eet, factory, offic	•	281, LOCATION (Str. City or Town, S	set and Number of tale)	Rural Ro	ute Number,
COMPLETE	299. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	ER: On the basic of examination	dge, death occurred end/or investigation,	at the time, date	end place, end due	to the cause(s) end time, date end place	manner as stated	l. Cause(e) :	and manner as stated.
TO BE (	240 SCHARLE AND THE STEERING	) Famoy	PHES	ICLA	29c. LICENSE NU	MBER O	29d. DATE :	SIGNED (	Month, (Oay, Year)
	PTEPHEN MET	O COMPLETED CAUSE OF DEAT	5 182		went	d- Hx	601	Tues	ax liter
	MAY 14 1992	32. REGISTRAR'S SIGNAT				111			



4 SOCAL SECURITY INJURES  \$ 1. SEX  \$ 2. A AGE (IP YE, But Park)  \$ 1. SEX  \$ 2. A AGE (IP YE, But Park)  \$ 2. SEX  \$ 2. A AGE (IP YE, But Park)  \$ 2. SEX  \$ 3. SEX  \$ 2. A AGE (IP YE, But Park)  \$ 3. SEX	1. DECEDENT'S NAME (First, Middle	Lagil Irvin			2. DATE OF DE	ATH DAY	3. TIME OF DEA	
A SOLITY MANE (if not immunous, give state and number)   AND TOT TOWN ON LOCATION OF DEATH   AND TOWN ON LOCATIO	1		5. SEX 6. AC	GE (In yrs. last birthday)	UNDER I YEAR # LINUTER 24 LINU	MAY	13, 19	72
BE SHALLTY NAME (or between, gen shakes at anabous)  BE SHALLTY NAME (or between, gen shakes at anabous)  BE SHALLTY NAME (or between, gen shakes at anabous)  BE SHALLTY NAME (or between, gen shakes at anabous)  BE SHALLTY NAME (or between, gen shakes at anabous)  BE SHALLTY NAME (or between, gen shakes at anabous)  BE SHALLTY NAME (or between, gen shakes at anabous)  BE SHALLTY NAME (or between, gen shakes at anabous)  BE SHALLTY NAME (or between, gen shakes at anabous)  BE SHALLTY NAME (or between, gen shakes at anabous)  BE SHALLTY NAME (or between, gen shakes at anabous)  BE SHALLTY NAME (or between, gen shakes at anabous)  BE SHALLTY NAME (or between, gen shakes at anabous)  BE SHALLTY NAME (or between, gen shakes at anabous)  BE SHALLTY NAME (or between, gen shakes at anabous)  BE SHALLTY NAME (or between, gen shakes)  BE SHALLTY NAME (or between, gen	9	233-40-958	Ava .	1 100		(Month, Day,	fear)	Country)
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TO STORE THE HAME FOR A MAJEST TO THE STATE OF THE STATE	TOH	MESIDENCE OF DECEDER	Bunty Hos	pital F	tagers town	5	WASH	AINGTON
The period of th	J.E.	MAA LA NILE		0.4				10d, INSIDE CIT
South   Sout			BHINGTON	# AG				1 YES 2
Sequenties   Bit   Bit   Conditions   Contributions   Contri	ERA	100 0	word Dr		2174C	(	10g. CITIZE	EN OF WHAT COUNTRY?
1   VES 2 MAD   Specify	3	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DECENDENT OF HIS	PANIC ORIGIN? (Spec	olfy Yee or No. 1	4. RACE — American Indi
10   DESCRIPT S DELICATION   184. ORCEODENT'S BUBBLA COCUPATION   184. CRITICAL CONTINUES AND OF BUSINESS ANDUSTRY   184. CRITICAL CONTINUES AND OF BUSINESS ANDUSTRY   184. CRITICAL	1			DATES			tc.)	Black, White, etc.
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TO TATHER'S NAME (First, Models, Last)  IT FATHER'S NAME (First, Models, Masker Surrange)  IT FATHER'S NAME (First, Models, Last)  IT PATHER'S NAME (First)  IT PATHER'S NAME (First)  IT PATHER'S NAME (F	m I			(Give kind of work	done during most of working	160. KIND	OF BUSINESS/INDUS	STHY
THE MALLING ADDRESS (Street and Authority or Runt Route Numbers: City or Runt, State). Zeg Code)    Description of Disposition   The Malling Address of Runt Route Numbers: City or Runt, State). Zeg Code)   Description   The Malling Address of Runt Route Numbers: City or Runt, State). Zeg Code)   Description   The Malling Address of Runting	MPL	12		Lift	Driver	MAG	k Truc	18
The manufacture of the service of th	8	17. FATHER'S NAME (First, Middle, Li				NAME (First, Middle, I	Asiden Surname)	
29. BLACE AND DATE OF DISPOSITION   Description   Demonstration   Demonstratio	BE				Lo#1	e MA	NN	
20. PLACE AND DATE OF DISPOSITION  20. PLACE AND DATE OF DISPOSITION (Agreed)  21. SIGNATURE OF PRIBALL REPORT LICENSEE  22. NAME AND ADDRESS OF FACILITY  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, information of the country on course on sech line.  23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, information or resulting in death)  24. PART II. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, information or resulting in death)  25. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, information or resulting in death)  26. PART II. Chief alignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  26. WAS CASE REFERENCE TO MEDICAL ENCOYED THAT I.  27. PARCE OF DEATH (Check only one)  28. WAS CASE REFERENCE TO MEDICAL ENCOYED THAT I. (Inputing I part I)  28. WAS CASE REFERENCE TO MEDICAL Inputing I part I. PARCE OF DEATH (Check only one)  29. SIGNATURE AND TITLE OF CERTIFIEND PHYSICIAN: To the base of my knowledge, deeth occurred at the time, date and place, and due to the cause(e) and menner as stated.  290. SIGNATURE AND TITLE OF CERTIFIEND PHYSICIAN: To the base of my knowledge, deeth occurred at the time, date and place, and due to the cause(e) and menner as stated.  290. SIGNATURE AND TITLE OF CERTIFIEND PHYSICIAN: To the base of my knowledge, deeth occurred at the time, date and place, and due to the cause(e) and menner as stated.  290. SIGNATURE AND TITLE OF CERTIFIEND PHYSICIAN: To the base of my knowledge, deeth occurred at the time, date and place, and due to the cause(e)	5		Michael	140 C		Hanna		
Description   S   Description   Description   S   Description   Description   S   Description   Desc		20a. METHOD OF DISPOSITION	THE NATEC					
22. NAME AND ADDRESS OF FACILITY  23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interved shock, or heart felture. List only one ceuse on each line.  24. DATE I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interved shock, or heart felture. List only one ceuse on each line.  25. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interved shock, or heart felture. List only one ceuse on each line.  26. DATE OF INDIANA AND ADDRESS OF FACILITY  27. PART II. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interved shock, or heart felture. List only one ceuse on each line.  28. PART II. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interved shock on part of the part of		t De Burlet 2 Cremetion 3 C	Removal from State	comellery, cumpations or other o	241. Come	-11.10	1	MAC
23. PART I. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, approxite and accordance or heart feliure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate the country that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (O		21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE		22. NAME AND ADDRESS OF		HALLICA	100
Approach a consequence of complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only once cease on ecess on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in death)  Approach interval interval ones or conditions.  If end, leading to immediate cause. Enter UNDERLYING  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (								
AMAILABLE PRIOR  OF DEATH?  1 YES 2 NO  PERFORMED?  1 YES 2 NO  OF DEATH?  1 YES 2 NO  OF DEATH?  1 YES 2 NO  OF DEATH?  1 YES 2 NO  OTHER:  1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  26. DATE OF INJURY 28b. TIME OF INJURY M 1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  28c. DATE OF INJURY 28b. TIME OF INJURY NORWAY 1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  OTHER:  1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  OTHER:  1 Natural 5 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 6 DOA OTHER:  1 Natural 5 Pending Investigation 1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 28c. INJURY AT WORK?  1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 28c. INJURY AT WORK?  1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 28c. INJURY AT WORK?  1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 28c. INJURY AT WORK?  1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 28c. INJURY AT WORK?  1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 28c. INJURY AT WORK?  1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 28c. INJURY AT WORK?  1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 28c. INJURY AT WORK?  1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 28c. INJURY AT WORK?  1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 28c. INJURY AT WORK?  1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 28c. INJURY AT WORK?  1 YES 2 NO  OTHER:  1 Natural 5 Pending Investigation 28c. INJURY AT WORK?  1 Natural		IMMEDIATE CAUSE (Final disease or condition	a. Cozona	un Ather	nter the mode of dying, a	uch as cardiac or	respiratory arres	Approxim
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t YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 2 Accident 3 Suicide 6 Could not be determined 2 Sec. INJURY At WORK? 3 Suicide 6 Could not be determined 2 Sec. (Specify) 2 Pending Investigation 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 2 Sec. INJURY AT WORK? 1 YES 2 NO 2 Sec. INJURY AT WORK? 2 NO 3 Suicide 6 Could not be determined 2 Sec. INJURY At home, farm, street, fectory, office 2 Sec. INJURY AT WORK? 3 Suicide 6 Could not be determined 2 Sec. (Specify) 2 Sec. INJURY AT WORK? 3 Suicide 6 Could not be determined 2 Sec. INJURY At home, farm, street, fectory, office 2 Sec. INJURY AT WORK? 3 Suicide 6 Could not be determined 2 Sec. (Specify) 1 YES 2 NO 2 Sec. (Specify) Town, Stele) 2 Sec. LOCATION (Street and Number or Rural Route Number, City or Rown, Stele) 2 Sec. LOCATION (Street and Number or Rural Route Number, City or Rown, Stele) 2 MEDICAL EXAMINER: On the basis of examination end/or Investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner sec. Insurance 2 Sec. LICENSE NUMBER 2 Sec. INJURY AT WORK? 3 Suicide 6 Could not be determined 2 Sec. INJURY AT WORK? 3 Suicide 6 Could not be determined 2 Sec. INJURY AT WORK? 4 Homicide 2 Sec. INJURY AT WORK? 5 Could not be cause (s) DESCRIBE HOW INJURY OCCURED 2 Sec. INJURY AT WORK? 5 Could not be cause (s) DESCRIBE HOW INJURY OCCURED 2 Sec. INJURY AT WORK? 5 Could not be cause (s) DESCRIBE HOW INJURY OCCURED 2 Sec. INJURY AT WORK? 5 Could not be cause (s) DESCRIBE HOW INJURY OCCURED 2 Sec. INJURY AT WORK? 5 Could not be cause (s) DESCRIBE HOW INJURY OCCURED 2 Sec. INJURY AT WORK? 5 Could not be cause (s) DESCRIBE HOW INJURY OCCURED 2 Sec. INJURY AT WORK? 5 Could not be cause (s) DESCRIBE HOW INJURY OCCURED 2 Sec. INJURY AT WORK? 5 Could not be cause (s) DESCRIBE HOW INJURY OCCURED 2 Sec. INJURY AT WORK? 5 Could not be cause (s) DESCRIBE HOW INJUR	AL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. Corona  Due to (or as  Due to (or as  Due to (or as  d.	S A CONSEQUENCE OF):	o sclewfic	in Part I. 24s. W. P.	PROPERTY AND ALTOPSY ERFORMED?	24b. WERE AUTOPSY F AVAILABLE PRIOR COMPLETION OF COPPLETON OF COMPLETON OF COMPLET
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

					OF DEATH			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	YEA	3. TIME OF DEATH
			icholson			April 25,	1992	1:55 E
	4. SOCIAL SECURITY NUMBER 578-18-2446		(In yrs. lest birthday) 71 YRS.	IF UNDER 1 YE. MONTHS DA		7. DATE OF BIRTH (Month, Day, Year) May 10,19	920	RTHPLACE (State or For Suntry) Maryland
	9a. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TO	WN OR LOCATION OF DE		9c. COUNTY O	F DEATH
Ď.	837 Kohinoo	r Ct.		Ga	ithersburg	g	Mon	tgomery
M	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	гу	10c, CIT	Y, TOWN OR LO	CATION			10d. INSIDE CITY
DINECTIO	Maryland Ca	alvert			tingtown			LIMITS?
	10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN C	OF WHAT COUNTRY?
E I	2360 Ponds	Woods Rd.			20639		1	USA
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married  Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 X NO	If yes	DECENDENT OF HISPAI s, specify Cuben, Maxics YES 2 NO Specif		В	ACE — American India Nack, White, etc. Pocify: White
	16. DECEDENT'S EDI		16a. DECEDENT'S	USUAL OCCUP	PATION	16b. KIND OF BUS	SINESS/INDUSTR	
. F	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	vork done during se retired.)	most of working			
COMPLETED	11		Key Pun	ch Ope	rator	U.S.	Governme	ent
3	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	
ш		oore			Max	rtha Harmel	L	
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		
-	Linda N. Pierce	9	23932	Janbe	all Ct.,C	larksburg,		
	20a. METHOD OF DISPOSITION  100 Burlel 2 Commettee 3 Ren	noval from State 20	b. PLACE AND DATE O	PER PROPERTY OF THE PROPERTY O	(Name of	OATE 20c. LO	CATION — City or	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI		Md. Stat		rans Cem.		Chelten	ham, Md.
	21. SIGNATURE OF FUNERAL SERVICE LI				AND ADDRESS OF FA	sworth, P.	Δ.	
	Whent &	. Willia	me			Rd. Damaso		20872
TION	Sequentially list conditions, if any, leading to immediate	b DUE TO (OR AS	A CONSEQUENCE OF	ŋ:				
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CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d						
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O BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 1 CERTIFIER (Check only one)  29. CERTIFIER (Check only one)  2 MEDICAL EXAMINITIE OF CERTIFIER  (Check only one)	HOSPITAL: 1   Inpatient 2   ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	petient 3 DOA  28b. TiME INJ  Y — At home, farm, si city)  riedge, daeth occurre on and/or investigation	OTHER: 4 Nursing 8 E OF 28c. URY M 1 treet, factory, c	I. PLACE OF DEATH (Chotome 5   Residence INJURY AT WORK?  YES 2   NO wiffice  date and place, and due n, death occured at the	PERFOR  1 YES 2  Bock only one)  8 Other (Specify)  28d. DESCRIBE HOW IF  28i. LOCATION (Street e City or Town, State)  to the cause(a) and man time, data and placa, and	MED?  NO  NJURY OCCURED  and Number or Run  ner ea stated.	ANALABLE PHIOR T COMPLETION OF CA OF DEATH?  1  YES 2 N  N  N  N  N  N  N  N  N  N  N  N  N
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IO BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 1 CERTIFIER (Check only one)  29. CERTIFIER (Check only one)  2 MEDICAL EXAMINITIE OF CERTIFIER  (Check only one)	HOSPITAL: 1   Inputent 2   ER/Out 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spe	petient 3 DOA  28b. Time INJU  Y — At home, farm, stority  riedge, death occurre on and/or investigation	OTHER: 4 In Nursing is E OF 28c. URY M 1 [ treet, factory, c d et the time, c n, in my opinio	A. PLACE OF DEATH (Checked)  A. PLACE OF DEATH (Checked)  B. PLACE OF DEATH (Checked)  B. PLACE OF DEATH (Checked)  The second of the country	PERFOR  1 YES 2  Bock only one)  8 Other (Specify)  28d. DESCRIBE HOW IF  28i. LOCATION (Street e City or Town, State)  to the cause(a) and man time, data and placa, and	MED?  NO  NURY OCCURED  Ind Number or Rur  Der es stated.  If due to the caus  29d. DATE SIGN	AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1  YES 2 Ni  National Number,  Nationa

San Julian

1	FOR STATE REGISTRAR	STATE OF M	ARYLAND	/ DEPAR	TMENT	OF H	EALTH AND I	MENTA	REG. NO.	E 9	2 1	4567
	. DECEDENT'S NAME (First, Middle, Last)	JOSEPH	BLAINE		7	SR		APR	IL 21,	1992	YEAR (	TIME OF DEATH
	215-26-1987	5. SEX 1 X M 2 F	8. AGE (In yrs. 60	YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	NOV	OF BIRTH th, Day, Year)	931	MARY	ACE (State or Foreign
8)	11234 SIMMONS RESIDENCE OF DECEDENT					IEYT	OWN	EATH			DERI(	
型	0a. STATE 10b. COUNT	DERICK		10c. CIT	TANEY							d. INSIDE CITY LIMITB?
	00. STREET AND NUMBER 11234 SIMMONS	ROAD				- 27	ZIP CODE 21787				S. F	AT COUNTRY?
B	11. MARITAL STATUS    Never Married 2   Married     Widowed 4   Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI KOREAN	X YES 2 [	NO	H	WAS DEC	ENDENT OF HISPAN polity Cuban, Mexica 2 X NO Specifi	an, Puerlo			14. RACE	American Indian, white, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	16a.	DECEDENT'S (Give kind of Ille. Do NOT u	work done d	luring mo	N st of working		ANEY S			
BE CON	77. FATHER'S NAME (First, Middle, Last) JOHN DAVID OHL	ER					18. MOTHER'S NA VIRGI		Middle, Meiden		OX	
٩	JOSEPH B. OHLER,			14 SU	NNY (	Τ.,	THURMON			n, State, Zip (	Code)	
1	tqs. METHOD OF DISPOSITION   X  Burlel 2   Cremation 3   Rem   Donation 5   Other (Specify)		20b. PLAI other	place)	EYSVI	LLE	UNION			CATION — C		
	H. SHOHATURE OF FUNERAL SERVICE LI	Skil	es				W. MAIN		SKILES			
CERTIFICATION	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Polso DUE TO  DUE TO  d.	(OR AS A CON-	SEQUENCE O	PF):	hye	readi	id v	Info	ne	in.	Interval Between Onset and Death
- 11	PART II. Other significant condition  PM + - a	-	death but no	et resulting		1 /	12/8		24s. WAS AN PERFOR	MED?	Al Co	ERE AUTOPSY FINDINGS MALABLE PRIOR TO OMPLETION OF CAUSE F DEATH?  YES 2 NO
BY PHYSICI	25. WAS CASE REFERRED TO MEOICAL EXAMINER?  1 YES 2 X NO  27. MANNER OF DEATH  1 X Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be determined	HOSPITAL: 1 Inputtent 2 26s. DATE OF (Month, Di	INJURY	28b. Til	ME OF JURY M	t: sing Hom 28c, INJ WO 1 🔲 '	PRK? YES 2 NO	8  Oth				te Number,
O BE COMP	1 CERTIFIER (Check only one) 2 MEDICAL EXAMIN	R	smillation and	or Investigat	on, In my o			e time, de		d due to the	SIGNED (M	nd manner as stated.
	ALAN CARROLL,  OLD DATE FILED (Month, Day, Year)		SETON	AVE.	, EMM	ITS	BURG, MD	. 21	727			

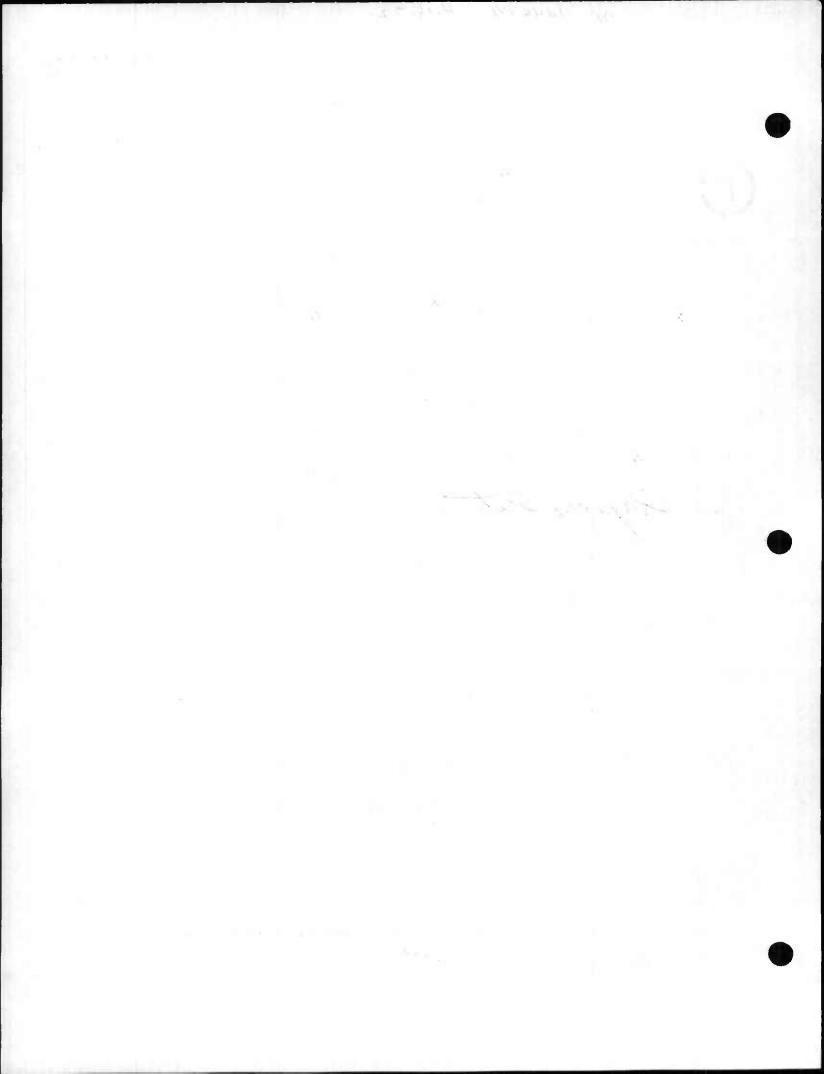
distribution the plant of the state of the s at the state of the same of the same

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physic	filled in by the funeral director, page 5 should be detached for use as the burial on, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L. DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial 2 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

	REGISTRAR		OLITIII IOAI	E OF DEATH	H	EG. NO.	
	1. DECEDENT'S NAME (First, Middle, E PATRICIA	ELLEN	OBRI	EN	2. DATE OF ONE OF ONE OF O		92 3. TIME OF DEATH 02:37 PM
	4. SOCIAL SECURITY NUMBER  213-46-800  90. FACILITY NAME (If not institution,	3 1 DM 2 SF 4	YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.  Y, TOWN OR LOCATION OF	7. DATE OF I	-47	8. BIRTHPLACE (State or Foreign Country) WASH D. C
HOIS		HOSPITAL ASSOCIA		GLEN BURNIE	DEATH		A.A. COUNTY
DIRE	10a. STATE 10b. CO	Anne Annode	10c. CITY, TOWN	OR LOCATION  ERNA PI	ARK		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 ANO
FUNERAL	616 Thom	IAS WAY	/	10f. ZIP CODE	46	10g. CITI	ZEN OF WHAT COUNTRY?
E E	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 TYES 2 IF YES, GIVE WAR OR DATES	NO	Hyes, specify Cuber, Mexical Topics of the North Mexical T	can, Puerto Rica		14. RACE — American Indian, Black, White, etc. Specify:
2	15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed)  College (1-4 or 5+)	a. DECEDENT'S USUAL (Give kind of work done life. Do NOT use retired.	during most of working	16b. KIN	D OF BUSINESS/IND	TAC.
	17. FATMER'S NAME (First, Middle, Las	BRIEN	July	18. MOTHER'S N	IAME (First, Middle	le, Maiden Surname)	NowN
10 8	PODET W	ALTERS	19b. MAILING ADDRES	SS (Street and Number or Run	A Route Number, (	City or Town, State, Zip	Code)
	20a. METHOD OF DISPOSITION  1 Green Burlel 2 Cremetion 3 Green Burlel 5 Other (Specify)	Removal from State cometer	ACE AND DATE OF DISPO		DATE	20c. LOCATION -	City or Town, State
- 1	21. SIGNATURE OF PUNERAL SERVICE						
	23. PART I. Enter the diseases shock, or heart fell iMMEDIATE CAUSE (Finel disease or condition	, or complications that caused the	ne deeth. Do not ente		Sevi ich as cardisc		interval Betwee Onaat and Da
A	23. PART I. Enter the disease a shock, or heart fell iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	, or complications that caused th	De deeth. DD npt enter in line.  ONSEQUENCE OF):  ONSEQUENCE OF):	BARRANCO or the mode of dying, su otricular	Sevice as cardiec	or reapiratory arr	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION FO CAUSE
MEDIC	23. PART I. Enter the disease a shock, or heart fell IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions.	b. DUE TO (OR AS A CO	De deeth. DD npt enter in line.  ONSEQUENCE OF):  ONSEQUENCE OF):	BARRACO or the mode of dying, so	D Sevice as cardisc	or reapiratory arr	Approximate interval Betwee Onast and Da
MEDICAL	23. PART I. Enter the disease a shock, or heart fell iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CO	DISEOUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  OTHER	stricular  inderlying couse given i	n Part I. 24	i. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	23. PART I. Enter the disease a shock, or heart fell immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions in the cause of th	b. DUE TO (OR AS A CO d.  Bittiona contributing to deeth but a  Bittio	DISEOUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  ONSEQUENCE OF):  OTHER	The mode of dying, surface of the mode of dying, surface of the mode of dying, surface of the mode of dying, surface of the mode of the mo	n Part I. 24e  Check only one)  6 G Other (Sc	i. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart fell immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent cond  25. WAS CASE REFERRED TO MEDIC. EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS A CO  DUE TO	DISEOUENCE OF):  ONSEOUENCE OF):	inderlying ceuse given inderlying ceuse given inderlying ceuse given inderlying ceuse given in 28. PLACE OF DEATH (CER:  28. PLACE OF DEATH (CER: WINDRY AT WORK?  1 YES 2 NO	n Part I. 244  Check only one)  28d. DESCRI	I. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart fell immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions of the	DUE TO (OR AS A CO  DUE TO	DISEOUENCE OF):  ONSEOUENCE OF):	The mode of dying, such that mode of dying, such that mode of dying, such that mode of dying, such that mode of dying, such that mode of dying, such that mode of dying that mode of the m	D Sevice as cardiec  Fibri  n Part I. 244  1 [ Check only one)  6 Other (Sp. 28d. DESCRII  28f. LOCATIO City or 7c	a. WAS AN AUTOPSY PERFORMED? YES 2 NO POORTHY) BE HOW INJURY OCC WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
D BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart fell immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions of the	DUE TO (OR AS A CO  b. DUE TO (OR AS A CO  c. DUE TO (OR AS A CO  d.	DISEOUENCE OF):  ONSEOUENCE OF):	inderlying ceuse given inderlying ceuse given inderlying ceuse given inderlying ceuse given in 26. PLACE OF DEATH (CER: WORK?  1 YES 2 NO ctory, office	n Part I. 244  Check only one)  281. LOCATIO City or Re  18 to the cause(e) 19 to the cause(e)	I. WAS AN AUTOPSY PERFORMED?  YES 2 NO  NO (Street and Number win, State)  o) and menner ee state place, and due to the	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO

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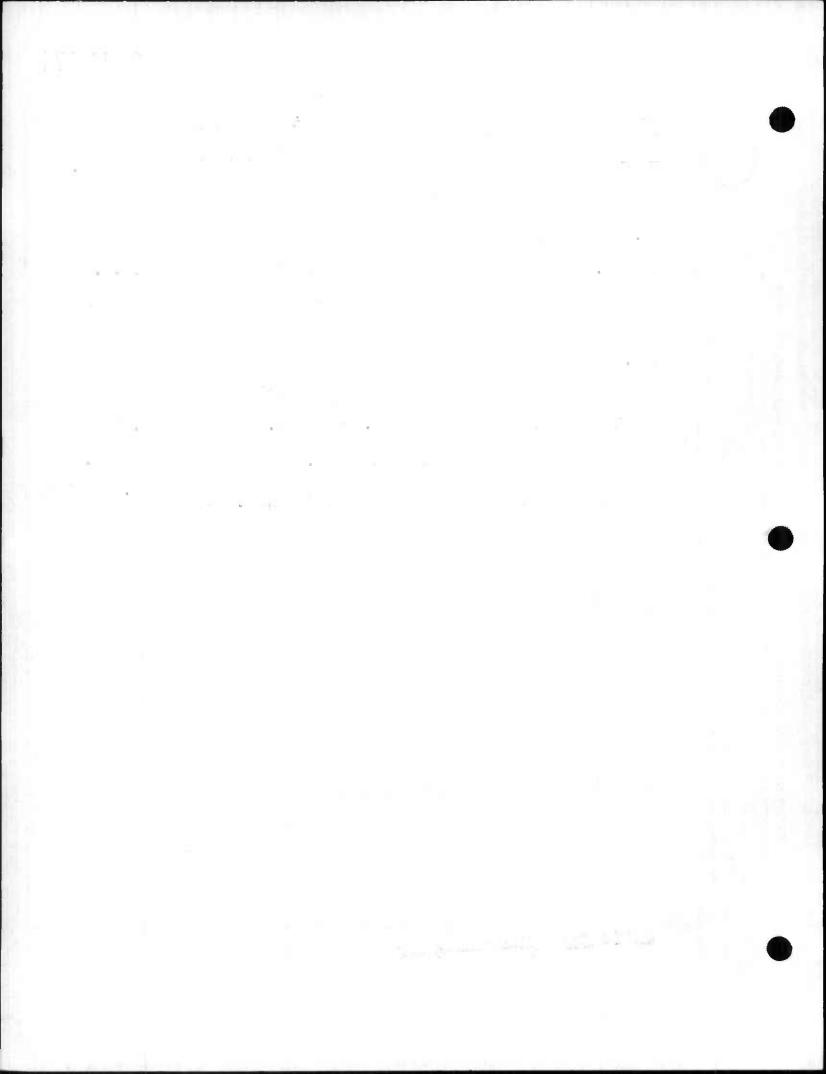
	1. DECEDENT'S NAME (First, Middle, L.	ast)					2. DAT	E OF DEATH	D	111	TIME OF DEATH
		CLARA	BEATRI	CE I	POTTER		Apr	TH I	DAY 1992	YEAR	
1	4. SOCIAL SECURITY NUMBER 087-26-3725	5. SEX	6. AGE (In yrs. les	YRS.	IF UNDER 1 YEAR		HRS. 7. DAT (MO NOV	E OF BIRTH mth. Day, Year)			CE (State or Fore
B	9a. FACILITY NAME (If not institution, g Frederick	Memorial	Hospita	al '	ss. city, town of Frede	erick	OF DEATH		9c. coun Fre	TY OF DEATH ederic	ck
DIREC	New York			10c. CITY,	town on Locat	TION					. INSIDE CITY LUMITS?
VERAL	100. STREET AND NUMBER HOF	fman Hollo	w Rd.		101	. ZIP CODE	61		1.0	en of what ted St	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	YES 2 X	RMED NO	If yes, sp	ENDENT OF Healty Cuban, It	faxican, Puerli	IN? (Specify Yes Rican, etc.)	os or No—	14. RACE — A Black, Wh Specify:	American Indian lita, atc. White
LETED	15. DECEDENT'S (Specify only highest g	EDUCATION rade completed) Cotlege (1-4 or 5 +	(G life.	live kind of wor Do NOT use	E-15.	st of working	10	b. KIND OF BU		STRY	
COMPL	6th 17. FATHER'S NAME (First, Middle, Last)	-			ousekeep		'S NAME (First	Hospi			
BE	BURTON  19a. INFORMANT'S NAME (Type/Print)			ITH	DD0500 10		YNNIA		FOST		
2	Lorraine P.	Parker	194		166, R1						.1
	20a. METHOD OF DISPOSITION t Burlal 2 Cremation 3 F 4 Donatton 5 Other (Specify)		20b. PLACE A	AND DATE OF	disposition (Na	me of	4-2	TE 20c. LC	OCATION — CI	lty or Town, S	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	/			OD OGG			fer Fu		
	Paymon, 23. PART I. Enjet tha diseasea,	or complications that re. List only one cause	caused the dese on each line	<b>.</b>	1621	Oposs	umtown	Pike	/Frede	erickM	Md. 21 Approximat
ERTIFICATION	23. PART I. Enter the diseases, affect, or heart failu IMMEDIATE CAUSE (Final disease or condition	or complications that re. List only one cause a	se on each line	DUENCE OF):	1621	Oposs	umtown	Pike	/Frede	erickM	Home IMd. 21 Approximatinterval Bet Onset and f
EDICAL C	23. PART I. Enjoy the diseases, allock, or heart fellu immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a.  DUE TO (	OR AS A CONSECUTOR AS A CONSEC	DUENCE OF): DUENCE OF): esulting in	1621 t enter the mo	OPOSS de of dying,	umtown such aa ca	Pike	/Frede	24a. WER	Approximatinterval Bet Onaet and 1 3 9 E AUTOPSY FIRE LABLE PRIOR TO PLETTON OF CAN EATHER
SICIAN: MEDICAL C	23. PART I. Enjoy the diseases, allock, or heart fellu immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Due to (	OR AS A CONSECUTION AS	DUENCE OF): DUENCE OF): esultling in	1621 t enter the model was a second to the underlying	OPOSS de of dying,	umtown such as ca	Pike rdlac or reap	/Frede	24a. WER	Approximatinterval Bet Onaet and 1 3 9
MEDICAL C	23. PART I. Enjey the diseases, allock, or heart failured in the season of the season	DUE TO (  b. DUE TO (  c. DUE TO (  d. DUE T	OR AS A CONSECTION AS A CONSEC	DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):  DUENCE OF):	the underlying  the underlying  The Huming Home  The Number Home  The Number Home  The Number Home	OPOSS de of dying, de of dying, ace of bearing ace of bearing ace of bearing ace of bearing ace of bearing ace of bearing ace of bearing ace of bearing ace of bearing	m in Part I.	Pike rdlac or reap	/Frede	24a. WERL MANA COMMON OF 10	IMd. 21 Approximatinterval Bet Onset and I Government and



DIVISION OF VITAL RECORDS, P.O. BOX 68760.	BALTIMORE, MARYLAND 21215-0
24 hours at	Page 6 may be retained by the hospital or attendit
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the befilled within 72 hours after death with the State Dear, of Health and Mental Horisine prince to harmanion or semanal.	ral director, page 5 should be detached for use as t
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	liner must be notified at once.

213-16-0779  1 M 2 XF  79 VRS. MONTHS DAYS HOURS MIN. SCHOOL OF DEATH  9a. FACILITY NAME (If not institution, give atreet and number)  9b. CITY, TOWN OR LOCATION OF DEATH  Washington  10c. CITY, TOWN OR LOCATION OF DEATH  Hagerstown  10c. CITY, TOWN OR LOCATION  Smiths burg  10d. CITY DAYS  10d. CITY DA	3, TIME OF DEATH
213—16—0779  1	2 3. TIME OF BEATH
Washington County Hospital   Hagerstown   Washington   Hagerstown   Washington   Hagerstown   Washington   Hagerstown   Hagerstown   Hagerstown   Washington   Hospital   Hagerstown   Ha	BIRTHPLACE (State or Foreign Quintry) Maryland
No. STREET AND NUMBER   24 S. Main St. P 0 Box 222   101. ZP CODE   21783   109. CHIZEN   109. CHI	
Mostreet and Number   No. Street and Number   No. Street and Number of Part   No. 222   No. 24 S. Maj. N. St. P. O. Box. 222   No. 2783   No.	Ter more con-
24 S. Macin St. P 0 Box 222  11. MARTIAL STATUS  11. New Marriad 12. New Specification Status 12. New Specification Status 13. New Marriad 14. New Marriad 15. New Marriad 16. New Marriad 17. New Marriad 18. New Marriad 18. New Marriad 19.	10d. INSIDE CITY LIMITS? 1 XYES 2 NO
Notice   N	OF WHAT COUNTRY?
Elementary/Secondary (0-12)   College (1-4 or 5 +)   College (1-4 or 5 +)   HOWS EVIGE   HOME	RACE — American Indian, Black, Whita, atc. Specify: White
19a. INFORMANT'S NAME (Pype-Print)   19b. MAILING ADDRESS (Sireet and Number or Rural Royshe Number, City or Rural Royshe Number,	RY
Carol A. Humes    13413 Edgemont Rd. Similas burg, MD 2178	
1 ( Surfel 2   Cremetton 3   Removel from State 4   Doneston 5   Other (Specify)    21. SIGNATURE OF FURHAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY Davis Funeral Home 12525 Bradbury Ave. Smiths burt.  22. NAME AND ADDRESS OF FACILITY Davis Funeral Home 12525 Bradbury Ave. Smiths burt.  23. PART I. Enter the diseases, or complications that caused the death. Do pol enter the mode of dying, such as cardiac or respiratory arrest, abock, or haert feltura. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OR):  C. DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  C. DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  C. DUE TO (OR AS A CONSEQUENCE OR):  C. DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  C. DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  C. DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  C. DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  C. DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  C. DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  C. DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A CONSEQUENCE OR):  DUE TO (OR AS A C	3
22. NAME AND ADDRESS OF FACILITY  Davis Functal Home  12525 Bradbwry Avc. Smithsbwt  23. PART I. Enter the diseases, or complications that caused the death. Do pol enter the mode of dying, such as cardiac or respiratory arrest, abock, or haert fellura. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  B. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE	or Town, State
23. PART I. Enter the diseases, or complications that caused the death. Do ad enter the mode of dying, such as cardiac or reepiratory arrest, abock, or haert fellura. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  Bull TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural 5 Pending Investigation investigation investigation investigation investigation investigation investigation investigation investigation investigation of the control of th	
PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  28a. DATE OF INJURY (Month, Day, Year)  28a. DATE OF INJURY At home, tarm, streat, factory, office  28a. PLACE OF DEATH (Specify)  27a. MANNER OF DEATH  1 Natural 5 Pending Investigation  28b. PLACE OF INJURY At home, tarm, streat, factory, office  28c. PLACE OF DEATH (Check only one)  28c. PLACE OF DEATH (Check only one)  28d. DATE OF INJURY At home, tarm, streat, factory, office  28d. LOCATION (Street and Number or Rubbit Investigation)	Ation
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28a. DATE OF INJURY At home, tarm, streat, tactory, office  28a. PLACE OF DEATH (Check only one)  26b. TIME OF INJURY AT WORK?  1 YES 2 NO  28b. DATE OF INJURY At home, tarm, streat, tactory, office  26c. LOCATION (Street and Number or Rubbilding feet of Special At home, tarm, streat, tactory, office	
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 DOA 1 North, Day, Year)  28a. DATCH, Day, Year)  3 Suicide 6 Could not be  1 SACCIDENT (Specify)  28b. DATCH, Day, Year)  28b. DATCH, Day, Year)  28b. DATCH, Day, Year)  28b. DATCH, Day, Year)  28c. INJURY AT WORK?  1 YES 2 NO  28c. INJURY AT WORK?  1 YES 2 NO  28c. DATCH OF INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURE INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURE INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURE INJURY OF INJURY AT WORK?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
1 YES 2 NO Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be 28a. PLACE OF INJURY — At home, term, streat, tactory, office 26t. LOCATION (Street and Number or Running Home 5 Residence 8 Other (Specify)  28b. TIME OF INJURY — 28c. INJURY AT WORK? 1 YES 2 NO  28c. PLACE OF INJURY — At home, term, streat, tactory, office 26t. LOCATION (Street and Number or Running Home 5 Residence 8 Other (Specify)	
Netural   5   Pending   (Month, Dey, Year)   NURY   WORK?   WORK?   2   Accident   Investigation   3   Suicide   6   Could not be   28a. PLACE OF INJURY — At home, tarm, streat, tactory, office   26t. LOCATION (Street and Number or Rule)	
	D
29s. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the tests of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	iral Route Number,
296, SIGNATURE AND TITLE OF CHATTER 29d. DATE SIGNATURE AND TITLE OF CHATTER 29d. DATE SIGNATURE AND TITLE OF CHATTER 29d. DATE SIGNATURE AND TITLE OF CHATTER 29d. DATE SIGNATURE AND TITLE OF CHATTER 29d. DATE SIGNATURE AND TITLE OF CHATTER 29d. DATE SIGNATURE AND TITLE OF CHATTER 29d. DATE SIGNATURE AND TITLE OF CHATTER 29d. DATE SIGNATURE AND TITLE 29d. DATE SIGNATURE AND TITLE 29d. DATE SIGNATURE AND TITLE 29d. DATE SIGNATURE AND TITLE 29d. DATE SIGNATURE AND TITLE 29d. DATE SIGNATURE AND TITLE 29d. DATE SIGNATURE AND TITLE 29d. DATE SIGNATURE AND TITLE 29d. DATE SIGNATURE AND TITLE 29d. DATE SIGNATURE AND TITLE 29d. DATE SIGNATURE AND TITLE 29d. DATE SIGNATURE AND TITLE 29d. DATE SIGNATURE 29d	
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27/17/16, Print)  ALL DATE FILED (Magnin, Day, Year)  131. DATE FILED (Magnin, Day, Year)  132. REGISTRAR'S SIGNATURE  WIAT 19 1992  Jalin Sanden Russel	

	1. DECEDENT'S NAME (First, Middle, La	n5	5			2. DATE OF DEATH MONTH 5/134/92 YEAR		3. TIME OF DEATH			
)	4. SOCIAL SECURITY NUMBER 214-14-6206	5. SEX	8. AGE (In yrs. las		IF UNDER 1 Y	EAR IF UNDER		OATE OF BIRTH (Month, Day, Year)	8	BIRTHPLACE (State or Foreign Country)	
	9e. FACILITY NAME (# not institution, give street and number)  Washington County Hospital RESIDENCE OF DECEDENT				96. CITY, TOWN OR LOCATION OF DEATH Hagerstown				9c. COUNTY OF DEATH Washington		
198					TY, TOWN OR LOCATION					10d. INSIDE CITY	
FUNERAL DIR	Md. Washington			Hagerstown						1 YES 2 NO	
	104. STREET AND NUMBER			101. ZIP CODE				17	N OF WHAT COUNTRY?		
	11. MARNTAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			RMED NO	21740  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yee, specify Cuban, Mexican, Puarto Rican, etc. 1 YES 2 NO Specify:			RIGIN? (Specify Yes arto Rican, etc.)		e S e A e  1. RACE — American Indian, Black, Whita, etc.  Specify: Black	
	15. DECEDENT'S (Specify only highest gr (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5 +	(G	. Do NOT use	ork done durin	g most of working	ng	16b. KIND OF BUS	SINESS/INDUS		
DE COMPLE	17. FATHER'S NAME (First, Middle, Last) William			- 4	14001			First, Middle, Malden			
I	19a. INFORMANT'S NAME (Type/Print)	rarson	19	b. MAILING A	DORESS (SI	reet and Number		y Newma		ode)	
	Hazel Par	son						gersto			
	20a, METHOD OF DISPOSITION 1-A Burial 2 Cremation 3 A	lemoval from State	20b. PLACE // cemetery, cre	AND DATE OF				DATE 20c. LOCATION — City or Town, State			
١	4 Donation 5 Other (Specify) Rose  21. SIGNATURE OF FUNERAL SERVICE LICENSEE				Hill Cem Hagerstown,			wn.lld.			
	Watson Funeral Home, 24 W.Bethel;										
NO INCIDENT	ahock, or hasrt failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):										
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	C		QUENCE OF):		the	pl	cur	Disec	324	
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	c. DUE TO (	DR AS A CONSEC	DUENCE OF):					AUTOPSY MED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
	If any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  PART II. Other significant conditions to the condition of the condi	c.  DUE TO (  d.  HOSPITAL:  1   Inpetient 2	DR AS A CONSEC	DUENCE OF):	the under	dying cause of the second of t	given in Part  EATH (Check of taldence 8	I. 24a, WAS AN. PERFOR 1 VES 2	AUTOPSY MED?	24b. WERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION DF CAU OF DEATH?  1  YES 2 NO	
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  PART II. Other significant condit  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigated	DUE TO ( d	death but not r  ER/Outpetlent 3 INJURY , 'ber'	DUENCE OF):  resulting in	the under	iying cause of the state of the	EATH (Check or insidence 8	I. 24a. WAS AN PERFOR 1 YES 2  Thy one)  Other (Specify)  DESCRIBE HOW IN	AUTOPSY MED?  NO  NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1  YES 2 NO	
	If any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in desth) LAST  PART II. Other significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant co	DUE TO ( d	DR AS A CONSECTION OF THE PROPERTY OF THE PROP	DUENCE OF):  resulting in	the under	iying cause of the state of the	EATH (Check or insidence 8	I. 24a, WAS AN. PERFOR 1 VES 2	AUTOPSY MED?  NO  NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1 YES 2 NO	
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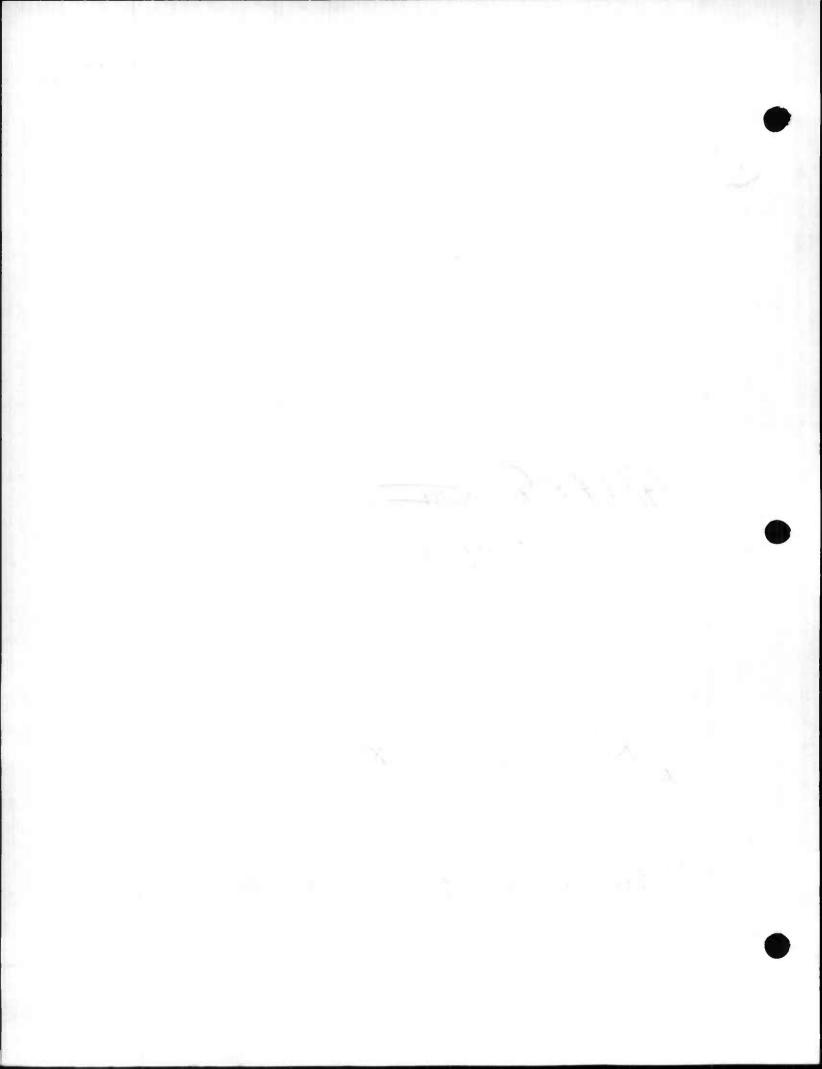


1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Las					2. DATE OF OEATH	AY YEAR	3. TIME OF DEATH			
		Robert L.				April 25		4:05 P.M			
1	4. SOCIAL SECURITY NUMBER 577-20-7222	5. SEX 6.	AGE (In yrs. lest birthday) 70 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) April 18,	1922 a. Bir	mHPLACE (State or Foreign Most Virginia			
4	9a. FACILITY NAME (If not institution, given 24400 Ridge		R LOCATION OF DE	ATH	9c. COUNTY OF DEATH Montgomery						
5	RESIDENCE OF DECEDENT										
DIRECTOR	Maryland Ma	10c. CITY	Damascus			10d. INSIDE CITY LIMITS?  1 TYES 2 X NO					
FUNERAL	100. STREET AND NUMBER 24400 Ridge I		101.	ZIP CODE 20872		10g. CITIZEN OF WHAT COUNTRY?					
BY FUN	11. MARITAL STATUS 1 Never Married 25 Married 3 Widowed 4 Divorced	VER IN U.S. ARMED VES 2 NO OR DATES	2 NO If yes, sp		C ORIGIN? (Specify Yes , Puerto Rican, etc.)						
	15. DECEDENT'S E	DUCATION	16a. DECEDENT'S	USUAL OCCUPATIO	N	16b. KIND OF BUS	SINESS/INDUSTRY				
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)			(Give kind of work done during most of working life. Do NOT use retired.)  Director Special Series.		Services U.S. Go					
O	17. FATHER'S NAME (First, Middle, Last)					IE (First, Middle, Maiden					
BE C	H. Frank	clin Riddle				th Brown	ourname,				
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street ar	nd Number or Rural Ro	oute Number, City or Tow	n, State, Zip Code)				
2	Sadie E. Ridd	le				mascus, M		2			
	20a. METHOD OF DISPOSITION 1]C Buriel 2 Cremation 3 Re	and the State	20b. PLACE AND DATE O	F DISPOSITION (Nat		DATE 20c. LO					
	4 Donation 5 Other (Specify)	Salem Me	th.Cemet	ery 4/29	/92 C	Cedar Grove, Md.					
	21. SIGNATURE OF FUNERAL SERVICE	ms	Olin L. Molesworth, P.A. 26401 Ridge Rd., Damascus, Md. 20872								
EDICAL CERTIFICATION	shock, Dr haert fellure. List Dnly Dne ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OF AS A CONSEQUENCE OF):										
	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr Injury that initiated events OUE TO (OR AS A CONSEQUENCE OF):										
CERT	resulting in death) LAST	d									
	PART II. Other algnificant condition	ons contributing to dee	th but not reculting in	the underlying	cause given in P	Part I. 24e. WAS AN PERFOR	MED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL										
PHYSICIAN: M	EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Chec						
	27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpetient 2 ER  26a. DATE OF INJU (Month, Day, Y	JRY 28b. TIME	OF 28c. INJU	RY AT IK?	Other (Specify)  28d. DESCRIBE HOW II	JURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28s. PLACE OF INJURY — At home, farm, stree building, atc. (Specify)										
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, data and place, end due to the cause(s) end manner as stated.										
BE	296. SIGNATURE AND TITLE OF CENTIFIC		).		29c. LICENSE NUME 03240			ED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type.	Print)	シンダヤし	,	TI	-1145			
	Joseph M. Haggerty, M.D. 14808 Physicians Lane, Rockville, Md. 20850										
	31. DATE FILED (Month, Day, Year)  APR 2. 7 1992	Jena Davids	on-Mandale								

, #10 coll and profession and profession ALL E ATTEMPTS. . I was wall the teacher . St. of the  1 - FOR STATE REGISTRAR

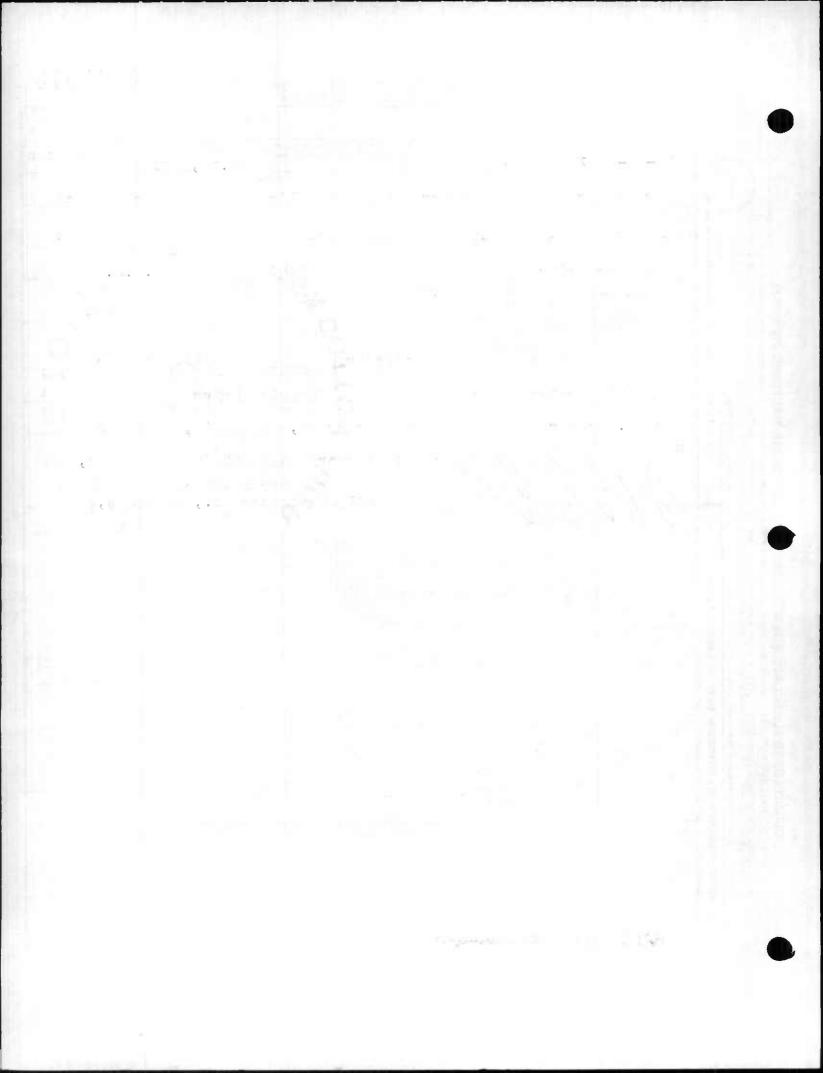
	HEGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO						
	1. OECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH D	W WEA	3. TIME OF DEATH				
	MARY OLIVE R					4 24	92	12:30 A M				
1	4. SOCIAL SECURITY NUMBER	The second secon	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign				
,	219-48-6056	1 M 2 F	89 YRS.	MONTHS DAYS	HOURS MIN.	4-13-03	Ñ	nny) Nissouri				
·	9a. FACILITY NAME (If not institution, give				OR LOCATION OF D	EATH	9c. COUNTY O	OF DEATH				
DIRECTOR	Northhampton Ma	nor Nursin	g Home	Fred	erick		Freder	cick				
- E	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ	100 CIT	Y, TOWN OR LOC	171011			T				
HIC	Maryland Fre	derick		ederick	KIION			10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER	deller	111		Of. ZIP CODE			12 YES 2 NO				
FUNERAL	Northhampton Ma	nor Murein	с Ното		21701			OF WHAT COUNTRY?				
N.	11. MARITAL STATUS	12. WAS DECEDENT EX		1 40 1170 7				S.A.				
	1 Never Merried 2 Married	FORCES? 1	YES 2 NO	If yes,	pecify Cuban, Maxice	NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.)	or No— 14. R	IACE — American Indian, Ileck, Whita, atc.				
BY	3 X Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1 🗆 YI	specify: White							
COMPLETED	15. DECEDENT'S EDU	CATION	18e. OECEOENT'S	USUAL OCCUPAT	ION	16b. KINO OF BUS	SINESS/INDUSTR	Y				
ᇤ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or S+)	(Give kind of v	work done during most of working se retired.)								
릴	12 years		Homemake	er								
Ö	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	S NAME (First, Middle, Melden Surname)						
BE C	Albert Harman				Rebecca Smelser							
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street	and Number or Rural i	Route Number, City or Town	n, State, Zip Code.	)				
F	Mrs. Joan Samps	elle				ick, Maryl						
	20a. METHOD OF DISPOSITION 1 Burlal 2X Cremation 3 Rem		20b. PLACE AND DATE	OF DISPOSITION (	iame of		CATION — City o					
	4 Donation 5 Other (Specify)	IOVAI FROM STATA	Smithsbut	rg Crem	atory	4/25 Smi	thsburg	, Maryland				
	21. SIGNATURE OF PINERAL SERVICE LI	CENSEE				CILITY		HOMES, P.A.				
	x + 1 + 8	-4/	0111	KUBE.	KT E. DAL	LEY & SON	FUNERAL	HOMES, P.A.				
_	23. PART I. Enter the diseases, or	complications that ca	thed the death. Do a	1 1201	NORTH MA	KKEI SI. F	KEDERIC	CK, MD 21701 Approximate				
	shock, or heart failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):											
CERTIFICATION	Sequentially list conditions, if sny, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted evants resulting in daeth) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d.											
	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY FINDINGS											
₹ I		- Continuoung to das	Part I. 24a. WAS AN	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO								
EDICAL			1 YES 2	NO	OF DEATH?							
PHYSICIAN: M						_		1 TES 2 NO				
AN	27 WAS CORE OF THE PARTY OF THE											
<u>S</u>	EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Che	ock only one)						
¥	27. MANNER OF DEATH	1 inputient 2 ER.			me S - Residence							
	1/Netural 5 Pending	(Month, Day, Y		JRY W	JURY AT ORK? YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED					
BY	2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF IN.	JURY — Al home, farm, si			26f. LOCATION (Street a	nd Number or Bur	ral Bouta Number				
COMPLETED	4 Homicide determined	building, etc.	(Specify)			City or Town, State)		ar reacto rearrance,				
۳	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the heat of my	manufadas desas services				COLET PLOT					
ž I	(Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my I	nation and/or investigation	d at the time, dat	a and place, and dua	to the cause(s) end man	ner ea atated.	e(s) and manner as stated.				
	29b. SIGHATURE AND TITUE OF CERTIFIE			, in my opinion,			due to the caus	e(s) and manner as stated.				
BE	1608 AM	Vien Vien	lma		29c. LICENSE NUM		29d, DATE SIGN	ED (Month, Day, Year)				
2	30. NAME AND ADORESS OF PERSON WH	O COMPLETED CALIFE O	F OFATH (ITEM OT) (T	Orine	122	101	- 7/	419/				
					1		1701					
1	Lloyd E. Halvor:	32) REGISTRADE	HID Laney A	ive. Fre	derick,	Maryland 2	1/01					
	APR 2 7 1992	gretia David	son-Mandall									



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TO BE COMPLETED BY FUR	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
tuneral director, page 5 should be detached for use as the burial-fit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlai-transport or removal.
r death. Page 6 may be retained by the hospital or attending physicia	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 Never Merried 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  Raymond Chester English, Middle, Last)  19e. INFORMANT'S NAME (Type/Print)  Karl B. Rector  20e. METHOD OF DISPOSITION 1 Dispuries 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)  1. SIGNATURE OF FUER OF SERVICE UPENSEE  21. PART 1. Union the diseases, or complications and the complete of	Cente  el Cente  el Cente  el Cente  1	ARMED NO DECEDENT'S U (Give kind of we kind of we kind of we kind of we life. Do NOT uses Secr	Ann TOWN OR LOCA  In na pol  13. Was Dec  If yes, sp 1   Yes  SUAL OCCUPATIVE of the during more related)  Ceme to proceed to the policy of th	Lis  21403 CENDENT OF HISPA poetly Cuban, Maxic s 2 (XNO special ON cost of working  18. MOTHER'S NA Carri and Number or Rural Cive. A ame of Cry 5/ ON ADDRESS OF Fune Cloudes of dying, aud Code of dying, aud	NIC ORIGIN? (Special Property Control of the Contro	y Yes or No 14  Town, State, Zip Co.  S. MD 2  Location — Ch.  a vids or  Pel	rvice  21403 y or Town, State  1ville, MD  21401					
9a. FACILITY NAME (If not institution, give street and number)  Anne Arundel Medica  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Anne Arun  10c. STREET AND NUMBER  137 Lee Drive  11. MARITAL STATUS  12. WAS DECES  15. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or  4  17. FATHER'S NAME (First, Middle, Last)  Raymond Chester Eng.  19a. INFORMANT'S NAME (Typa/Print)  Karl B. Rector  20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Removal from State 4 Donator 5 Object (Specify)  11. SIGNATURE OF FUERN'S ENVICE LIFENSEE  21. PART 1. Inter the diseases, or complicational middle, for heart failure. List only one is interesting in death)  DUE  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Pleases or Injury that Initiated events resulting in death) LAST  d.	Cente  el Cente  el Cente  el Cente  1	ARMED NO  DECEDENT'S U (Give kind of we life. Do NOT use Secrification of the life. Do Not use Secrification of the life. Do Not use Secrification of the life. Do not life. Do not life. Do not life.	Ann TOWN OR LOCA  In na pol  13. Was Dec  If yes, sp 1   Yes  SUAL OCCUPATIVE of the during more related)  Ceme to proceed to the policy of th	napolis  TION  lis  1. SP CODE  21403  CENDENT OF HISPA  PROCEIVE Cuban, Maric s 2 (XNO Special  ON Special  ON Carri  and Number or Rural  Cive, A  ame of  Cry 5/:  ON ADDRESS OF Fune  Clouces  Ode of dying, aud  Ode of dying, aud	INIC ORIGIN? (Special Property Company of the Compa	y Yes or No 14  Town, State, Zip Co.  S. MD 2  Location — Ch.  a vids or  Pel	PY OF DEATH  e Arundel  10d. INSIDE CITY LIMITS? 1 YES 2 ZANG N OF WHAT COUNTRY?  S. A.  RACE — American Indian, Black, White, atc. Specify: White  STRY  TVICE  21403  y or Town, State 1Ville, MD  21401  Approximate Interval Betwoonset and D  Approximate Interval Betwoonset and D					
Anne Arundel Medica  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Anne Arun  10c. STREET AND NUMBER  137 Lee Drive  11. MARITAL STATUS  12. WAS DECEP  11. MARITAL STATUS  12. WAS DECEP  13. DECEDENT'S EDUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or  4  17. FATHER'S NAME (First, Middle, Last)  Raymond Chester Eng.  19a. INFORMANT'S NAME (Type/Print)  Karl B. Rector  20a. METHOD OF DISPOSITION  10. Buriel 2 Gremation 3 Removal from State 4 Donaston 5 Other (Specify)  21. SIGNATURE OF FUERLY SERVICE LIBENSEE  22. FART L. Information 1 Removal from State 4 Donaston 5 Other (Specify)  23. SIGNATURE OF FUERLY SERVICE LIBENSEE  24. STATE CAUSE (Final disease or condition resulting in death)  DUE  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  d.	ENT EVER IN U.S. 1 1 YES 2 E WAR OR DATES  16a. ( 1	ARMED NO DECEDENT'S U (Give kind of we will be Do NOT use Secr	Ann TOWN OR LOCA  In na pol  13. Was Dec  If yes, sp 1   Yes  SUAL OCCUPATIVE of the during more related)  Ceme to proceed to the policy of th	napolis  TION  lis  1. SP CODE  21403  CENDENT OF HISPA  PROCEIVE Cuban, Maric s 2 (XNO Special  ON Special  ON Carri  and Number or Rural  Cive, A  ame of  Cry 5/:  ON ADDRESS OF Fune  Clouces  Ode of dying, aud  Ode of dying, aud	NIC ORIGIN? (Special Property Control of the Contro	Anno  10g. CITIZE  U.S.  y Year or No. 14  F BUSINESS/INDUS  VIL Sell  iden Surrame)  h  L. LOCATION — Cit  a Vidsor  Pel  Anna pel	e Arundel    10d. INSIDE CITY   1   YES 2 AND					
RESIDENCE OF DECEDENT  100. STATE  100. COUNTY  Anne Arun  100. STREET AND NUMBER  137 Lee Drive  11. MARITAL STATUS  1   Never Married   2   Married   FORCES7   IF YES, GIV  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 4)  17. FATHER'S NAME (First, Middle, Last)  Raymond Chester English, Information   Removal from State   College (1-4 or 4)  19. INFORMANT'S NAME (Type/Print)  Karl B. Rector  20. METHOD OF DISPOSITION   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   Cremation 3   Removal from State   College (1-4 or 4)  19. Burisl 2   College (1-4 or 4)  19. Burisl 2   College (1-4 or 4)  19. Burisl 2   College (1-4 or 4)  19. Burisl	ENT EVER IN U.S. 1 1 YES 2 E WAR OR DATES  16a. ( 1	ARMED NO DECEDENT'S U (Give kind of we life. Do NOT use Secrition 196. MAILING A 137 CE AND DATE OF Crematory or oth mont death. Do not ine.	TOWN OR LOCAL  In a pole of the pole of th	I S.  M. ZIP CODE  21403  CENDENT OF HISPA Decity Cuben, Maxic S 2 (XNO Special ON OST Of Working  18. MOTHER'S N.  Carri and Number or Rural Cive, A ame of Or Fune Cloudes of dying, aud  ode of dying, aud	AME (First, Middle, Me Ulric Route Number, City on a poli oate 20 16/92 D. CELITY ral Chate St. chaa cerdiac or in a poli	y Yes or No 14  F BUSINESS/INDUS  VIL Selection Surname)  h Town, State, Zip Co. S. MD 2  LOCATION — CH  a Vidsor	10d. INSIDE CITY LIMITS? 1 □ YES 2 ☑ NO N OF WHAT COUNTRY?  S. A.  1. RACE — American Indian, Black, White, atc. Specify: White STRY  TVice  21403 By or Town, State 1Ville, MD 21401 Clis, MD Approximate Interval Betwo					
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if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sequentially list conditions,											
CAUSE (Disease or Injury that initiated events resulting in death) LAST	if any, leading to immediata											
resulting in death) LAST	CAUSE (Disease or Injury C.											
PART II. Other significant conditions contributing	dist industry stells											
PART II. Other significant conditions contributing	d											
	to death but not	t resulting in	the underlyin	g cause given in		. 24s. WAS AN AUTOPSY 24b. WERE PERFORMED? AWAIL						
					S 2 NO	COMPLETION OF CAU DF DEATH?						
						O	1 - YES 2 - NO					
5. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. FLACE OF DEATH (Crieck only one)											
9	ER/Outpatient	3 DOA	□ Nursing Horr		6 Other (Specify	(Specify)						
7. MANNER OF DEATH 28a. OATE (Mont)	OF INJURY , Day, Year)	28b. TIME INJU	RY WC	JURY AT ORK?	28d. DESCRIBE H	OW INJURY OCCUP	RED					
2 Accident Investigation	OF IN SURV	hama t		YES 2 NO								
3 Suicide 6 Could not be 4 Homicide determined	OF INJURY — At I	nome, tarm, str	eer, sectory, offic		City or Town,	reet and Number or State)	Rural Route Number,					
9a. CERTIFIER (Check only one)												
2 MEDICAL EXAMINER: On the beels of	f examination and/o	or investigation,	in my opinion, d	death occured at the		e, and due to the c	cause(a) and manner as state					
b. SIGNATURE AND TITLE OF CERTIFIER					time, data and plac							



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DIVISION OF VILAL RECORDS, P.O. BOX 68/60,	KOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE REGISTRAR CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Clarice A. Roberts YEAR 92 :10A 4. SOCIAL SECURITY NUMBER 5. SFX 8. AGE (In was last hirthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 8-24-1922 1 M 2 K F HOURS 20-16-8551 VDC Iowa 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH ANNE ARUNDEL MEDICAL CENTER ANNAPOLIS ANNE ARUNDEL DIRECTO RESIDENCE OF DECEDENT Pages 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND ANNE ARUNDEL ANNAPODIS TY YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4000 RIVER CRESCENT DRIVE burial-transit ANNAPOLTS. 21401 U.S.A.§ attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuban, Maxican, Puerto Rican, atc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced use as the CAUCASIAN COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compa (Give kind of work done life. Do NOT use retired.) retained by the hospital or to Elementary/Secondary (0-12) College (1-4 or 5+) 12+ detached RETIRED SCHOOL TEACHER PUBLIC ELEM. SCHOOL SYSTEM once. 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIS ARMBRUSTER 8 F BE LAURA MCCARTHY page 5 should notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 MR. G. RUSSEL ROBERTS 8395 ARMSTRONG DRIVE PASADENA MD 21122 Раде 6 тау be be 20e. METHOD OF DISPOSITION
1 Burlet 2 A Cremetion 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Nama of 20c. LOCAT'ON - City or Town, State must DATE funeral director, cemetery, crematory or other place)
METRO CREMATORY 4 Donation 5 Other (Specify) BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22 NAME AND ADDRESS OF FACILITY BARRANCO & SONS FUNERAL HOME 495 RITCHIE HWY. SEVERNA PARK, MD 21146 ei. HWY. CANGO by the fremoval. somes medicai 23. PART I. Enter the diseases, or complications filled in by hat caused the death. Do not enter the moda of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart fellure. List only one cause on each line. Interval Between ō IMMEDIATE CAUSE (Finel disease or condition Onset and Death cremation. the completely th death) event. DUE TO (OR AS A CONSEQUENCE OF): and com traumatic CERTIFICATION Sequentially list conditions, 2 DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury prior or other OUE TO (OR AS A CONSEQUENCE OF): that initieted events resulting in death) LAST the atter Mental 1 injury, PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS and nession AVAILABLE PRIOR TO shows any signed l COMPLETION OF CAUSE 1 🗌 YES 2 🗌 NO t. of H 1 YES 2 NO PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL After this certificate h death with the State [ marked, or item Hem 28. PLACE OF DEATH (Check only one) OTHER: 1 YES 2 NO Unpatient 2 - ER/Outpatient 3 - DOA me 5 🗆 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c, INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 | Natural 2 | Accident 5 Pending Investigation м 1 YES 2 NO BY After 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 3 Sulcide 69 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 8 Could not be FUNERAL DIRECTOR: within 72 hours after 28 4 Homicide COMPLET Hem ; 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one) MPORTANT: H 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to 29b. SIGNATURE AND TITLE OF CERT THE THE P BE LICENSE NUMBER 29d, DATE SIGNED / Month 24761 2 2 3 2 OF OEATH (ITEM 27) (Type, 31, DATE FILED (Month, Day,

Aprilan, Dimente age MAY 12 BBS Submitted The TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detarched for use as the burial-transit necessity.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR	STATE OF MAI	RYLAND / DEPAR	TMENT OF I	TEALTH AND	MENTAL HYGIEN	9	2	4576
REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO			
1. DECEDENT'S NAME (First, Middle, Last,	):				2. DATE OF DEATH			TIME OF DEATH
DOROTHY V	7. RUPP				May 7.	1992	YEAR E	policy (Du
4. SOCIAL SECURITY NUMBER	5. SEX 6. /	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1332		ACE (State or Foreign
214-66-0395	1 🗆 M 2 🖵 F	8] YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	077	Country)	
9a. FACILITY NAME (If not institution, give		0.1				911		yland
			96. CITY, TOWN	OR LOCATION OF DI	HTA	9c. COU	INTY OF DEAT	Н
Anne Arundel M	ledical Ce	enter	An	napolis		Ar	ine Ar	rundel
10a. STATE 10b. COUNT			TOWN OR LOCA	TION				NI SOCIAL DE
V- 2 1				TION			10	d. INSIDE CITY LIMITS?
Maryland Ann	e Arundel	A:	rnold				1	YES 2 NO
IOU. STREET AND NUMBER			10	f. ZIP CODE		10g. CIT	IZEN OF WHA	T COUNTRY?
1272 Baltimor	e-Annapol	is Blvd.		21012		II	S.A.	
II. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye		14 BACE -	American Indian.
1 Never Married 2 Married	FORCES? 1 1		If yes, sp	ecify Cuben, Mexice	n, Puerto Rican, etc.)			hite, etc.
Widowed 4 Divorced				_e_ no opeca			Specify: Whit	
15. DECEDENT'S EDI (Specify only highest grad	JCATION	16e. DECEDENT'S L	SUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INI	11 02 000	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of we	ork done during mo retired.)	st of working				
8	2011080 (1-4 01 2 1)	Пот	am a le a co		27			
17. FATHER'S NAME (First, Middle, Lest)		TORE	emaker	Las Morrisons	Hom			
					ME (First, Middle, Maiden			
Charles H. B	rown			Susie	Larrimo	re		
9e. INFORMANT'S NAME (Type/Print)		19b. MAILINO	AOORESS (Street a	and Number or Rural F	Route Number, City or Tox	m, State, Zip	Code)	21012
Shirley Syner		1250	Baltin	nore-An	napolis	Blvd	Arr	
20e. METHOD OF DISPOSITION	and the second	20b. PLACE AND DATE OF	FDISPOSITION (NE	ame of			City or Town.	
Donation 5 Other (Specify)	Novel from State	ceptetery, cremetory or other ar Blu	er place)	netery <sup>5</sup>	/9/92	m 0 D a	74.0	MD
ABIONATURE OF FUNERAL SERVICE L	gÉNSEE ///	Julian Die		O ADDRESS OF FAI		Habo	lis,	FID
1 200 1/1/1	(1)				al Chape	1	2	21401
mala V.	Juy ra		147 G	DUCART	on St A	N 10 D TO	olic	
23. PART I. Enter the disesses, or	complications that car	used the death. Do no	t anter tha mo	de of dying, suci	as cerdiac or resp	Iratory an	rest.	Approximata
shock, or heart feilure.  IMMEDIATE CAUSE (Finel	List only one cause of	on asch iina.						interval Batwesn
disease or condition	Lan	10/1	10					Onset and Death
resulting in death)	varye	000	J					
	) July 10 (OR	AS A CONSEQUENCE OF)	:	1.1	1-1		G.	
Sequentially list conditions,	n Jahar	Occlus	aux y	(2)	fremy	a	ala	
f any, leading to immediate	OUE TO (OR	AS A CONSEQUENCE OF)	:			(	arlas	
CAUSE (Diseasa or Injury	. HGD.	erxliner	w					
that Initiated events	NO OT SUO	AS A CONSEQUENCE OF)		0 1	1 1			
resulting in death) LAST	a ASI	UVD	-	Dela	, Swho	i		Durch
	7.5							20000
PART II. Other significent condition	ns contributing to deal	th but not resulting in	the underlying	cause given in	Part I. 24e. WAS AN		24b. WE	RE AUTOPSY FINDINGS
_ px ne	ased Le	1 Cat	17 10		PERFOR			MPLETION OF CAUSE
UN	4 00	11-2	-Kel.	10.1	1 🗆 YES 2	Zio		DEATH?
	·	any c	con	unge			10	YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)			
1 YES 2 NO	1 Inpstient 2 I ER/		OTHER:      Nursing Hom	6 5 Residence	6 Other (Specify)			
7. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Ye	RY 26b, TIME	OF 28c. INJ	URY AT	28d. DESCRIBE HOW I	NJURY OC	CURED	
1   Pending   Pending   Investigation	(month, Day, 19	mr) INJUI		RK? 'ES 2 NO				
2 - 6-1-14-	280. PLACE OF INJ	URY — Al home, ferm, str			281 LOCATION (Chica	and Number	or Own C	M b.
4 Homicide 8 Could not be determined	building, etc. (	Specify)	, consty, office		281. LOCATION (Street of City or Town, State)	III (VUTTO)	or munit Moute	NUMBER,
DA CEDTIFIED								
90. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my ki	nowledge, death occurred	at Iha Ilme, date	end place, end due	to the cause(e) and mar	nor ee stat	ed.	
one) 2 MEDICAL EXAMINE	ER: On the basis of examin	ation end/or investigation,	in my opinion, d	eath occured at the 1	lime, date end place, en	d due to th	e ceuse(e) and	f menner ee stated.
96. SIGNATURE AND TITLE OF CERTIFIE		/						
11/mans	1 4.1	1220		29c. LICENSE NUM	180	29d. DATI	E SIGNED (Moi	nth, Pay, Year)
NAME AND ADDRESS OF STREET	Linn	Lave 1		1104	0	2	101	172
. NAME AND ADDRESS OF PERSON WH	U COMPLETEO CAUSE OF	OEATH (ITEM 27) (Type, P	rint)					

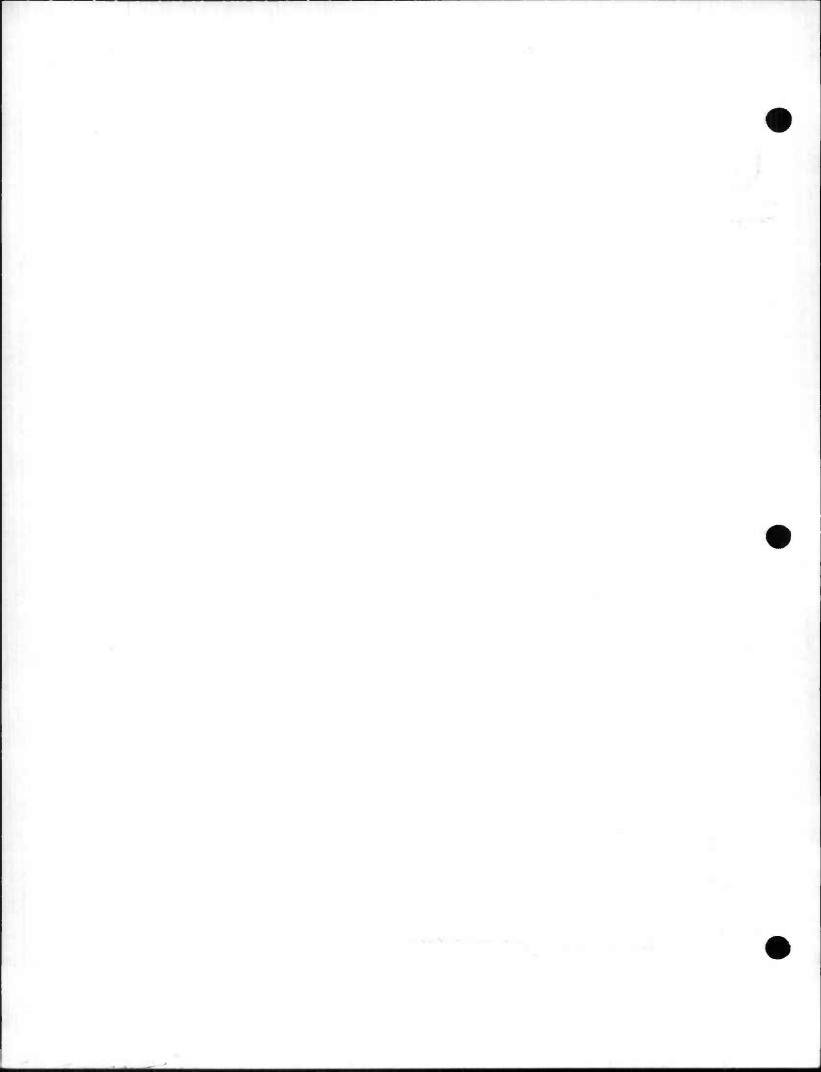
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BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	illed in by the funeral director, page 5 should be detached for use as the burial-transit permit, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

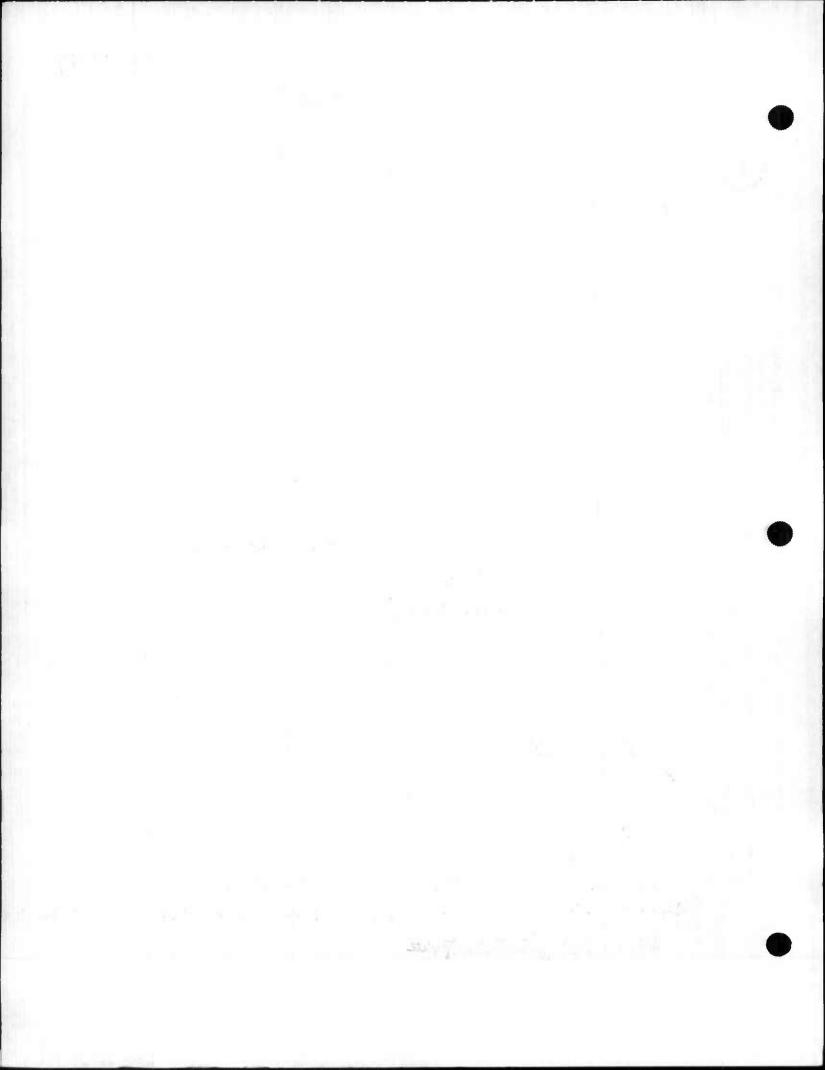
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	FOR 1 - STATE REGISTRAR	STATE OF MAI			OF HEALTH AND	MENTA	L HYGIEN	E				
	1. DECEDENT'S NAME (First, Middle, Lest) George	Gary	REDMO	ND		2. DATE MONT May	OF DEATH	1992 YEA	3. TIME OF DEATH			
)	4. SOCIAL SECURITY NUMBER 214-42-1353	1 🔀 M 2 🗆 F	AGE (In yrs. lest bir	YRS. MONTHS	DAYS HOURS MIN.	Feb	OF BIRTH h. Day, Year) . 16,	1945 m	RTHPLACE (State or Foreign unitry) [aryland			
TOR	99. FACILITY NAME (If not institution, give st 60 East Avenue RESIDENCE OF DECEDENT	reet end number)			Hagerstown	DEATH		ec. county o	ington			
FUNERAL DIRECTOR	Maryland 10b. COUNTY	Washingto		ос. сіту, то <b>w</b> м ол На	cocation gerstown				10d. INSIDE CITY LIMITS? 1 4 YES 2 NO			
NERAL	60 East Avenue					1740		U.S	· A.			
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 U IF YES, GIVE WAR	YES 2XXIO	10	AS DECENDENT OF HISP/ yes, specify Cuban, Mexic YES 2 NO Spec	cen, Puerto	N? (Specify Yes Ricen, etc.)		ACE — American Indian, lack, White, etc. Decity: White			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 0-12	CATION completed)  College (1-4 or 5+)	(Give I	NOT use retired.)	ring most of working	168		SINESS/INDUSTR				
OME	17. FATHER'S NAME (First, Middle, Last)		Ma	intenanc	E 18. MOTHER'S N	IAME (First,		puter c	enter			
BE C		W. Redmon	d, Sr.					bertson				
5	19m. INFORMANT'S NAME (Type/Print) Mrs. Bonnie Redmo	ond			Street and Number or Flura				21740			
	20e. METHOD OF DISPOSITION 1 (2x Burlel 2 Cremetton 3 Remo 4 Donation 5 Other (Specify)		20b. PLACE AND cametary, cremate Cedar I		orial Park		8 Hag		, Maryland			
	21. SIGNATURE OF FUNERAL SERVICE LIC	ensee			East Wilso				eral Home wn, MD 21740			
NO	23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, shock, or heeft failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OUE TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  C											
PHYSICIAN: MEDICAL C	PART II. Other algnificent conditions	illing in the und	erlying cause given in	Part I.	24a. WAS AN PERFOR 1 - YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO					
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	UCCOUT.			26. PLACE OF OEATH (C	heck only or	10)					
YSI	1 TYES 2 NO	HOSPITAL: 1 Inpetient 2 ER		DOA 4 Nursir	g Home 5 🗆 Residence	6 🗆 Othe	r (Specify)					
ВУ РН	27. MANNER OF OEATH  1 Neturel 5 Pending 2 Accident Investigation	26e. DATE OF INJI (Month, Day, Y	fear)	INJURY M	WE 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED M 1 YES 2 NO							
	3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	JURY — At home, (Specify)	RY — At home, ferm, street, factory, office pecify)			281. LOCATION (Street end Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER								e(e) end menner ee stated.			
H	29b. SIGNATURE AND TITLE OF CERTIFIE	10 10			29c. LICENSE NU	MBER	u l	29d. DATE SIGNED (Month. Day, Year)				
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETES CAUSE O	OF DEATH (ITEM 27	n (Type, Print)	M	0	21	740	3-12			
	31. DATE FILEO (Month, Day, Year) MAY 18 1992	32 REGISTRAR'S SIGNATURE										



FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH A CERTIFICATE OF DEAT		4 1
1. DECEDENT'S NAME (First, Middle, Last) PAUL RAYMOND SPRIGGS	2. DATE OF DEATH MONTH April 25, 199	2 3. 1

				-	9211111	IOAII		DEA			HEG. NO.				
	1. DECEDENT'S NAME (First PAUL RA'		SPRIGGS							April 25, 1992				3. TIME OF DEATH	
9	4. SOCIAL SECURITY NUMBER		S. SEX	# ACE //-	con found beliefe to				No.	-		, 19	_	0625 A M	
	705-12-4		1 M 2 F	76	yrs. lest birthday) YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	OF BIRTH h, Day, Year) 19, 1	915	Countr	PLACE (State or Foreign y) t Virginia	
	9a. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE	EATH		9c. COU	INTY OF D		
DIRECTOR	Frederick		ial Hosp	ital		Fr	edei	rick				Fre	deri	ck	
EC	10a. STATE	10b. COUNT	Y		10c, CI	TY, TOWN	OR LOCA	ATION		_				10d. INSIDE CITY	
	Maryland	Fre	derick			rede								LIMITS?	
A	10e. STREET AND NUMBER						10	of. ZIP CODE	E			10g. CIT	IZEN OF W	HAT COUNTRY?	
FUNERAL	8 Hamilto	on Ave	nue				217	01		IJ	.S.A.				
5	11. MARITAL STATUS		J.S. ARMED	13.	WAS DE	CENDENT C	F HISPAN	VIC ORIGII	17 (Specify Yes		14. RACE	- American Indian,			
	1 Never Married 2 🔀		FORCES? 1	WAR OR DAT	ES NO		If yes, s	pecify Cuba S 2 🕞 NO	n, Mexica Specifi		Rican, etc.)		Spec/	t, White, atc.	
BY	3 Widowed 4 Divo	rced	W.W.II					X						"White	
ш		EDENT'S EDU		. 1	6a. DECEDENT'S	USUAL O	CCUPAT	ION	w.	168	. KIND OF BUS	INESS/IN	DUSTRY		
<u> </u>	Elementary/Secondary (0		College (1-4 or 5		Ille. Do NOT u	ise retired.)			·¥						
A P				1	Railroa	d Tr	ackn	nan							
COMPLETED	17. FATHER'S NAME (First, M							18. MOTI	HER'S NA	ME (First,	Middle, Maiden	Sumame)			
	BOYD MA	ARTIN :	SPRIGGS						GOLD	IE F	ERRIS				
8E	19a. INFORMANT'S NAME (7	ype/Print)			19b, MAILING	G ADDRES	ADDRESS (Street and Number or Rural Acute Number, City or Town, State, Zip Code)								
2	Raymond Bro						k, MD								
	20a. METHOD OF DISPOSIT	ION		20b.P	LACE AND DATE				rred	DAT			702 City or To	en State	
	1  Burial 2  Crematic Donation 5  Other		oval from State	cemete	ery, crematory or o	other place)			,	1					
	21. SIGNATURE OF FUNERA		ENGEE	- I Kes	sthaven			ND ADDRES		/30	Free	deri	ck. N	110	
	(1)	1-6					Robe	rt E.	Da	iley	& Son	Fun	eral	Homes, PA	
	Bolis	2.	7-150	41							treet,				
CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  CAUSE (Disease or injury that initiated events resulting in death) LAST  CAUSE (Disease or injury that initiated events resulting in death) LAST														
	d														
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying								/ing cause given in Part I. 24a. WA			AN AUTOPSY 24b.		WERE AUTOPSY FINDINGS	
DICAL							PERI				PERFOR			AVAILABLE PRIOR TO COMPLETION OF CAUSE	
3	1 TES 2 NO										OF DEATH?				
2										— i				1 TES 2 NO	
SICIAN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)														
2	EXAMINER?		HOSPITAL:			OTHE	R:								
	27. MANNER OF DEATH		1 Vinpatient 2 28a. DATE OF					ne 5 🗆 Re	aldence						
10 10	1 Natural 5	Pending Investigation	(Month, D		28b. TIM	JURY M	W	JURY AT ORK? YES 2	] NO	28d. DES	CRIBE HOW IN	JURY OC	CURED		
	3 Sulcide 8	Could not be	28e. PLACE O building,	F INJURY — atc. (Specify,	Al home, farm,	street, faci	tory, offic	ca		28f. LOC City	ATION (Street ar or Town, State)	nd Number	or Aural A	oute Number,	
ų	29e. CERTIFIER										_		-		
COMPLEIED	(Check only		CIAN: To the best of R: On the basis of as											and manner as stated.	
	29b. SJONATURE AND TITLE								NSE NUM					(Month, Day, Year)	
O BE	( how !		thin	Wi	2			D	218	44		▶ DAT	4/2	185	
	JAM65	S. GR	1 MUM	SE OF DEAT	H (ITEM 27) (Type	Print)	2	TA	NEY	'A	UE 1	r:t	e 21	04 Flyner	
	31. DATE FILED (Month, Day,	1992	32. REGISTRA												
	III/(I U U	1337	Juna Day	\$50N-1	andell										



John A.

31. DATE FILED (Month, Day.

APR 24

Vitarello,

1992

M.D

									9	2 14579		
	1 - STATE REGISTRAR	STATE OF MARY				IEALTH AN		NTAL HYGIEN	E			
	1. DECEDENT'S NAME (First, Middle, Last)	Ruth Eliz	abeth T			COTTO	2.	DATE OF DEATH MONTH	797-	YEAR S. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UND	ER 1 YEAR	IF UNDER 24 H		DATE OF BIRTH (Month, Day, Year)	1	8. BIRTHPLACE (State or Foreign Country)		
1	212-14-6412	1 □ M 2 X F	69 YRS.	1900			M	ay 13, 1		Maryland		
L	9a. FACILITY NAME (If not institution, give at			9b. CI1		OR LOCATION (				TY OF DEATH		
2	Frederick Memoria	1 Hospital			Fre	derick				Frederick		
DIRECT	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN	OR LOCAT	TION		···		10d. INSIDE CITY LIMITS?		
	Maryland F	rederick		Fre	deri					1 X YES 2 NO		
FUNERAL	401 Magnolia Aven	110			101	. ZIP CODE	2170	01	10g. CITIZI	U.S.A.		
S	11. MARITAL STATUS	12. WAS DECEDENT EVER		13	. WAS DEC	ENDENT OF H			(Specify Yea or No.   14. RACE - American II			
BY F	1 Never Married 2xxx Married 3 Widowed 4 Divorced	FORCES? 1 TYES			If yes, sp	ecity Cuban, M 2 XNO S	lexican, Pu	verto Rican, etc.)	Black, White, etc.  Specify: White			
	15. DECEDENT'S EDUC	CATION										
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT' (Give kind of life. Do NOT	work done	e during mo	st of working		16b. KIND OF BUS	HNESS/INDU	STRY		
#PL	12	conege (1-4 or 5-7)	Cafet	eria	Mana	ager		Cath	olic S	School School		
COR	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	'S NAME (	First, Middle, Maiden	Surneme)			
BE	James	Earl		OLT		Ber		L.		HALLER		
6	19a. INFORMANT'S NAME (Type/Print)  Mr. Freddric Scot							Number, City or Town				
	20e. METHOD OF DISPOSITION		06. PLACE AND DATE				, Fr			land 21701		
	1 Burial 2 Cremation 3 Remo	oval from State   ce	emetery cremetory or	other place	1		1.125			k, Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Colonia	22	NAME AN	D ADDRESS C	DE FACILIT	Υ				
	Keth hmon	Roberses	✓ MOO706					d P.A. F		ck, MD 21701		
	23. PART I. Enter the diseasea, pr c ahock, or heart failure. I	omplications that cause	ed the death. Do		r the mo	de of dying,	auch as	cardiac or respi	ratory erre	st, Approximate		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Vents	icular.	Fi	Fil	lation	7			Interval Between Onset and Death		
	resulting in death)	DUE TO (OR AS A CONSEQUENCE OF:										
NO	Sequentially list conditions,	OVE TO (OR AS A CONSEQUENCE OF)										
ERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING											
IFIC	CAUSE (Disease or injury that initieted events	00000										
ERT	resulting in deeth) LAST											
LC	PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS											
PHYSICIAN: MEDICAL	Periphero	/	las dus					PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
ME								1.0.00		OF DEATH?		
Z												
10	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE		ACE OF DEATH	H (Check o	nly one)				
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inputiant 2 ER/Out			28c. INJ			Other (Specify)	I II III OOOII	1050		
	Natural 5 Pending	(Month, Day, Year)	IN	JURY	WO	AK?		i. DESCRIBE NOW II	IJUNY OCCU	HED		
D BY	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJUR building, etc. (Spi	RY — At home, term,	street, fa			-		nd Number or	r Rurel Route Number,		
TE	4  Homicide detarmined							City or Town, State)				
COMPLETED		CIAN: To the best of my know										
000	one) 2 MEDICAL EXAMINES	t: On the beals of examination	on and/or investigati	on, in my	opinion, d	eath occured a	it the time,	, deta and place, an	due to the	cause(s) and manner as stated.		
BE C	396. SIGNATURE AND TITLE OF CERTIFIER	to rell no	0			29c. LICENSE		1)	29d. DATE	SIGNED (Month, Day, Year)		
0	JOIM NOU	rasello IV				D27	SY	7	P Y	149		

M.D., 310 West Ninth Street, Frederick, Maryland 21701
32 PRECISTRAR'S SIGNATURE.
Julia Davidson-Handelle

ETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR		STATE OF I	MARYLAN	ID / DEPAI CERTIF	RTMENT (	OF HEA	LTH AND	MENTA			92	145	80
1. DECEDENT'S NAME (First	t, Middle, Last)			CENTIF	ICATE	OF D	EAIR	2. DATE	REG. NO			3. TIME OF DEAT	rw.
HENRY FRED	ERICK	SEGELKEN						MAY		AY 1 (	992	5:30	Рм
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 Y	EAR IF	UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Fo	~
218 36 173	3	1 M 2 - F	97	YRS.	MONTHS D	MYS HO	OURS MIN.	111-	n, Day, Year) 29-189	4	Countr	ZLAND	
9a. FACILITY NAME (If not in	nstitution, give s	street and number)			9b. CITY, TO	OWN OR LO	OCATION OF DI				NTY OF D		
VA MEDICAL		R			FORT	HOW	ARD			BAI	TIMO	ORE	
10a. STATE	10b. COUNT			10c. CI1	TY, TOWN OR I	LOCATION						10d. INSIDE CITY	,
MARYLAND  100. STREET AND NUMBER		ARUNDEL		AN	NAPOLI	S 101, ZIP	0006			I so- oix	7511 05 1	1 X YES 2 T	NO
1202 STERL	ING DR	IVE					403				A.	THAT COUNTRY?	
11. MARITAL STATUS  1 Nover Married 2 X		12. WAS DECEDEN FORCES? 1	T EVER IN U.S	S. ARMED	13. WAS	S DECEND	ENT OF HISPAN					— American Indi	an,
3 Widowed 4 Divo			AR OR DATES			YES 2			rican, etc.)	Specify:			
15. DEC	EDENT'S EDU	1 -//		J/ 17	LICIAL COOL	10471011				l		WHITE	
(Specify onl	y highest grade	College (1-4 or 5	-	e. DECEDENT'S (Give kind of life. Do NOT u	work done during	ng most of	working	168	. KINO OF BU	SINESS/IND	USTRY		
5				PAINT	ER			Al	NAPOL	IS NA	VAL	ACADEMY	
17. FATHER'S NAME (First, M						18.	MOTHER'S NA						
FREDERIC	GELKEN		ELIZABETH VOGT  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zlp Code)										
19a. INFORMANT'S NAME (7								ber, City or Tow	n, State, Zip	Code)			
CLINICAL RE							T ROAD					1052	
1 Burial 2 Crematio	n 3 🗆 Rem	oval from State	gemeter	ACE AND DATE  y, cremetory or o  LCRES	ther place)		/	DAT		CATION -			
1. SIGNATURE OF FUNERA		CENSEE	1	S FORGES		ME AND A	DDRESS OF FA		32 AN	NAPO	LIS,	MD	
to trundal	1/2/	I the	/				FUNE				-	21401	
23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Due to (or as a consequence of):											tween		
Sequentially list condition of the sequential of the sequence	diate ING Iry	b DUE TO	OR AS A CO	NSEOUENCE O	F):								
PART II. Other algorifica CHRONIC RI	ent condition	s contributing to	death but n	not reaulting	In the under	riying cau	use given in	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FIT	то
COPD								- 1	1 TYES 2	X) NO		OF DEATH?	
								-				1 YES 2 N	10
25. WAS CASE REFERRED TO	O MEDICAL				2	R PI ACE	OF DEATH (Che	nok ont	-1				
EXAMINER?		HOSPITAL:	ER/Outpation	# 3 T POA	OTHER:		101						-
27. MANNER OF DEATH		28a. DATE OF	INJURY	28b. TIM		. INJURY	☐ Realdence		CRIBE HOW II	I II IBY OCC	HIBED		
2.4	Pending investigation	(Month, De	ly, Ybar)	INJ	URY	WORK?	_ 00	Eva. DE	OMBE NOW I	WONT OCC	UNED		
3 Suicide 6	Could not be	28e. PLACE Of building.	INJURY — A	At home, term, i				28t. LOC	ATION (Street e	nd Number	or Rurel R	oute Number,	
		CIAN: To the best of R: On the basis of as										end manner as st	ated,
29b. SIGNATURE AND TITLE			1			-	LICENSE NUM					(Menth, Day, Year)	
30. NAME AND ADDRESS OF	alve	Hore !	Lai	unia	CM,		Dylr	234		P 5	-/11	97	
						MD	ביו יימסים	OLIAD	D MAD	SZT A NTF	010	152	
31 DATE OF A COLUMN	JOILTY,	M.D., 96			TIVI KO	AD,	roki H	OWAR.	U, MAR	YLAN	) 21(	152	
31. MAY 105. 99	92 gu	3 REGISTRAL	e, s GW W	K.									

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dynamics of the college

AND THE RESERVE

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

G.

GORDON

M.D.

16 MURRAY

ANDREW

31. DATE FILED (Month, Day, Year)
MAY 1 4 1

TO BE COMPLETED BY FUNERAL DIRECTO

Žr.

DECEDENT'S NAME (First, Middle, Last)		100				ГН	REG. NO			3. TIME OF DEATN
CLIFTON	GENO SESS	OMES					MONTH DAMEN S	199	YEAR	3. TIME OF BEATH
SOCIAL SECURITY NUMBER		GE (In yrs. lest b	oirthday) IF	UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTN	PLACE (State or Foreign
213-16-6798 A	1)(M 2   F	82	YRS. MO	THS DAYS	HOURS	MIN,	SEPT . 1	1-09	Country	" VA
. FACILITY NAME (If not institution, give st			9b	CITY, TOWN			EATN	9c. COU	NTY OF D	EATN
101 PINE DRIVE HI	LISMERE SH	ORES		ANNA	POLIS	5	2	ANI	VE AR	RUNDEL
e. STATE 10b. COUNTY	,		10c. CITY. TO	WN OR LOCA	TION				1	10d. INSIDE CITY
MD ANNE	ARUNDEL		ANNAI							LIMITS?
e. STREET AND NUMBER				10	. ZIP COD	E		10g. CIT	IZEN OF W	VHAT COUNTRY?
101 PINE DRIVE					214	403			U	S.A.
. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARME	ED	13. WAS DEC	ENDENT C	OF NISPAI	NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	or No-	14. RACE	- American Indian, t, White, atc.
Never Merried 2 Merried     Widowed 4 □ Divorced	IF YES, GIVE WAR	OR DATES NO			2 200				25310	AMERICAN
15. DECEDENT'S EDUC	CATION	18a DECE	EDENT'S LIST	AL OCCUPATION	ON		16b. KIND OF BU	QINEQQ/IN		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give	kind of work to NOT use re	done during mo	ost of worldi		16-01-01-FG	***		
12	?	LANI	DSCAPI	CR * G	ARDEN	VING		or orge or :	7C 2C 7F	
FATNER'S NAME (First, Middle, Last)					18. MOT	NER'S NA	ME (First, Middle, Melden	Surname)		
ERNEST SESSOMES					QĮ	JEEN	ELLA REYN	OLDS		
e. INFORMANT'S NAME (Type/Print)		19b.					Route Number, City or Tox	n, State, Zi	(p Code)	
EMMA WHITE SESSO			SAM	E AS	10 H	5				
Burlel 2 Cremation 3 Remo	oval from State			oisposition					City or To	
□ Donetion 5 □ Other (Specify)  SIGNATURE OF FUNERAL SERVICE LIC		of cemetery, c	REST	MEM PA	_		12		PORES	L.A. CO
	//	AJI.	1/-	111						
CHARLES E. HIC	KS 111	I.XM	ens	HOUS	E OF	HIC	KS FUNERAL	SER	VICE	ANNA. MD.
3. PART I. Enter the diseases, or o	complications that ce List only one cause of	used the deel	th. Do not	enter the mo	de of dy	ing, suc	h as cerdisc or resp	Iratory a	rrest,	1 Americal and a
					,					Approximata Interval Between
AMEDIATE CAUSE (Final	^ -	~ (			,		1			Interval Between
MMEDIATE CAUSE (Final Isease or condition	ASP	izh	in	Price	w	el	ie, rec	un	cur	Interval Between
MMEDIATE CAUSE (Final lacese or condition equiting in death)	ASP(	izh	JENCE OF):	Prec	w	eh	ic, rec	un	cut	Interval Between
MMEDIATE CAUSE (Final Issues or condition	ASPO DUE TO COR ENT	AS A CONSECU	cmé	Prec	iu m	el.	ria, rec	un	ent	Interval Between Onset and De
dequentially list conditions, any, leading to immediate	DUE TO (OR	izh	cmé	Prece	m	eti	receptation	un	enf	Interval Between
equentially list conditions, any, leading to immediate sues. Enter UNDERLYING AUSE (Disease or injury	(D)	AS A CONSECU	CMA E	Prece Ona	m	et.	rece, rece region	un	ent	Interval Between
equentially list conditions, any, leading to immediate sues. Enter UNDERLYING AUSE (Disease or injury lat initieted events	(D)	AS A CONSECULAR AS A CONSECULA	CMA E	Prece Pra Pr	m	eti up	ria, rec ntation	un	ent	Interval Between
dequentially list conditions, any, laading to immediate euse. Enter UNDERLYING AUSE (Disease or injury hat initieted events essuiting in deeth) LAST	c. DOE TO (OR d. HT	AS A CONSECULA AS A CONSECULA AS A CONSECULA AS A CONSECULA	JENCE OF):	Prece	m	et,	ria, rec entation	un	ent	Interval Betwoonset and De 481+
equentially list conditions, any, leading to immediate euse. Enter UNDERLYING AUSE (Disease or injury nat initieted events seuting in deeth) LAST	c. DUE TO (OR d. 1+ 1	AS A CONSECULA AS A CONSECULA AS A CONSECULA AS A CONSECULA	JENCE OF):	Prece	m	et,	PERFO	N AUTOPSY RMED?	246	Interval Betwoonset and De 481
dequentially list conditions, any, leading to immediate euse. Enter UNDERLYING AUSE (Disease or injury hat initieted events seutiting in deeth) LAST	c. DOE TO (OR d. HT	AS A CONSECULA AS A CONSECULA AS A CONSECULA AS A CONSECULA	JENCE OF):	Precental Precen	m	et,	Part I. 24a. WAS AI PERFO	N AUTOPSY RMED?	246	Interval Betwoonset and De 481 +
equentially first conditions, any, leading to immediate puse. Enter UNDERLYING NAUSE (Disease or injury leat initiated events seuting in deeth) LAST	c. DUE TO (OR d. 1+ 1	AS A CONSECULA AS A CONSECULA AS A CONSECULA AS A CONSECULA	JENCE OF):	Precedonal Precedonal	m	et,	PERFO	N AUTOPSY RMED?	246	Interval Betwonset and De 481 + 491 - 491
equentially list conditions, any, leading to immediate euse. Enter UNDERLYING AUSE (Disease or Injury nat Initiated events seutiting in deeth) LAST	c. DUE TO (OR d. 1+ 1	AS A CONSECULA AS A CONSECULA AS A CONSECULA AS A CONSECULA	JENCE OF):	locy	im en g couse h is	eti nip given in	PERFO	N AUTOPSY RMED?	24b	MERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
equentially list conditions, any, leading to immediate successes. Enter UNDERLYING AUSE (Disease or injury nat initiated events sautting in deeth) LAST  ART II. Other algorificant conditions.	c. DUE TO (OR d. 1+ 1)  a contributing to dea th 2m of HOSPITAL:	AS A CONSECUE  AS A C	JENCE OF):	Cocy 26. P	g ceuse	eti eti given in to	PERFO	N AUTOPSY RMED?	246	MERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
equentially list conditions, any, leading to immediate sustained. Enter UNDERLYING AUSE (Disease or injury nat initieted events saulting in deeth) LAST  ART II. Other aignificant condition in the condition of the condition in t	c. DUE TO (OR d. 17 1  a contributing to dea  Th 2m of  HOSPITAL: 1   Impatient 2   ER	AS A CONSEOU  AS A CONSEOU  AS A CONSEOU  AS A CONSEOU  AS A CONSEOU  ACTUAL C	JENCE OF):	28. P THER: Nursing Nor	g ceuse	eti eti given in to	PERFO  1 YES  heck only one)  6 Other (Specify)	N AUTOPSY RMED? 2 NO		Interval Betwo
AMEDIATE CAUSE (Final Isease or condition seulting in desth)  dequentially list conditions, any, leading to immediate euse. Enter UNDERLYING AUSE (Disease or injury nat initiated events seulting in deeth) LAST  ART II. Other aignificant condition  ART II. Other aignificant condition  EXAMINER?  1 YES 2  MANNER OF DEATH  1 Natural 5 Pending	c. DUE TO (OR d. 1+ 1)  a contributing to dea	AS A CONSECULA AS A C	JENCE OF):	28. P THER: Nursing Nor	g ceuse LACE OF I	given in	PERFO	N AUTOPSY RMED? 2 NO		MERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
AMEDIATE CAUSE (Final lesease or condition seulting in desth)  dequentially list conditions, any, leading to immediate euse. Enter UNDERLYING AUSE (Disease or injury hat initieted events seulting in deeth) LAST  ART II. Other aignificant condition  ART II. Other aignificant condition  The seulting in deeth of the seulti	c. DUE TO (OR d. 1 1 la contributing to dea th 2 n of HOSPITAL: 1   Inpatient 2   ER 28e. DATE OF INJ (Month, Day, Y) 28e. PLACE OF IN	AS A CONSECUE  AS A C	DENCE OF):  Builting in to the second of the	28. P THER: Nursing Nor F 28c. IN W 1	g ceuse LACE OF I	given in	PERFO  1 YES  1 YES  Other (Specify)  26d, DESCRIBE HOW	N AUTOPSY RMED? 2 NO INJURY OF	CCURED	Interval Betwo
equentially list conditions, any, leading to immediate puse. Enter UNDERLYING AUSE (Disease or injury nat initieted events seuting in deeth) LAST  ART II. Other aignificant condition  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 HO  MANNER OF DEATH	c. DUE TO (OR d. 1 1 lia contributing to des the 200 of HOSPITAL: 1   Inpetient 2   ER   26e. DATE OF INJ! (Month, Day, Y	AS A CONSECUE  AS A C	DENCE OF):  Builting in to the second of the	28. P THER: Nursing Nor F 28c. IN W 1	g ceuse LACE OF I	given in	PERFO  1 YES  heck only one)  6 Other (Specify)  28d. DESCRIBE HOW	N AUTOPSY RMED? 2 NO INJURY OF	CCURED	Interval Betwonset and De Conset and De Cons
MEDIATE CAUSE (Final sease or condition autiting in desth)  equentially list conditions, any, leading to immediate suse. Enter UNDERLYING AUSE (Disease or injury lat initiated events eauting in death) LAST  ART II. Other algnificant condition  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Natural 8 Pending investigation  3 Suicide 8 Could not be determined	c. DUE TO (OR d. 1 1 la contributing to dea th 2 n of HOSPITAL: 1   Inpatient 2   ER 28e. DATE OF INJ (Month, Day, Y) 28e. PLACE OF IN	AS A CONSEOU  AS A CONSEOU  AS A CONSEOU  AS A CONSEOU  AS A CONSEOU  AS A CONSEOU  JURY — At hom (Specify)	DENCE OF):  autiting in t  autiting in t  20b. Time o  inJury  te, ferm, etre-	26. P THER: Nursing Nor F 28c. IN W 1   ot, fectory, office	g ceuse LACE OF E  LACE OF E  DRICY PYES 2	given in	PERFO  1 YES  1 YES  Other (Specify)  28d. DE\$CRIBE HOW  28f. LOCATION (Street City or Town, State	N AUTOPSY RMED2 2 NO	CCURED er or Rural	Interval Betw Onset and Do 481 ~ (49) . WERE AUTOPSY FINDI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO

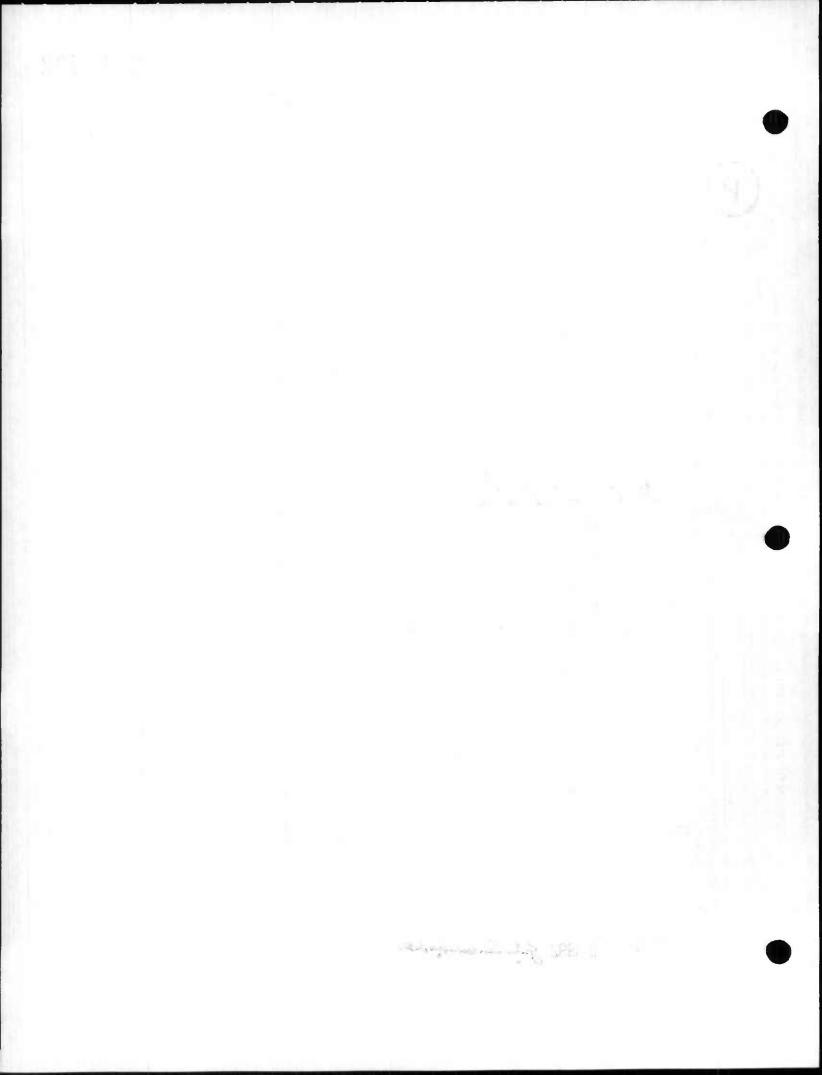
STREET ANNAPOLIS,

MD. 21401

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funeral d	22 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	if flow 28 is marked, or flow 23 shows any injury, or other traumatic event, the medical examinar must be notified at one.
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1.1	DECEDENT'S NAME (First, Middle, Last)						2. DAT	E OF DEATH		-	3. TIME OF DEATN
L	Mary E. Shorte	er					O S	5-09-9		YEAR	
4.	SOCIAL SECURITY NUMBER		GE (In yrs. last bi	irthday) IF U	YDER 1 YEAR	IF UNDER 24 HRS	. 7. DAT	E OF BIRTH		a. BIRTH	IPLACE (State or Foreign
12	215-30-6316	1 M 2 F	79	YRS.	NS DATE	HOURS MIN		-03-13			ginia
98.	a. FACILITY NAME (If not institution, give :	street and number)		9b. (	CITY, TOWN	OR LOCATION OF				NTY OF D	
	North Arundel LESIDENCE OF DECEDENT 10. STATE 10b. COUNT			10c. CITY, TOWN OR LOCATION  Crownsville						rundèl	
	MD Ann	ne Arundel									10d. INSIDE CITY LIMITS? 1 YES 2 W NO
	e. STREET AND NUMBER				101	. ZIP CODE			10g. CITI	ZEN OF Y	YHAT COUNTRY?
3.8	85 Generals Hi					21032			U	JSA	
	. MARITAL STATUS  Never Merried 2 Married	12. WAS DECEDENT EVE FORCES? 1  YI IF YES, GIVE WAR OF	R IN U.S. ARME	0	13. WAS DEC	ENDENT OF HISF ecify Cuben, Max	ANIC ORIG	IN? (Specify Yea	or No-	14. RACE	- American Indian, , White, etc.
	☐ Widowed 4 ☐ Divorced	IF YES, GIVE WAR OF	R DATES A			2 NO Spe		o riicari, etc.)		Speci	ly:
	15. DECEDENT'S EDU	CATION	160 DECEG	DENT'S USUA	000000						White
$\vdash$	(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give I	kind of work do NOT use retin	ne during mo	st of working	16	Sb. KIND OF BUS	SINESS/IND	USTRY	
	2	College (1-4 or 5+)	10000	ewife	,			House	hold	1	
17.	FATHER'S NAME (First, Middle, Last)		no ab	CWIIC		40 440745710		Middle, Maiden			
	nuel Evans							chards			
	n. INFORMANT'S NAME (Type/Print)		401 44	All this tor-	E00 10.						
	William A. Sh	ortor				nd Number or Run					· MD
_	METNOD OF DISPOSITION					ls Hig	nway				
	Burial 2 Cremation 3 Ram	oval from State	20b. PLACE AND cemetery, cremate	ory or other pla	ce)		DA		CATION —		
	SIGNATURE OF FUNERAL/SERVICE LIC	The second secon	Glen				1	G1	en B	Burn	ie, MD
41.	SIGNALOUE OF COMENAT SERVICE FIG	LENSEE									
	N 11 1	11/11/1				D ADDRESS OF		1		-	
IM dis	B. PART I. Enter the diseases, or o shock, or heart failure.  IMEDIATE CAUSE (Final sease or condition suiting in death)	List only one cause on	n each iine.	. Do not en	Hard 851 ter the mod	esty F Annapo de of dying, so	uner lis	Road,	Cam	hari	Approximate interval Between
Self to CA	B. PART I. Enter the diabases, or on shock, or heart failure.  IMEDIATE CAUSE (Final sease or condition sulting in death)  sequentially list conditions, sny, leading to immediate suse. Enter UNDERLYING AUSE (Disesse or injury at initiated events	a. RIS P DUE TO (OR A:	S A CONSEDUE	NCE OF):	Harde 851 ter the mod	esty F Annapo de of dying, so	uner	Road,	Gam ratory arm	ibri est,	Approximate interval Betwood Onset and De
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See if a case CAA that rear PAI 25. 1 27. A 4 4	B. PART I. Enter the diabases, or shock, or heart failure.  IMEDIATE CAUSE (Final sease or condition suiting in death)  Populating in death in interest in initiated events autiting in death) LAST  ART ii. Other algnificant condition  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNEB OF DEATN  Natural 5 Pending Investigation  3 Suicide a Could not be determined  CERTIFIER (Check only)  CERTIFYING PHYSIC	DUE TO (OR AS  DUE TO	S A CONSEQUEI  S A CONSEQUEI  S A CONSEQUEI  D but not reau  RY  RY — At home, pocify)	NCE OF):  NCE OF):  NCE OF):  NCE OF):  NCE OF):  NCE OF):  NCE OF):  NCE OF):  NCE OF):  NCE OF):  NCE OF):	Hard  851  ter the mod  7  7  28. PL  Filtreling Nome  28c. INJL  1 y v  actory, offica	esty F Annapo de of dying, st  CAL  Cause given I  ACE OF DEATH (C  5 S Residence  RY AT  RES 2 NO	Uner lie can be called to the	rdiac or reapli	ALITOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b.	Approximate interval Batwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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PAI  Total  Tota	B. PART I. Enter the diabases, or shock, or heart failure.  IMEDIATE CAUSE (Final sease or condition suiting in death)  Pequentially list conditions, sny, leading to immediate susse. Enter UNDERLYING AUSE (Disease or injury at initisted events auiting in death) LAST  WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  MANNEB OF DEATN  Natural 5 Pending Investigation investigation a Certifier (Check only 1 CERTIFYING PHYSIC CERTIFYING PHYSIC Actions 1 CERTIFIER (Check only 2 MEDICAL EXAMINER)	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE	S A CONSEQUEI  S A CONSEQUEI  S A CONSEQUEI  The but not reau  TY  TY  TY  THY  At home,  pocify)  Owladga, dasth of  thou and/or investign and/or investign.	NCE OF):  NCE OF	Hard  851  ter the mod  7  7  28. PL  FF: tursing Nome  28c. INJU  WOF  1   Y  actory, offica	esty F  Annapo de of dying, at  Cause given I  cause given I  ACE OF DEATH (C  5 S Residence  JRY AT  RK?  ES 2 NO  and place, and du  sth occured at th	Uner lie uch as csi check only of a Oth 28t. LOChy lie to the ca e time, dete	rdiac or reapli	AUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	24b.	Approximate interval Betwo Onset and De Onse



FOR STATE REGISTRAR

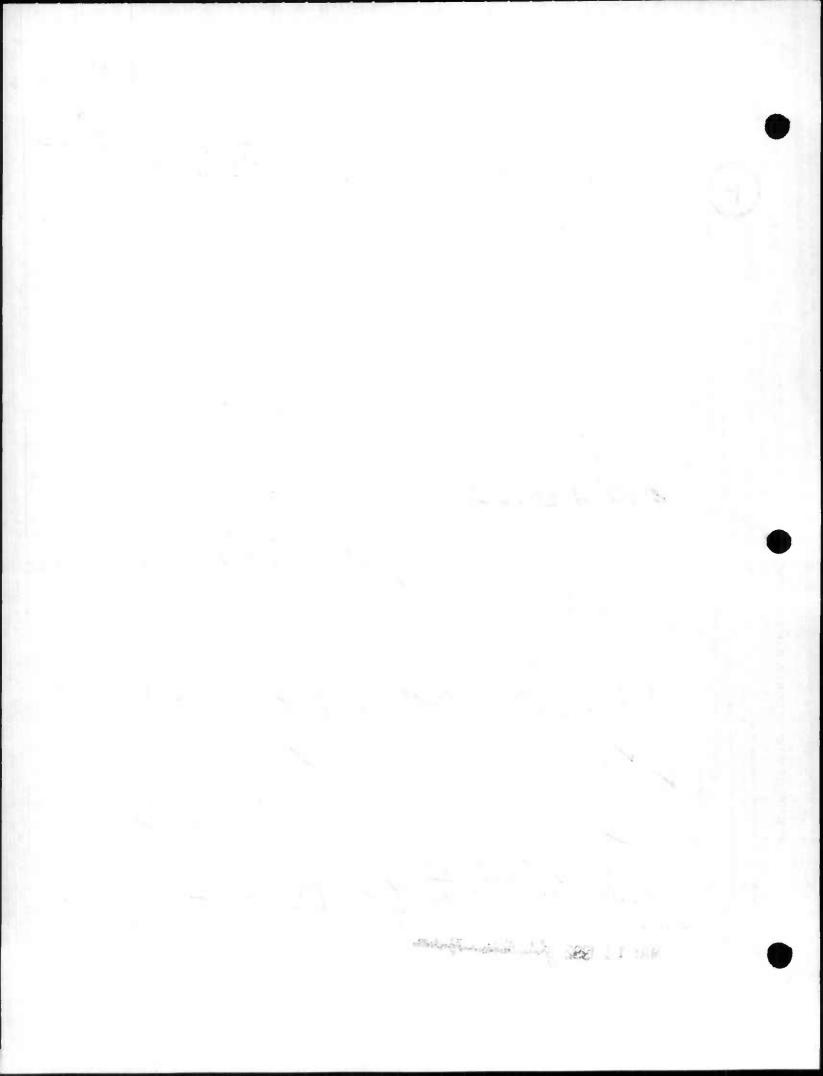
1

	1. DECEDENT'S NAME	(First, Middle, Las	r)							2. DATE OF DEATH	/	-	
	Elizabeth Fisher Shepherd								MONTH /	WY/190	-		
	4. SOCIAL SECURITY	NUMBER	5. SEX 6. /	AGE (In yrs. les	t birthday)	IF UNDER 1	YEAR	IF UNDE	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1-1	Á	
1	214-38-6	177	1 🗆 M 2 🕡 F	92	YRS.	MONTHS	DAYS	HOURS	MIN.	06-05-9	9		
) J	9e. FACILITY NAME (#	not institution, give	street end number)			96. CITY, T			ON OF D		9c. COU	V	
10			Island Ro	ad		Han	CWO	od			An:	r	
REC	10e. STATE	10b. COUN	VTY .		10c. CITY.	TOWN OR	LOCATI	ION					
_   6	MD	Anne	e Arundel			wood							
AL	100. STREET AND NUM	BER					10f.	ZIP COD	E		10g. CITI	z	
FUNERAL	4758 Sol	omons	Island Ro	ad			2	077	6				
15	11. MARITAL STATUS  1 Never Married	Married	12. WAS DECEDENT EV FORCES? 1	ER IN U.S. AR	MED	13. WA	S DECE	ENDENT (	OF HISPAI	NIC ORIGIN? (Specify Ye	or No-	=	
B	3 ☑ Widowed 4 □		FORCES? 1 1 1 IF YES, GIVE WAR C	OR DATES X 2		10	YES	2√□ NO		Mexican, Puerto Ricen, etc.) Specify:			
once. COMPLETED	15. (Specifi	DECEDENT'S ED	DUCATION de completed	180. DE	ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working					16b. KIND OF BU	SINESS/IND	-	
<u> </u>	Elementary/Seconds		College (1-4 or 5+)	lifte.	Do NOT use	retired.)			ng				
g Z				Sch	ool	Teac	he	r		Educa	tion		
	17. FATHER'S NAME (Fir		la = aa							ME (First, Middle, Meiden			
990. INF	199. INFORMANT'S NAM										ens		
	Elizabet		ollinson							Route Number, City or Tow and Road			
2	20e. METNOD OF DISPO	DSITION		20b. PLACE					T 2 T		CATION -		
Bust	XXBuriel 2 Crem 4 Donetion 5 0	ther (Specify)	moval from State	Chris	matory or other	er place)			eme:		st R	_	
	21. SIGNATURE OF FUN	EBAL SERVICE I	JCENSEE ///	1	110	22. NA	ME AND	DADDRE	SS OF FA	CILITY		Ī	
	wal	4	Warrold L							neral Hor			
medica	23. PART I. Enter th	e diseases, or	complications that cau	sed the de	ath. Daymor	t enter the	e mod	alle le of dyi	ng, sud	lle Road	ratory are		
	IMMEDIATE CAUSE	or mount randre	. List only one cause o	n each line	1/0		,	1	+	- 1.	/		
i, in	disease or condition resulting in death)	$\rightarrow$	· (Ten	ma	en	01	( /	N	11	Mosco	120		
event			DUE TO (OR A	AS A CONSEC	VENCE OF						200		
O N	Sequentially list con	nditiona,	b. DUE TO (OR A	AS A CONSEC	UENCE OF								
EAT I	If any, leading to im cause. Enter UNDER	RLYING		a A COMME	manue or y								
Ē	CAUSE (Disease or that initiated eventa		DUE TO (OR )	AS A CONSEC	UENCE OF):								
H	resulting in death) L	LAST	4										
3	PART II. Other signi	ficant condition	ons contributing to deat	h but ngt re	eaulting in	the under	rlying	cauae o	lven In	Part I. 24e. WAS AN	AUTOPSY	-	
S S	abd	on	inal	m	as	1	,	1	1	PERFOR	MED?	-	
W E		Wen	I ma	nt	hs	de	(1)	m	1	1 TYES 2	THO		
10							- 24		RE-C				
SICIA	25. WAS CASE REFERRE	TO MEDICAL	HOSPITAL:				26. PLA	CE OF D	EATH (Che	ick only one)		-	
_ 1 07	1 TES 2 NO		1   Inpatient 2   ER/0	Outpatient 3		OTHER:	Home	5 KRO	eldence	6 Other (Specify)			
D 0	27. MANNER OF DEATN	Pending	(Month, Day, Yea	RY ar)	28b. TIME (	ry	c. INJUI	K?		28d. DESCRIBE HOW I	NJURY OCC	U	
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION  Sed that cannot be read to the second of the secon	2 Accident	Investigation	280. PLACE OF INJ	IDV — At ho-	an form other		☐ YE	S 2 _	NO	No in	111/	2	
e III	3 Suicide 6	Could not be determined	building, atc. (	Specify)	ne, rarm, stre	et, factory,	office			281. LOCATION (Street City or Town, Stety)	nd Number	24	
E E	29a. CERTIFIER	ERTIFYING PNYS	SICIAN: To the heat of my bu	nominata du			1000				of million and	-	
=   5	(Check only one) 2 M	EDICAL EXAMIN	SICIAN: To the best of my killer. On the beels of examin	ation end/or in	vestigation,	at the time, In my opini	on, des	nd place, Ith occur	end due	to the cause(e) end mar	ner as state	d	
C	295 SIGNATURE AND TI	-		11	de		-		NSE NUM			_	
0 8	(MOV)	11/	Y. Win	11.	, 111	1	1	1	17	517	29d. DATE	**	
F	30. NAME AND ADDRESS		NO COMPLETED CAUSE OF					-	100	, ,	. \ -		
	CHARLES	H. WI.		4837	Solo	MOL	SI	IS/A	MA	Rd Lot	MAIN	ļ	
	31. DATE FILED (Month, D. MAY 1.	1 1992	22. REDISTRAR'S S	IGIV, TUDE								ď	
	I INCL. A	- HAND	0	•									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

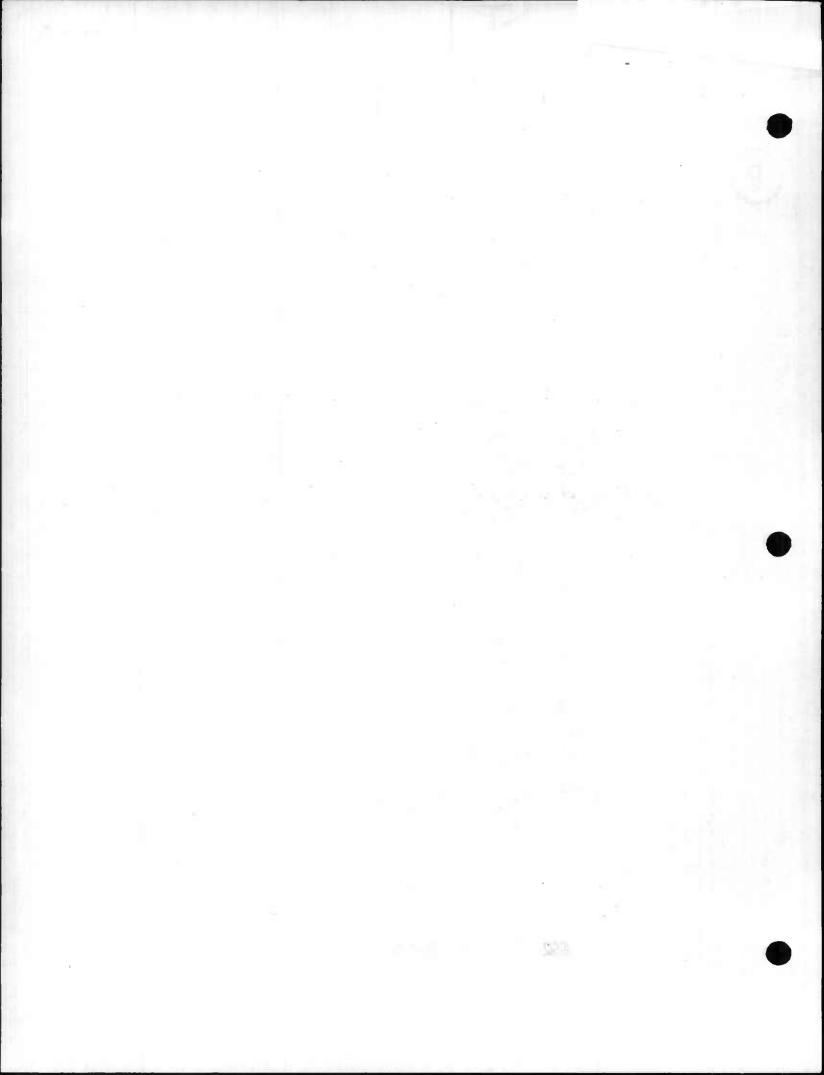
CERTIFICATE OF DEATH

REG, NO. 8. BIRTNPLACE (State or Foreign Country) Maryland 9c. COUNTY OF DEATH Anne Arundel 10d. INSIDE CITY LIMITS? 1 YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indian, Black, White, etc. Specify: White OF BUSINESS/INDUSTRY cation Meiden Sumeme) Owens or Town, State, Zip Code) ad, Harwood, MD 20c. LOCATION -- City or Town, State West River, MD Home, P.A. ad, Galesville, MD respiratory arrest, Approximate Interval Between Onset and Death year MAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATN? YES 2 NO 1 YES 2 NO HOW INJURY OCCURED end due to the ceuse(s) and manner se stated. 29d. DATE SIGNED (Marth. Day



Ži:

REGISTRAR  1. OECEOENT'S NAME (First	, Middle, Last)			ERTIF	ICATE	OF	DEAL	п	2. DATE	REG. NO			3. TIME OF DEATH
		Russe	ell Syr	polt					May	H D	992	YEAR	2:22 A.
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs. le	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	332	a. BIRTH	PLACE (State or Foreign
232-01-1917		1 🔯 M 2 🗆 F	80	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb	n, Day, Year) 12 19	12	Country	.Va.
9a. FACILITY NAME (# not in Garrett Cou			ospital		9b. CITY		a LOCATIO	N OF DE		20 20	9c. COU	rett	EATH
RESIDENCE OF DE													
W. Va.	10b. COUNT	Prestor	ı	10c. CI1	Teri	a A							10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER	Sta	r Route 1	Box 8C			101	ZIP COOE	267	64		10g. CITI	USA	HAT COUNTRY?
11. MARITAL STATUS  1 Never Merried 2 52  3 Wildowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2			f yes, sp			n, Puarto	N? (Specify Ye Rican, atc.)	n or No—		- American Indian, White, etc.
	CEDENT'S EDU ly highest grade 0-12)		·) //	GIVE KIND OF U	work done as retired.)	during mo	st of working	7	162	$_{ m L}$ KIND OF BU	imber		
17. FATHER'S NAME (First, A	Here's and the									Middle, Maiden			
		Sypolt						_		nn Eve			
Rosalie M.										Alta,			
20a. METHOD OF DISPOSIT	on 3 🗆 Ren	noval from State	20b. PLACE other p	olece)	,		ceme	,	У		erra		wn, State , W. Va.
21. SIGNATURE OF FUNGE,		CENSEE	et		Aı	cthu.		Wri	ght :	Funera			nc. V 26764
Sequentially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events	diate ING	C	(OR AS A CONSI		13 19:								
resulting in death) LAS	"	d											
PART II. Other signification	ent conditio	ns contributing to	death but not	resulting	In the ur	nderiyin	g cause g	lven in	Part I.	24a. WAS AP PERFO 1 YES	RMED?	24b.	WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED '	O MEOICAL						ACE OF DE	EATH (Ch	eck only o	ne)			
1 □ YES 2 NO		HOSPITAL:	ER/Outpatient	3 🗆 DOA	4 Nur		e 6 🗆 Res	sidence	6 🗆 Oth	er (Specify)			
27. MANNER OF DEATH  1/2. Netural 5  2 Accident	Pending Investigation	28s. DATE OF (Month, C		28b. Till IN	ME OF JURY M		URY AT ORK? YES 2	NO NO	28d. OE	SCRIBE HOW	INJURY OC	CURED	
0 0 0 1111	Could not be determined	28e. PLACE C building,	F INJURY — At H	nome, farm,	street, fact	tory, offic	•			CATION (Street or Town, State		or Rural F	loute Number,
anal and		BICIAN: To the best of a											) and manner as stated.
290. SIGNATURE AND TITL	E OF CERTIFIE		200	10			29c. LICE D265		MBER				(Month, Dey, Year)
30, MANIE AND ADDRESS O		D. 510 W				erra			V 26	764		4	
ROGEL A. Le	Year)	32. REGISTRA	est Sta			erra	Alta	1, W	V 26	764			



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760.

1. DECEDENT'S NAME (First, Middle, Last, 2. DATE OF GEATH 5mith 8:10 Pm urden N. May 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Massachusetts 9b. CITY, TOWN OR LOCATION OF CEATH 9c. COUNTY OF DEATH Washington County Hospital Washington Hagerstown FUNERAL DIRECTO RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION Pages 10d. thSIDE CITY LIMITS? MD Washington Hagerstown 1 X YES 2 | NO permit. 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 22 Manor Dr. 21740 USA filled in by the funeral director, page 5 should be detached for use as the burial-transit on, or removal. hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Noif yes, specify Cuben, Maxican, Puerto Rican, etc.)
1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe Elementary/Secondary (0-12) College (1-4 or 5+) Postal Worker Post Office 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname, Jurden N. Smith, Sr. Cora B. Healy To notified 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 11 S. Walnut St. Apt. 116B Hagerstown, MD Winifred G. Smith pe 20e. METHOD OF DISPOSITION
1 □ Burial 2 ▼ Cremation 3 □ R
4 □ Donation 6 □ Other (Specify) □ 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE examiner must Smiths burg Crematory 5-16-92 Smithsburg, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Davis Funeral Home ennis ave 12525 Bradbury Ave. Smithsburg. MD 21783 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on Interval Betw IMMEDIATE CAUSE (Final Onset and Death completely filled rial, cremation, o the ARTE/10 LO Scherosis
DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) executed within event. burial, abetire Mellituse or other traumatic CERTIFICATION and Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate cause. Enter UNDERLYING the attending physician in Mental Hygiene prior to DR ATTENDING PHYSICIAN: The law requires that the death certificate be CAUSE (Disease or Injury Se P AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Sis Injury. PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS s certificate has been signed by it ith the State Dept. of Health and I id, or Item 23 shows any In Health and AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO hepari 1 - YES 2 1 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER:
4 □ Nursing Nome 5 □ Rasidence 6 □ Other (Specify) 1 - YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 26a. DATE OF SNJURY (Month, Day, Year) 27. MANNER OF DEATH marked, 26b. TIME OF 28c. NJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED TO THE FUNERAL DIRECTOR: After this c be filed within 72 hours after death with IMPORTANT: If Item 28 is marked, 1 Natural
2 Accident 1 YES 2 NO BY 26s. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED Could not be determined 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my know edge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of ax 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month). Day

5/14/92 BE 2 0 chestwood 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE MAY 19 1992

Junden M. Smith J.

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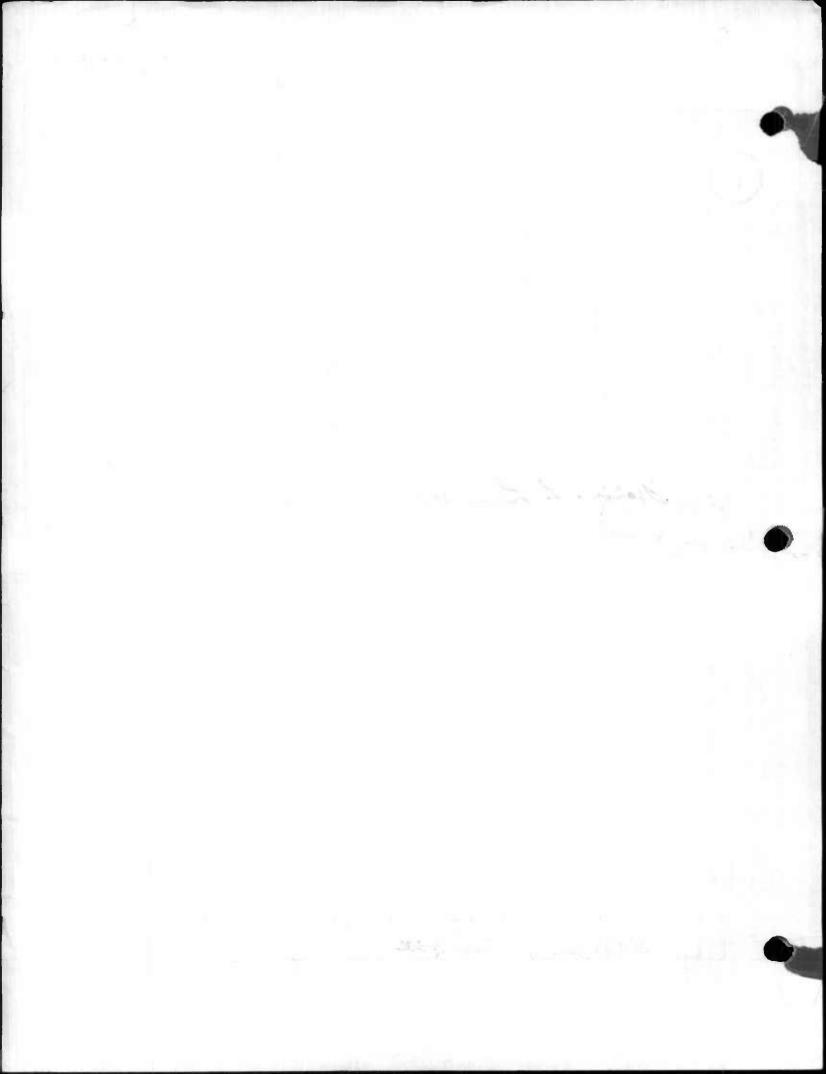
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451		Tord .	the type
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	v requires that the death certificate be executed with	been signed by the attending physician and comple t. of Health and Memal Hygiene prior to burlal, cre	shows any injury, or other traumatic ever
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept. of Health and Mernal Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 . STATE

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.	
		THERINE LOUISE	WHALEN	2. DATE OF DEATH MONTH , DAY	3. TIME OF DEATH
		Whalen		04 23	92 4 AM
1	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 M 2	57 YRS. W	IF UNDER 1 YEAR IF UNDER 24 HRS. ONTHE DAYS HOURS MIN.		a. BIRTHPLACE (State or Foreign Country) 934 MD.
TOT	98. FACILITY NAME (II not institution, give attrest and numb Frederick Memorial Ho RESIDENCE OF DECEMENT		Frederick		rederick
S.	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCATION		10d. INSIDE CITY
3	MD. Frederic	ck F.	rederick		1 YES 2 NO
FUNERAL DIRECTOR	804 Chadwick Circle		101. ZIP CODE 21701	100	SA
BY	1 Name Married 2 K Married FORCES	CEDENT EVER IN U.S. ARMED 17 1 YES 2 MNO GIVE WAR OR DATES	13. WAS DECENDENT OF HISP, If yes, specify Cuban, Maxi- 1 YES 2 NO Specify NO		- 14. RACE — American Indian, Black, White, etc. Specily: White
COMPLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-	4 Or 5 +)	k done during most of working retired.)	16b. KIND OF BUSINESS/	
MP	8	Traf	fic controller	Transit c	ompany
	17. FATHER'S NAME (First, Middle, Last)  RUSS E. KEENEU			AME (First, Middle, Maiden Surname	•,
BE	19a. INFORMANT'S NAME (Type/Print)	105 MAII ING AI	DDRESS (Street and Number or Rura	rine L. Etzler	
5	Ralph Brashear		gan St., Frede		
	20a. METHOD OF DISPOSITION XIX Burtal 2 Cremation 3 Removal from St	20h PLACE AND DATE OF	DISPOSITION (Name of	DATE 200 LOCATION	- City or Town State
	4 Donation 5 Other (Specify)	Bush Creek	Cemetery 4	125/92 Monrov	ia. Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	2 (4)	Stauffer Fu	neral Home, P. Maryland 21702	0. Box 1819
	D	UE TO (OR AS A CONSEQUENCE OF):			Approximata Interval Between Onset and Death
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	UE TO (OR AS A CONSEQUENCE OF):	Mult. forme		Ymmths
	PART II. Other significent conditions contributi	ng to deeth but not resulting in	the underlying cause given it	n Part I. 24a. WAS AN AUTOPS	DV AAL WEST ALTERONY STANDARDS
REDICAL			and directlying Cause given in	PERFORMEO?	24b. WERE AUTOPSY FINOINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN: M				_	TES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITA		26. PLACE OF DEATH (C	theck only one)	
\XSI	1 YES 2 NO 12 Unpaties	nt 2 ER/Outpatient 3 DOA 4	THER:  Nursing Home 5 Realdence	8 Other (Specify)	
ВУ РН		NTE OF INJURY 28b. TIME C INJUR	OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJURY	OCCURED
- 1	3 Suicide 8 Could not be 4 Homicide determined	ACE OF INJURY — At home, farm, stre liding, atc. (Specify)	et, factory, offica	251. LOCATION (Street and Num City or Town, State)	ber or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the to the control one) 2 MEDICAL EXAMINER: On the beautiful one of the control one of	peat of my knowledge, death occurred a later of axamination and/or investigation,			
TO BE (	296. SIGNATURE AND TITLE OF CERTIFIER	4-11)	29c. LICENSE NI	29d. D	MATE SIGNEO (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETE Austin A. Pearre, In			rick, Md. 2170	1
		SISTRAR'S SIGNATURE			



9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

U.S.A.

Anne

3. TIME OF DEATH

THPLACE (State or Foreign

WASH. D.C.

Arundel

10d. INSIDE CITY

1 YES 2 NO

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

2

this certificate h with the State E orked, or Item

DIRECTOR: After the hours after death v

TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho

marked,

28 is r

Hem

DIRECT

FUNERAL

B

COMPLETED

BE

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO Washington 1. DECEDENT'S NAME (First, Middle, Last) AUSTIN WASHINGTON Samuel SOCIAL SECURITY NUMBER 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH -60 OCT 27 -DAYS HOURS 9b. CITY, TOWN OR LOCATION OF DEATH Anne Arundel Medical Center RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY MD ANNE ARUNDEL BAYHIGHLANDS - ANNAPOLIS 10a STREET AND NUMBER 10f. ZIP CODE CRUMMELL AVE 1258 21403 11. MARITAL STATUS WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES NO Specify: 1/2 Never Married 2 Married IF YES, GIVE WAR OR DATES 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION during most of working (Give kind of work done life. Do NOT use retired.) dary (0-12) College (1-4 or 5+) U.S. POSTAL DEPT. 12 17. FATHER'S NAME (First, Middle, Last) ANDREW DAVID WASHINGTON 190. INFORMANT'S NAME (Type/Print)
KAREN WADKINS 20a. METHOD OF DISPOSITION
1 Burlel 2 Deremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of LTRO CREMATORY 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE NAME AND ADDRESS OF FACILITY CHARLES E. HICKS IMMEDIATE CAUSE (Final disease or condition Andlar resulting in death) DUE TO (OR AS A CONSEQUENCE OF Sequentially list conditions, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificent conditions contributing to deeth but not reaulting in the underlying cause given in Part i. 25. WAS CASE REFERRED TO MEDICAL

14. RACE — American Indian, Black, White, etc. AFRO. AMERICAN 16b. KIND OF BUSINESS/INDUSTRY RETIRED 16. MOTHER'S NAME (First, Middle, Maiden Surname)
ELLA RIVERS 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) SAME AS 10 E 20c. LOCATION — City or Town, State BALTIMORE MD ANNAPOLIS, MD. 21401 HOUSE OF HICKS FUNERAL HOME 1922 FOREST DR. 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death MINUTE 24a, WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 26. PLACE DF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Raeldence 6 □ Other (Specify) 1 TYES 2 NO 1 Dinpetient 2 ER/Outpetient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be 4 Homicide determined 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of exemination of d/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 29b, SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 025712 92 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Jocanon wand 2490 32. REGISTRAR'S SIGNATURE Davidson-Asophala

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

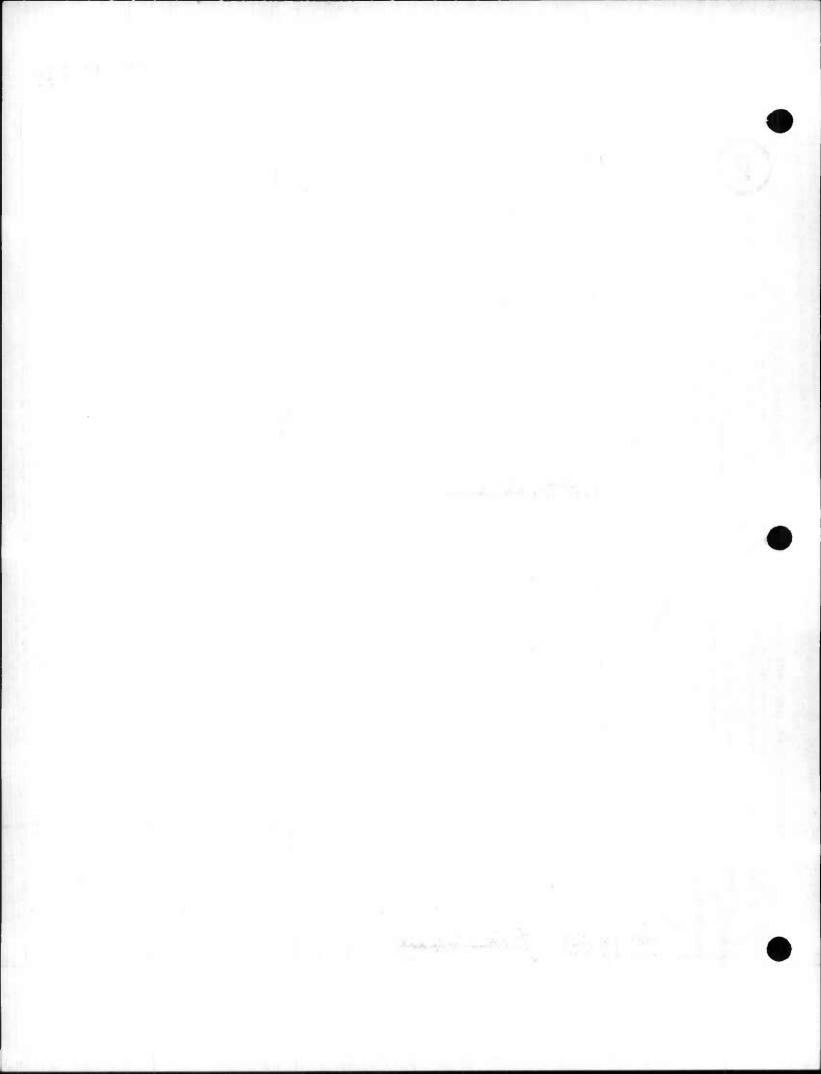
FOR STATE

REGISTRAR			CI	ERTIF	ICATE C	F DEATH		REG. NO	).		
1. DECEDENT'S NAME (First,	Middle, Last)							TE OF DEATH			3. TIME OF DEATH
Lou Emma Tu	rner W	OLFINGER					Ma		1992	YEAR	
4. SOCIAL SECURITY NUMB 214-09-8129	BER	5. SEX 6. /	AGE (In yrs. las	t birthday) YRS.	IF UNDER 1 YE		S 7 DAT	TE OF BIRTH onth, Day, Year)		Count	IPLACE (State or Foreign (Y)
9a. FACILITY NAME (If not in	etitution also etr				at 0171/ =01		_	11 3,			inia
20119 Jeffe	rson B					erstown	F DEATH			hing	
10e. STATE	10b. COUNTY			10c, CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY
Maryland	Washi	ngton		Ha	gersto						LIMITS? 1 YES 2 NO
20119 Jeffe	rson B	lvd.				10f. ZIP CODE 21740			10g. CITI	USA	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEOENT EV FORCES? 1 1 1 IF YES, GIVE WAR C	YES 2 X	MED 10	If yes	DECENDENT OF HIS , specify Cuban, Me YES 2 X NO Sp	xican, Puert	GIN? (Specify Yes to Rican, etc.)	or No-	14. RACI Black Spec Whi	
15. DECI	EDENT'S EDUC	ATION STATE OF THE PROPERTY OF	16e. DE	CEDENT'S	USUAL OCCUP	ATION	11	6b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0		College (1-4 or 5+)		Nurse		most of working		state	hosp	ital	
17. FATHER'S NAME (First, Mi	iddie, Last)					16 MOTHER'S	NAME (First	t, Middle, Maiden	_		
Walter Euge		е				Ada	Irene	Lawso	n		
William C.		ger				ew Rd.,					0
20a. METHOD OF DISPOSITI			20b. PLACE	NDDATEC	F DISPOSITION	I/Name of	D/	ATE 20c. LO	CATION —	City or To	wn. Stete
12 Buriel 2 ☐ Crematio 4 ☐ Donation 5 ☐ Other		val from State	Rest	Have	en Ceme	terv	1			-	Maryland
21. SIGNATURE OF FUNERAL	L SERVICE LICE	NSEE	-	4	22. NAM	AND ADDRESS OF	FACILITY		CIBC	Will	naryrana
15 G	SIN	Min	nea			IICH FUNE E. Wilso			gerst	Own .	Md. 21740
23. PART I. Enter the di	seasea, Dr co	emplications that car	used the de	eth. Do n	ot enter the	mode of dving.	such as ce	erdiac or raso	ratory arr	est	Approximate
IMMEDIATE CAUSE (Fin disease or condition resulting in death)	ant failure. L	ist only one store o	AS A CONSECUENCE	hor	a	Lm					Interval Between Onset and Death
Sequentially list condition in any, leading to immediate. Enter UNDERLY! CAUSE (Disease or Injuit that initiated events resulting in death) LAST	diate NG ry c.	DUE TO (OR A	AS A CONSEC	DUENCE OF	·):		J				
PART II. Other significes	nt conditiona	contributing to dae	th but not n	eaulting l	n the undari	ying ceuse givan	In Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25 1110 0005											
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHER:	PLACE OF DEATH	(Check only	one)			
1 TYES 2 NO		1 Inpetient 2 I ER/		□ DOA		lome 5 🗆 Residen	ce 6 🗆 Ott	her (Specify)			
27. MANNER OF DEATH		26a. DATE OF INJU (Month, Day, Ye	RY ar)	28b. TIME INJU	OF 28c.	INJURY AT WORK?	28d. DI	EŞCRIBE HOW I	NJURY OCC	URED	
	Pending nveatigation					YES 2 NO					
	Could not be letermined	28a. PLACE OF INJ building, atc. (	URY — A1 hor Specify)	me, ferm, s	treet, factory, o	ffice	28f. LO Cit	OCATION (Street a by or Town, State)	and Number	or Rural A	oute Number,
29a. CERTIFIER (Check only	FYING PHYSIC	AN: To the best of my k	nowledge, dea	ith occurre	d at the lime, o	late and place, and	due to the c	ause(a) and mar	ner as state	ed.	
one) 2 MEDIO	CAL EXAMINER	On the beals of examin	ation and/0/1	hestication	n, in my opinio	n, death occured at	the time, de	ita and place, an	d dua to the	e cause(a	and menner as stated.
296. SIGNATURE AND TITLE	- Clu	henry 77)	1	14	m	28s LICENSE	NUMBER		29d. DATE	SHENED	Mong. On Your
30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUSE OF	OEATH-LITER	Tan Tran	Print)	stows		MDa	217	4	7
31. DATE FILED (MONTH DATE)	92	9 22/1955 111 1114	POR CURE	L					- 1		

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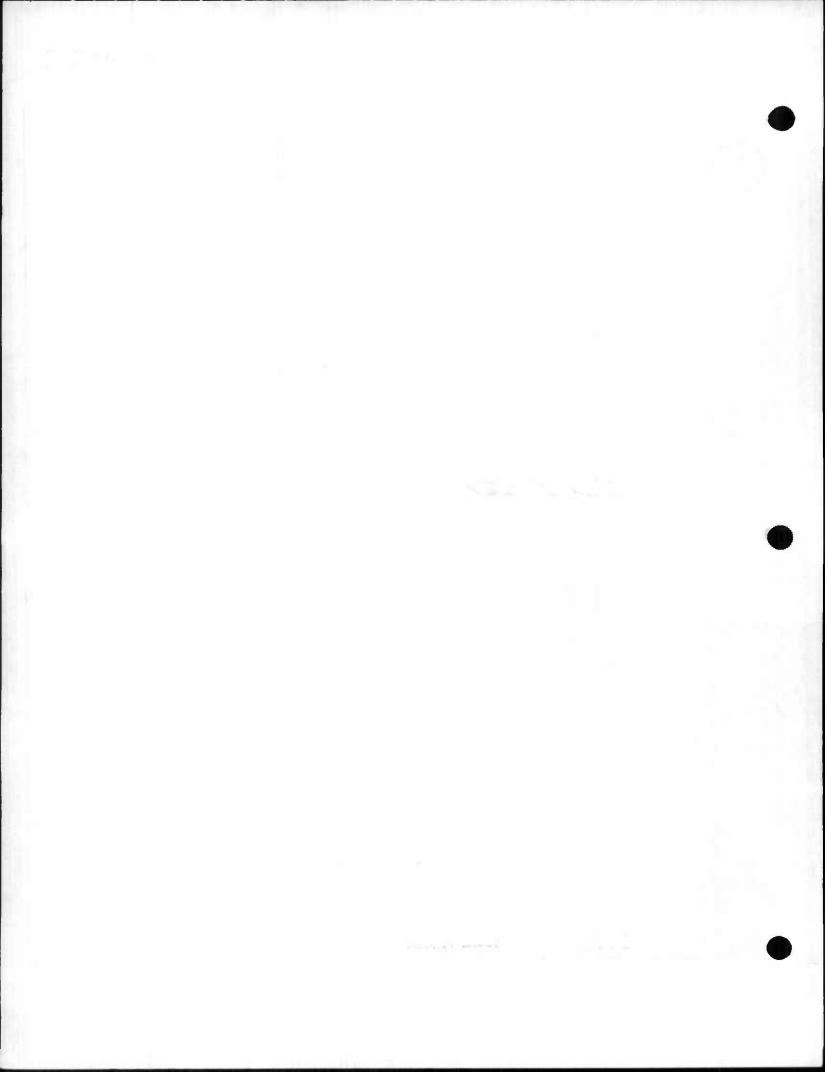
BALTIMORE, MARYLAND 21215-0020	thin 24 hours after death. Page 6 may be retained by the hospital or attending physician	etely filled in by the funeral director, page 5 should be detached for use as the burial-tra smation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit is be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYLAN		RTMENT OF		MENTA	HYGIEN	IC .	<i>C</i>	1428	9	
1. DECEDENT'S NAME (First, Middle, Last	Boyd Anthony	WILLI	AMS		2. DATE MON	E OF DEATH	MY 5	YEAR	TIME OF DEATH	М	
4. SOCIAL SECURITY NUMBER 220-10-393 ¥ €	1 K M 2   F	773. lest birthday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Jul	of BIRTH th, Day, Year) y 6, 1	923	Mary.		n	
99. FACILITY NAME (If not institution, give Washington Count	ty Hospital		Hagers	or location of i	DEATH			y of DEAT			
10e. STATE 10b. COUN	shington		ry, TOWN OR LOCA Hagersto						1. INSIDE CITY LIMITS?		
100. STREET AND NUMBER 10808 DOWNVIII  11. MARITAL STATUS 1 Nover Merried 2 Married	e Pike		10	2174	0				COUNTRY?		
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 15 YES IF YES, GIVE WAR OR DATE W. W. II	2 NO	If yes, s	CENDENT OF HISP. pecify Cuben, Mexic S 2 X NO Spec	can, Puarto			4. RACE — Black, W	American Indian,		
15. DECEDENT'S ED (Specify only highest grave Elementary/Secondary (0-12)	UCATION de completed)  College (1-4 or 5+)	(Give kind of life. Do NOT u	S USUAL OCCUPAT. work done during m se retired.) Cenance		16		te of		and		
17. FATHER'S NAME (First, Middle, Lest) Charle	s F. Williams			18. MOTHER'S N		Middle, Malder 7 F. St					
190. INFORMANT'S NAME (Type/Print) Mrs. Mary E. Wi	lliams	196. MAILING 10808	ADDRESS (Street	and Number or Rura ille Pik	e, Ha	nber, Chy or Ton agerst	own, State, Zip G	aryla	nd 217	40	
20a, METHOD OF DISPOSITION 1	moval from State cemete		of disposition (A other place) Yen Ceme	tery	5-1	l8 Ha		wn, M	laryland		
21. SIGNATURE OF FUNERAL SERVICE L	Barkin			ND ADDRESS OF F						40	
23. PART I. Enter the diseases, prescribed in the street failure immediates are condition resulting in death)	s. Atheroscle  DUE TO (OR AS A CO	h line.						it,	Approximate interval Betw Onset and Do		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	DUE TO (OR AS A CC	ONSEQUENCE O	F):		7800						
PART il. Other elgnificent condition	ona contributing to death but	not resulting	In the underlying	g ceuse given in	n Part I.	24a. WAS AMPERFO	RMED?	AVA COI OF	RE AUTOPSY FINDII ILABLE PRIOR TO IPLETION OF CAUS DEATH?		
25. WAS CASE REFERRED TO MEDICAL				100 00 00 00 00 00 00 00 00 00 00 00 00					TES 2 NO		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatie	ent 3 🗆 DOA	OTHER:	LACE OF DEATH (C							
27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM	JURY W	JURY AT ORK?	28d. DE	SCRIBE HOW	INJURY OCCU	RED		_	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	Al home, farm,		YES 2 NO	28f. LOCATION (Street and Number City or Town, State)			v or Rural Route Number,			
	SICIAN: To the best of my knowledg									-	
296. SIGNATURE AND TITLE OF CERTIFIE  WE Work	IER: On the basis of examination er	at, iii my opinion, (	29c. LICENSE NU		e und place, e		oth, Day, Year)	l.			
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH	19414	Print) Leis	ers bar	c Pi	Ic p	Husel	-tour	n Mid:	, , •	
31. DATE FILED (Month, Day, Year) MAY 18 1992	32 HEGISTHAR'S SIGNATU	JAE			7		7.7	3	,		



	1 - STATE REGISTRAR	STATE OF MARYL		DEPARTMEN RTIFICAT			MENT	AL HYGIEN REG. NO.		• I	4000
	1. DECEDENT'S NAME (First, Middle, Las	George Mar	tin	WINGERI			2. DAT	E OF DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE	(In yrs. last	YRS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	Se	E OF BIRTH oth, Day, Year) pt. 22,	1920	Penn	sylvania
5	9a. FACILITY NAME (If not institution, give Washington Coun					COWN	DEATH	Washington			
N N	Maryland Wa	shington		10c. CITY, TOWN						10d. INSIDE CITY LIMITS? TY YES 2 N	
FUNERAL	919 West Frank	lin Street	10f. ZIP CODE 2174								A.
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1/2 YES IF YES, GIVE WAR OR D. W. W. II	2 NC		If yes, sp	ENDENT OF HISP ecify Cuban, Mexic 2 X NO Spec	can, Puerte		or No- 1	4. RACE Black, Specify	American Indian White, etc.
COMPLEIED	15, DECEDENT'S EC (Specify only highest gra Elementary/Secondary (0-12)		(Ghr	EDENT'S USUAL ( le kind of work done Do NOT use retired. nintenan	during mo	ON ast of working	16	b. KIND OF BUS	ernme:		
	17. FATHER'S NAME (First, Middle, Lest) Otis R.	Wingerd						Middle, Maiden R. Sau	Sumame)		
ρ.	190. INFORMANT'S NAME (Type/Print) Mrs. Helen V. W.							mber, City or Town		-	arvland,
	Mrs. Helen V. Wingerd  20a METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)  20b PLACE AND DATE of Disposition (Name of Cempetery, crematopy or other place)  Rest Haven Cemetery  5-19						TE 20c. LO	CATION CI	ty or Tow		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY Minnich Funers 415 East Wilson Blvd., Hagerston										
	23. PART I. Enter the disease, or ahock, Dr heart fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. ELECT  DUE TO (OR AS A	each line.			-					Approximer Interval Bet Onset and
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other algolificant condition	one contributing to deeth b	but not re	aulting in the u	nderiyin	g cause given in	n Part I.	24a. WAS AN PERFOR	MED?		NERE AUTOPSY FIND MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:	ACE OF OEATH (C					
	27. MANNER OF DEATH  1 Netural 5 Pending	1 Inpetient 2 ER/Outs 26e. DATE OF INJURY (Month, Day, Year)		26b. TIME OF INJURY	28c. INJ WO	PRK?		6 ☐ Other (Specify)  28d. DEŞCRIBE HOW INJURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a PLACE OF IN HIDY	Y — At hom	e, farm, atreet, tac	1 129 2 NO					ute Number,	
COMPLE		SICIAN: To the bast of my know									end menner ea sta
TO BE	296. SANGETUNE AND PROPERTY OF GETTUN	) Fami	w	PHY	1642	29c. LICENSE NO	706°	7	29d. DATE !	BIGNED (	Month, Day, Year)
	STOHESON W	HILT ZM	ATH (ITEM	27) (Type, Print) 1825	Ho	ewen	TH	Ha	etis	TUN	v und
	31. DATE FILEO (Month, Day, Year)	12. HEGISTRAR'S SIGN	ATURE								-

	1 - STATE REGISTRAR			ERTIF	ICATE OF	DEATH	REG. NO	_			
	1. DECEDENT'S NAME (First, Middle, L.	rst)	VP2	a De	wey WRIC	2. DATE OF DEATH MONTH DAY Y		AR 3. TIME OF DEATH			
1	4. SOCIAL SECURITY NUMBER 220-05-6534		(,			IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.5	BIRTNPLACE (State or Femilian Country)		
CTOR	9a. FACILITY NAME (If not institution, g Washington Co	ounty Hospi	tal			or Location of D	<u>I Мау 3, 18</u> <sub>ЕАТН</sub>	9c. COUNTY	est Virginia OF DEATN ington		
DIRECT	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION										
		<i>Mashington</i>			Hagers				LIMITS?		
RA	10e. STREET AND NUMBER				10	1. ZIP CODE		17.	OF WHAT COUNTRY?		
BY FUNERAL	14701 Pennsylva  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12 WAS DECEDENT	EVER IN U.S. AR	MED NO	If yes, sp	21740 CENDENT OF NISPA Decity Cuban, Maxico S 2 X NO Specific	NIC ORIGIN? (Specify Yes		RACE — American Indian, Black, White, etc. Specify:		
ETED	15. DECEDENT'S EQUICATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)			16a: DECEOENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) (Grant Life in the control of the					White		
COMPL	17. FATNER'S NAME (First, Middle, Leat)			Maintenance			Girls  ME (First, Middle, Maiden				
ECC	Albert Wright						ta Witt	Surname)			
0	19a. INFORMANT'S NAME (Type/Print)		198	b. MAILING	ADDRESS (Street		Route Number, City or Town	n, State, Zip Cod	le)		
2	Charles D. Wrig	ght	14	701	Pennsylv	vania Ave	nue Hager	stown,	Md. 21740		
	20s. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION /Name of OATE 20c. LOCATION — City of										
	1   XBuriel   2   Cremation   3   Removal from State   Cemetery, Crematory or pither place)   Cemetery, Crematory or pither place)   Beautiful View Cemetery 5-15-92   State Line, Mar   21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY										
	Minnich Funeral Home  415 E. Wilson Blvd. Hagerstown, Md. 217  23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate										
7	ehock, or heart fellu IMMEDIATE CAUSE (Final disease or condition reauting in death)	a. Chie	OR AS A CONSEC	re.	2120	ton o	anort		Approximate Interval Between Onset and Deatl		
CERTIFICATION	Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	OR AS A CONSEC								
MEDICAL	PART II. Other algorificant conditions for lust	clona contributing to c	deeth but not n	eauiting I	in the underlyin	g cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			26. PI	ACE OF DEATH (Ch	eck only one)				
1YS	1 YES 2 NO 27. MANNER OF DEATN	1 Pripatient 2 =		OOA 26b. TIM	4 - Nursing Hom		6 Other (Specify)				
BY P	1 Natural 5 Pending 2 Accident Provestigation	(Month, Da)	( Year)	INJ	M 1 🗆	PRK? YES 2 NO	28d. DESCRIBE NOW II	NJURY OCCURE	D		
ETED	3 Suicide 6 Could not 4 Homicide determined	ou pullding, ir	tc. (Specify)	me, farm, a	street, factory, offic	•	281. LOCATION (Street a City or Town, State)	nd Number or Ru	ural Route Number,		
COMPLET		YSICIAN: To the best of m							use(s) and manner as stated.		
O BE C	29b. SIGNATURE AND TITLE OF CENTI	nen 1	-m	5		29e, LICENSE NUI			INED (Month, Day, Year)		
ř	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	OF DEATH (ITEM	127) (Type. Meil	Print)	Hoos	Jan 11	us:	2/7/20		
	31. DATE FILED (Month, Day, Year)	HEGISTRAR	'S SIGNATURE		· ·	/					



ospital	thed for	es.
the h	detac	OUC
6	d be	7
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Deot, of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ay be	page	be 1
m 9	ector,	mus
Page	al dir	iner
death	e fune	ехаш
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in 24	ely fill	the
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N: Th	State	Item
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PHY	r this	arked
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TEN	TOR:	28
OR AI	NREC DUIS	Em
TAL	34 C	=
IOSP	山。三	=
T	5 =	3
포	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fur be filled within 72 hours after death with the State Deor, of Health and Mental Hydiene prior to burial, cremation, or remmal	ORTA

1 - STATE REGISTRAR	STATE OF MAI	RYLAND / D	EPARTMEN RTIFICAT	T OF H	IEALTH AND DEATH	MENTAL HYGIEN			
1. DECEDENT'S NAME (First, Middle, Lest)	PODER L	loyd	E. Yo	der		2. DATE OF DEATH		a. TIME OF DEATH 3:30PM	
4. SOCIAL SECURITY NUMBER 215368416  9a. FACILITY NAME (If not institution, give st	1 M 2 D F	79	YRS. MONTHS	R 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-29-12		BIRTHPLACE (State or Foreign Country) aryland	
SACRED HEART F					RLAND	DEATH	9c. COUNTY ALLEG		
	rett		Grar		ille			10d. INSIDE CITY LUMITS? 1 YES 2 X NO	
Route 1, Box 16					21536		U	OF WHAT COUNTRY?	
1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR (	YES 2 X NO		If yes, spe	ENDENT OF HISPA ecity Cuban, Maxic 2 X NO Spec	ANIC ORIGIN? (Specify Yesen, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White	
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed)  College (1-4 or 5 +)	(Give life, Do	DENT'S USUAL C kind of work done o NOT use retired.)	during mos	DN st of working	18b. KIND OF BU	SINESS/INDUST		
8th  17. FATHER'S NAME (First, Middle, Lest)  Edward Yoder		Far	mer			Farmi AME (First, Middle, Malden na Beachy	Sumame)		
19a. INFORMANT'S NAME (Type/Print) Lydia M. Yoder						Route Number, City or Tow	Town, State, Zip Code)		
20e. METHOO OF DISPOSITION 1 X Burlal 2 Cremation 3 Remo 4 Donation 5 Other (Specify)		cemetery creme		mete	ery				
21. SIGNATURE OF FUNERAL SERVICE LICE	Devme	aw	1 5	lewm	ain St	eral Home Grants	s, P.	A. . MD 21536	
23. PART I. Enter the diseases, or contained to the conta	DUE TO (OR	on aech lina.	ence of):  Cuto  Ence of):				ratory arrest,	Approximate Interval Batwer Oneat and Das	
PART II. Other aignificant conditions Reymorks Ambruse Envi	contributing to dealer when the Co particular of particular of the contribution of the	th but not residently the confe	om and a	Car	11) ferli diai a 1my Um	PERFOR 1 □ YES 2	MED?	24b. WERE AUTOPSY FINDING AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO	
EXAMINER?  1 YES 2 NO	HOSPITAL:	Outpatient 3 🗆	DOA 4 Nur	R:	S Residence	s Other (Specify)			
27. MANNER OF DÉATH  1 1 Natural 5 Pending 2 Accident Investigation	25a. OATE OF INJU (Month, Day, Ye		8b. TIME OF INJURY M	2Sc. INJU WOF 1 Y		28d. OEŞCRIBE HOW I	NJURY OCCURE	ED	
3 Suicide 6 Could not be 4 Homicide detarmined	26s. PLACE OF INJ building, atc. (	URY — At home, Specify)	form, street, fact	ory, offica		251. LOCATION (Street a City or Town, State)	and Number or R	ural Route Number,	
						to the cause(s) and mar		use(a) and manner as stated.	
	<u> </u>			Т	29c. LICENSE NU		29d. DATE SIG		
29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND AGORESS OF PERSON WHO	Huden				1 14	907	D574	(15)	

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEA	ALTH AND MENTAL HYGIENE EATH REG. NO.
1. DECEDENT'S NAME (First, Middle, Leet)	ZARTMAN, MD	2. DATE OF DEATH MONTH DAY

1 1	REGISTRAR	CERI	IFICATE OF DEATH	REG. NO.	
,	1. DECEDENT'S NAME (First, Middle, Last)	1 FARTMAN	MD	2. DATE OF DEATH DAY	YEAR 1970
	4. SOCIAL SECURITY NUMBER 214 34 6817	5. SEX 6. AGE (In yrs. last birth	MONTHE DAVE MOURE MAN	7. DATE OF BIRTH (Month, Day, Year) 3-2-1913	8. BIRTHPLACE (State or Foreign Country)
TOT	9a. FACILITY NAME (If not institution, give:	street and number)	AUNADO LIS		DE HEUNDEL
DIRECT	10a. STATE TOB. COUNT	WE ARYDDEL "	OTY, TOWN OR LOCATION TUNDO LIS		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	848 HOLLY	DR S	101. ZIP CODE	U	EN OF WHAT COUNTRY?
B	11. MARITAL STATUS  1 Never Merried 2 Merried  3 W Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DÉCENDENT OF HISP If you, specify Cuban, Mexi 1 — YES 2 NO Spe	can, Puerto Rican, atc.)	4. RACE — American Indian, Black, White, etc. Specify
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	e completed) (Give kind	IT'S USUAL OCCUPATION of work done during most of working of use retired.)	166. KIND OF BUSINESS/INDU	STRY
끯 -	17. FATHER'S NAME (First, Middle, Last) EERENC	NIMES	18. MOTHER'S I	IAME (First, Middle, Maiden Surname)	
2	19a. INFORMANT'S NAME (Type/Print) DE, T WILLIAM Z 20a. METHOD OF DISPOSITION	ZARTMAN 713	Quaint ACEL	S SINEE SOR	DG. MD. 2904
	1 Device 2 Cremation 3 Rem	noval from Stata		Y 1992 HARX	lty of Town, State
	Toughed Lange	You	TAYLOR FUNI	ERAL CHAPEL	ANNAMOLIS MD. 21401
	immediate Cause (Final disease or condition resulting in death)	a. DUE TO (OR AS A CONSCIUENCE	andocervial a	ch as cardiac or raspiratory arre	Approximata Interval Between Onset and peat Ware The
H	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A CONSEQUENC  DUE TO (OR AS A CONSEQUENC  d.			
O	PART II. Other algnificant condition	ns contributing to death but not rasulti	ng in the underlying cause given i	Part I. 24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 1 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ż	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3   DO	28. PLACE OF DEATH (C		
8	t TYES 2 XNO			8 C Other (Specify)	
PHY	1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	TIME OF INJURY AT WORK?  M 1 YES 2 NO	26d. DESCRIBE HOW INJURY OCCU	RED
TED BY PHY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined	28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY — At home, ler building, atc. (Specify)	TIME OF NJURY AT WORK?  M 1 YES 2 NO  m, street, factory, office	281. LOCATION (Street end Number of City or Town, State)	Rural Route Number,
COMPLETED BY PHY	27. MANNER OF DEATH  1	28a. DATE OF INJURY (Month, Day, Year)  28b. PLACE OF INJURY — At home, ler building, atc. (Specify)  ICIAN: To the best of my knowledge, death occ ICIAN: On the beala of axamination and/or investig	TIME OF NJURY AT WORK?  M 1 YES 2 NO  m, street, factory, office	281. LOCATION (Street end Number of City or Town, State) a to the cause(a) and manner as stated	Rural Route Number,
O BE COMPLETED BY PHY	27. MANNER OF DEATH  1	28a. DATE OF INJURY (Month, Day, Year)  28b. PLACE OF INJURY — At home, ler building, atc. (Specify)  ICIAN: To the best of my knowledge, death occ ICIAN: On the beala of axamination and/or investig	TIME OF NJURY AT WORK?  M 1 YES 2 NO  m, street, factory, office  urred at the time, data and place, and duation, in my opinion, death occured at the	28i. LOCATION (Street end Number of City or Town, State) a to the cause(a) and manner as stated etime, data and place, and due to the	Rural Route Number,

	once.
	76
	notified
	9
	must
	examiner
, cremation, or removal	nedical
ation,	the
, crem	event,
prior to burial	is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
Hygiene I	r other
Mental Hyg	njury, o
ä	'n
Неапп	23 shows any in
0	Sh
Dept	1 23
State	Her
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deal	E S
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	FOR 1 - STATE REGISTRAR		STATE OF MAR	YLAND /	DEPARTI	MENT OF	F HEALTH AN OF DEATH	D MEI	NTAL HYGIEN REG. NO.	-	14594
	1. DECEDENT'S NAME (FIRE	il, Middle, Last)	D. AdA	-MS			- DEATH	2.	DATE OF DEATH	<u>"</u> 4 8	3. TIME OF DEATH
	2/6-01-8	175-A	M2 F	T2	YRS. MC	DAY	'S HOURS MI	0	MATE OF BIRTH Month, Day, Year)	-19	BIRTHPLACE (State or Foreign Country)
TOR	BON S MESIDENCE OF DE	eco	URS H	SAS	HAL	BA	L ton	F DEATH	e,MD.	9c. COUNT	Y OF DEATH
DIRECTOR	MD	10b. COUNT	Υ			IMORE					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	2006 W. NOI						21217			U.	N OF WHAT COUNTRY?
B	1 X Never Married 2 S	orced	12. WAS DECEDENT EVE FORCES? 1 X Y IF YES, GIVE WAR O	ES 2 T	MED NO	If yes	DECENDENT OF HIS , specify Cuban, Ma YES 2 NO Sc	xican, Pu	RIGIN? (Specify Yes arto Rican, etc.)	or No-	I. RACE — American Indian, Black, White, etc. Specify: BLACK
LETED	15. DE (Specify or Elementary/Secondary)	CEDENT'S EDU ily highest grade 0-12)	CATION completed) College (1-4 or 5+)	(G	CEDENT'S US ive kind of work Do NOT use re	done durina	ATION most of working		16b. KIND OF BUS		
COMPLET	17. FATHER'S NAME (First, I	Aiddle, Last)					18. MOTHER'S	NAME (F	BETHLEH		EL
8	RETHA ADAI			194	MAILINO AD	DBESS /Sum	LILLIE	WIL	LIAMS		
5	RUTH JEAN	DAVIS		Ь	207 WI	NNER	AVE./BAL	TIM	Number, City or Town DRE, MD	21215	ode)
	20a. METHOD OF DISPOSIT  1 M Burlat 2 Cremati 4 Donation 5 Other	on 3 🗆 Ram r (Specify)	loval from Stata	COMETERY COME	MATE OF DE MATE OF DE	PISPOSITION PIACES T	VA CEMET	ERY			y or Town, State LS, MD
	21. SIGNATURE OF FUNER	Ma	ATTAC			WM.C		.н.,	/1101 E.		
ERTIFICATION	23. PART I. Entar the call shock, or it is the call shock, or it is the call shock, or it is the call shock, or it is the call shock, or it is the call shock, and call shock,	bildins, idlate ling	e. SQUAN  DUE TO (OR A  DUE TO (OR A	N OU!	DUENCE OF):						Interval Between
L C	PART II. Other significa	ant condition	s contributing to deat	h but not r	esulting in t	he underly	ring ceuse given	in Pert	I. 24a. WAS AN / PERFORI		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
N: MEDICA									1 TYES 2	No	COMPLETION OF CAUSE OF DEATH?  1 YES 2
PHYSICIAN:	25. WAS CASE REFERRED TEXAMINER?	O MEDICAL	HOSPITAL:	outpatient 3		THER:	PLACE OF DEATH				
	27. MANNER OF DEATH	Pending	28e. DATE OF INJUF (Month, Day, Yea	RY	28b. TIME OF	28c.	ome 5 Residen	-	DESCRIBE HOW IN	JURY OCCUR	NED
ED BY		Could not be determined	28e. PLACE OF INJU- building, atc. (S	JRY — At hor Specify)	ne, ferm, stree		YES 2 NO	281.	LOCATION (Street as City or Town, State)	nd Number or	Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one)	TIFYING PHYSI	CIAN: To the beat of my kn	lowledge, de	ith occurred at	the time, d	ate end place, and	dua to the	ceuse(a) end mani	ner as stated.	
	2 MED 29b. SIGNATURE AND TITLE			ntion and/or li	nveatigation, in	my opinion	, death occured at		date end place, and		GNED (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF	PERSON WH	COMPLETED CAUSE OF	DEATH (ITEN	27) (Type, Prin	>	D41	801	6	▶ 5	24 92
	ILEANA 31. DATE FILED (Month, Day,	GH Year)	EORGH 32. REGISTRAR'S SI	1, 1	とう	, 8	SON S	E	WURS	Ho	1ATI 92
	ALTERNATION OF THE PROPERTY OF	Y 27			on-And	486	1				

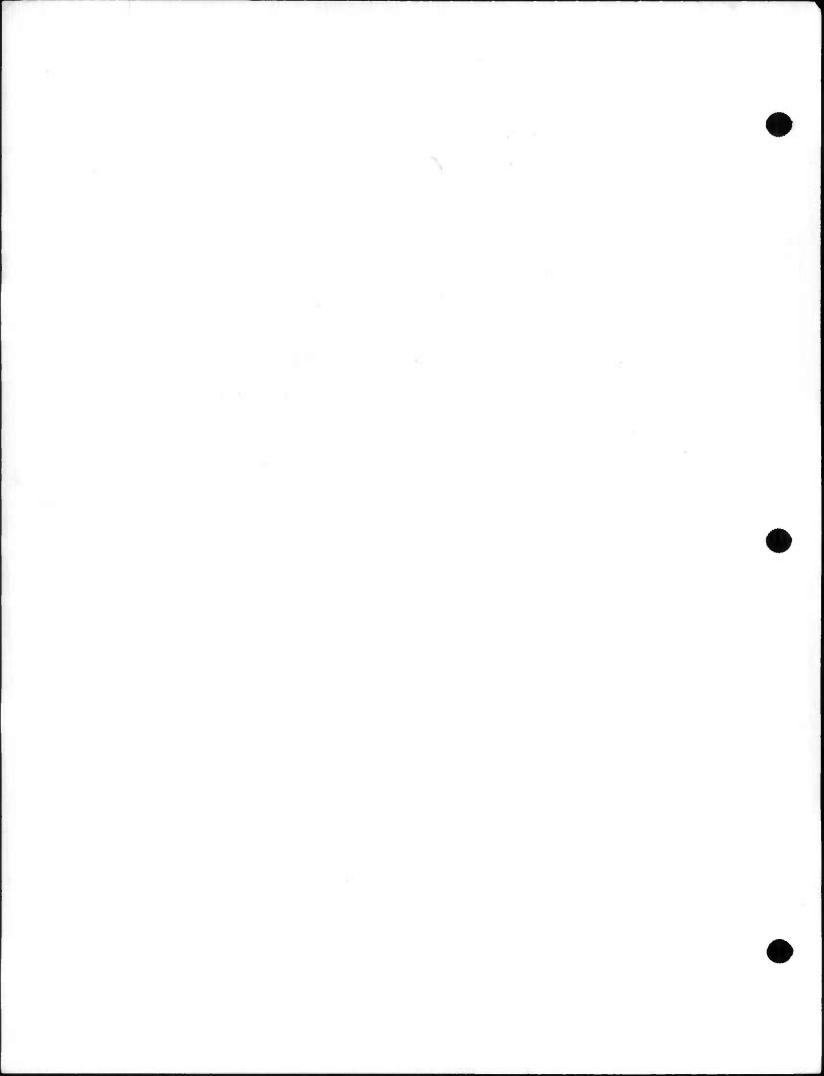
1 - STATE REGISTRAR	SIAIE UF MARYL	CERTIFIC	CATE (	OF DEATH		EG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	Nderson				2. DATE OF D	DAY Y	3. TIME OF DEATH
· 2 10 111 1101			IF UNDER 1 YE	EAR IF UNDER 24 HRS.  NYS HOURS MIN.	7. DATE OF B (Month, Day	NALL 8.	BIRTHPLACE (State or Foreign Country)
So. FACILITY NAME (If not Institution, give atre			BA	WN OR LOCATION OF DE	HTA		OF DEATH  I HIMORE
RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY		10c, CITY,	TOWN OR L	OCATION			10d. INSIDE CITY
MD.			1	0 0	IORE	2	1 TYES 2 NO
100. STREET AND NUMBER	tire r	RD.		101. ZIP CODE 2/2	24	10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  2 Wildowed 4 Divorced  15. DECEDENT'S EDUCA (Specily only highest grade of Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)							Black, White, etc. Specify:
15. DECEDENT'S EDUCA (Specify only highest grade or Elementery/Secondary (0-12)		life. Do NOT use	ork done durir retired.)	PATION ng most of working  WIFE	16b. KIN	D OF BUSINESS/INDUS	
17. FATHER'S NAME (First, Middle, Last)	Nickal		430		ME (First, Middl	le, Maiden Surname)	.01
190. INFORMANT'S NAME (Type/Print)	DICKER		ODDESS /S	treet and Number or Rural	Py /		Pherson
MYRL RAI	DER	1903	A	DAMS	RD.	any or nown, state, zap ca	ooe)
20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 Remove 4 Donetion 5 Other (Specify)	val from State	PLACE OF DISPOSI Other place) SEL AIR	TION (Name	of cornetery, cremetory or MORIAL		BELA	y or Town, State  IR, MD.
21. SIGNATURE OF FUNERAL SERVICE LICE	melly	,		WE AND ADDRESS OF FA	CILITY FU PRS	meral Poist	HOME OF DUA
23. PART I. Enter the diseases, or co ahock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition			ot enter the	a moda of dying, euc	h aa cardlac	or respiratory arres	Approximate Interval Between Onaet and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A A 3 CVD	CONSEQUENCE OF	٠5	Palminy	Dir	4-5	y M y M
PART II. Other algorificant conditions			tha unde	rlying cause given in		n. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
3/01720 AZ	OF FRAN	tus His	ATTHE O	Henria			1 TES 2 NO
	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 DOA	OTHER:	26. PLACE OF DEATH (C) Home 5 - Realdence		pecify)	
27. MANNER OF DEATH  1 Netural 8 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME	JRY :	c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRI	BE HOW INJURY OCCU	PRED
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe		treet, factory	, office		ON (Street and Number of own, State)	r Rurel Route Number,
TOTAL OTHY	CIAN: To the best of my know						f. cause(e) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU	MBER 276	29d. DATE	SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	/	EATH (ITEM 27) (Type,	Print)	<u> </u>			

urs after death. Page 6 may be retained by the hospital er amending physician BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funial-the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rav 1/89



FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) MARY	STELLE A	ARTHUR			2. DATE OF DEATH DA 5 24	1992	3. TIME OF DEATH 8:43 A. M
The same seems to the same see			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-17-19(	Coun	HPLACE (State or Foreign try) yland
9e. FACILITY NAME (If not institution, give street				R LOCATION OF DE		9c. COUNTY OF	
114 E. Red Hill Rd	•		Conowir	igo		Cecil	
10e. STATE 10b. COUNTY			OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
Maryland Cecil		Cono	wingo				1 YES 2 NO
100. STREET AND NUMBER 114 E. Red Hill Rd				21918		U.S.A.	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 💢 Widowed 4 Divorced	2. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 X NO	If yes, spe		IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.)		CE — American Indien, ok, White, atc.  city:  te
15. DECEDENT'S EDUCAT (Specify only highest grade con	TION mpleted)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	UAL OCCUPATIO	ON st of working	16b. KIND OF BUS	SINESS/INDUSTRY	
Elementery/Secondery (0-12)	College (1-4 or 5+)						
7 Yrs.		Homemake	r	16 MOTHER'S NA	ME (First, Middle, Meiden	Sumamal	
Louis Vogt				Lottie	Thawley		
190. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ORESS (Street a		Route Number, City or Tow	n, State, Zip Code)	
Betty E. Wolff					Conowingo,		
25s, METHOD OF DISPOSITION 1	il from State	Parkwood C	emeter	y 5-2	8-92 Bal	to., Md.	
21. SIGNATURE OF FUNERAL SERVICE LICEN ROY H. Cath			22. NAME AP	D ADDRESS OF FA	CILITY		
Roy H. C.	ather		Leonard	J. Ruck.I	inc.,5305 Har	ford RdE	Balto., Md. 21214
shock, or haart feliure. Lis  IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	DUE TO (OR AS	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	f ii	fau	trus		Onset and Death
PART II. Other significant conditions of	contributing to death	but not resulting in	the underlyin	g ceuse givan in	Part I. 24a. WAS AN PERFOI	RMED?	Ab. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 24-NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF OEATH (C)	neck only one)		
	☐ Inpetient 2 ☐ ER/O	utpatient 3 DOA 4	☐ Nursing Hon	IURY AT	6 Other (Specify)	IN HIRV OCCURED	
1 Natural 5 Pending	(Month, Day, Yea		Y WO	DRK? YES 2 NO	ZOU. DESCRIBE HUW	INJUNI UCCUMED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU- building, etc. (S	IRY — At home, farm, atropecity)			261. LOCATION (Street City or Town, State	end Number or Rurs )	al Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIA EXAMINER:		owledge, death occurred					e(e) and menner ee stated.
250. SIGNATURE AND SITE OF CERTIFIER	5Um			29c. LICENSE NU	MBER 190	29d. DATE SIGN	ED (Month, Day, Year)
36 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, P.	rint)	- / -		- 5/	-6//2
	. Union Ave.	, Havre de Gr	ace, Md.				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	GNATURE 10	2.023				
MAY 27 19	1412 graha	Bavidson-Range					DHMH-16 Rev 1/8

urs after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

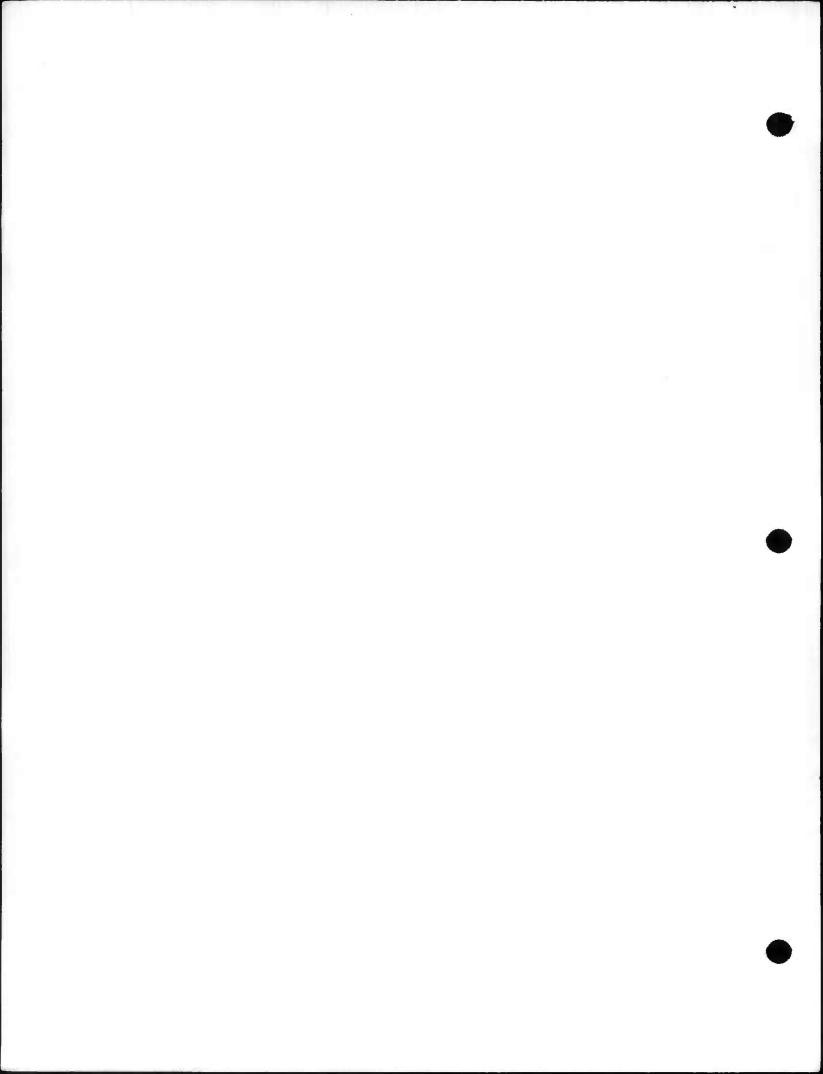
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-trainist be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending pry and
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the hura-trainer admits a completely filled in by the funeral director, page 5 should be detached for use as the hura-trainer admits a completely filled in by the funeral director.
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMBORTANCE if them 90 to mendered as from 90 sehours care fairners as askers become also mendered as the mendered as the mendered askers and the mendered askers and the mendered askers

BALTIMORE, MARYLAND 21215-002

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year)

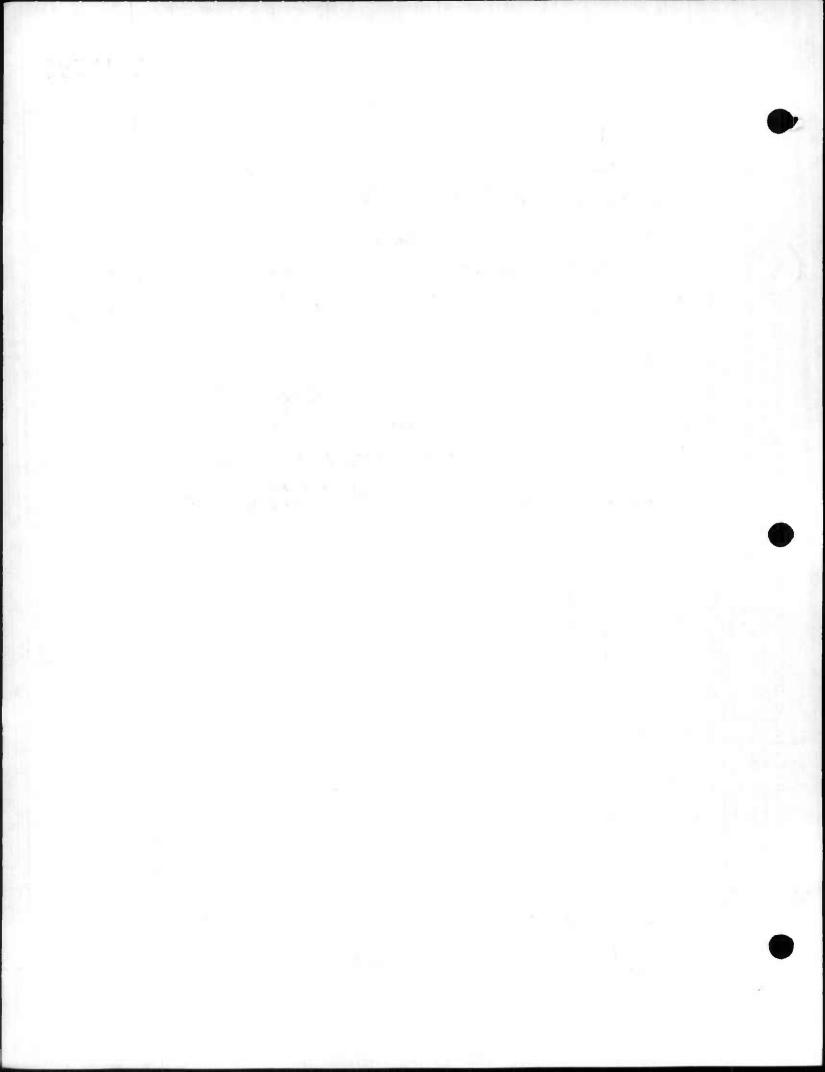
FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) M. Bushrod 3. TIME OF DEATH 2. DATE OF DEATH DAY 21 MONTH narid 5. SEX 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 38 1 M 2 XF 3-5 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LIBERTY ME DIRECTOR 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? MA Ba 140 YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5+ 2/2/6 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 2 Married BY Black 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION 15. DECEDENT'S EDUCATION secilly only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY (Give kind of work done during m life. Do NOT use retired.) 12 th College (1-4 or 5+) 18. MOTHER'S NAME (First, Middle notified at BE 19e. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (St 2 10 must be METHOD OF DISPOSITION AGE AND DATE OF DIS OATE 20c. LOCATION Burlal 2 Cremation 3 Removal from State PH 4 Donation 5 Other (Specify) 23. NAME AND ADDRESS OF FACILITY West Mabasi 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximata ahock, or haert failure. List only one cause on each lina. Intarval Batween IMMEDIATE CAUSE (Final **Onset and Death** diaease pr condition\_ evebrouascular resulting in death) traumatic event, DUE TO (OR AS A CONSEQUE ocardia CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inflated eventa TO (OR AS A CONSEQUENCE OF) Rena 10 Injury, or other DUE TO (OR AS A CONSEQUENCE OF) resulting in deeth) LAST PART II. Other eignificent conditione contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL:
1 No inpatient 2 ER/Outpatient 3 DOA OTHER: g Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) ED 6 Could not be 4 Homicide determined COMPLET 29a. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the beats of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNEO (Month, Day, Year) Physician D41365 May 21, 1992 2 COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print) George icks Medical 111

Liber

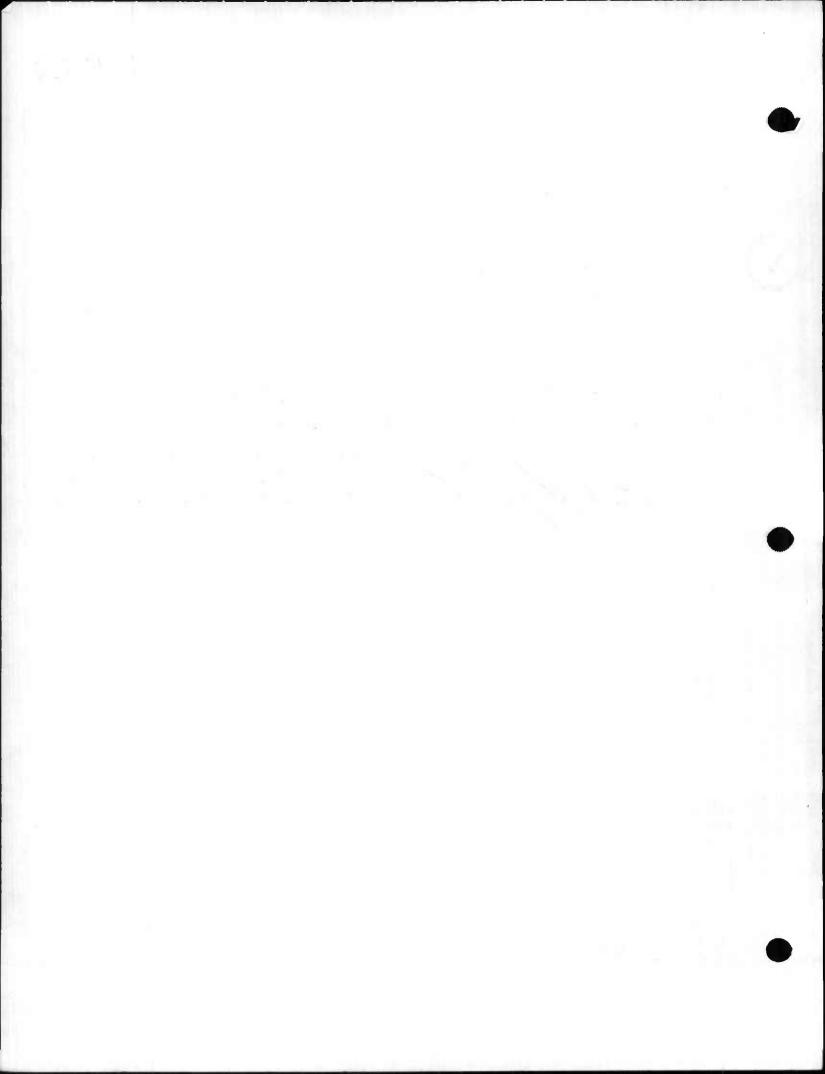
32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

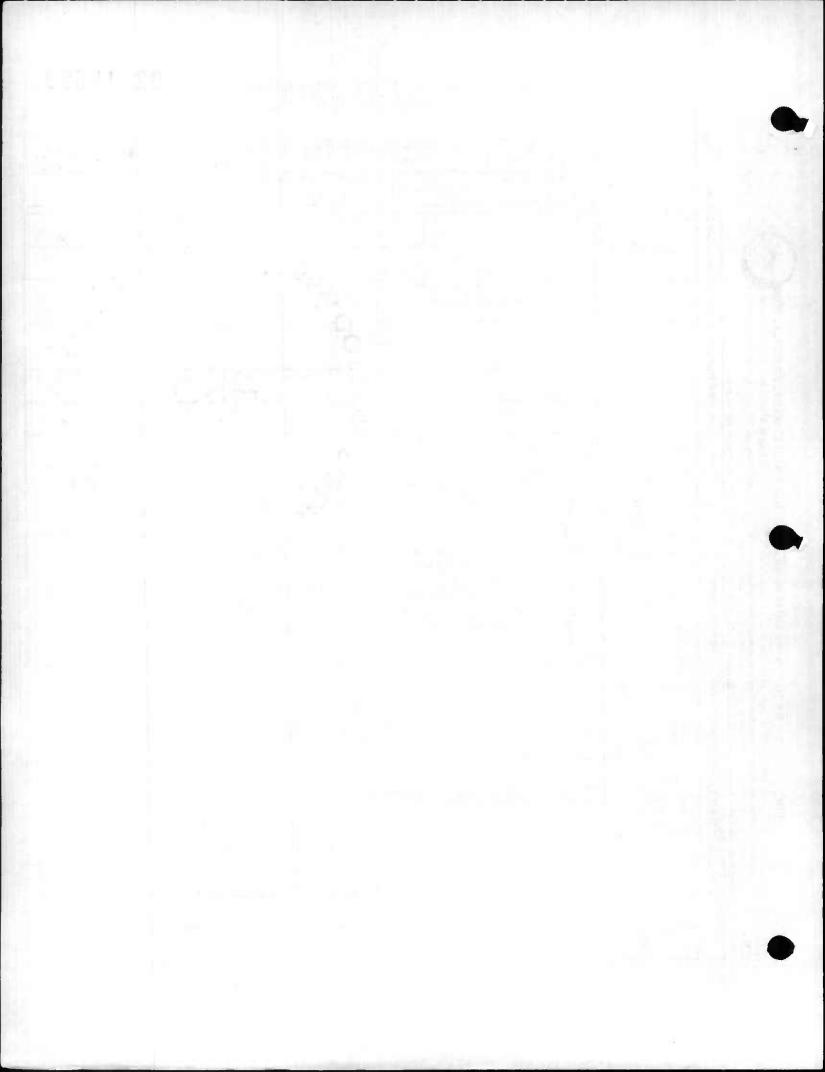


BALTIMORE, MARYLAND 21215-002	Page 6 may be retained by the hospital or attending pre-	il director, page 5 should be detached for use as the burns	ner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending pine	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlin to he filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, I					ICATE OF	DEATH AND		. NO.			
CHARLES E.	Middle, Last)						2. DATE OF DEA			3. TIME OF DEATH	
		RING					May	23,14	199A	650	1
4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (in yrs.	last birthday)	IF UNDER I YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	TH bar)	8. BIRTHP Country)	LACE (State or Forei	gn
216-07-2145	1.7	1 M 2 D F	82	YRS.	EONING CATS	noons min.	Jan.14		- 1	land	
9a. FACILITY NAME (If not inst	titution, give stre	et and number)			9b. CITY, TOWN	R LOCATION OF	DEATH	9c. COL	JNTY OF DE	ATH	
St. Joseph	Hospi	tal			Towson	1		Bal	Ltimor	e	
	10b. COUNTY			10c, CIT	Y, TOWN OR LOCA	TION			T	IOd. INSIDE CITY	_
Maryland	Balt	imore		TOW	son				- 1,	LIMITS?	0
10e, STREET AND NUMBER						. ZIP CODE		10g. CI1		IAT COUNTRY?	
800 Southe	rly Ro	ad Apt	. 1608			21204		U.S	5.A.		
11. MARITAL STATUS	1	12. WAS DECEDEN			13. WAS DEC	ENDENT OF HISP	ANIC ORIGIN? (Spec	Ify Yes or No-	14. RACE -	- American Indian,	
1 Never Married 2 1 h 3 Widowed 4 Divorce		IF YES, GIVE W		INO		2 NO Spec	can, Puerto Rican, el cily:	tc.)	Specify:	lack, White, atc.	
	62 L									White	
(Specify only	DENT'S EDUCA highest grade co	ompleted)		DECEDENT'S (Give kind of vite. Do NOT us	USUAL OCCUPATION work done during mo	ON st of working	16b. KIND C	OF BUSINESS/IN	DUSTRY		
Elementary/Secondary (0-1 12yrs.	12)	College (1-4 or 5 +	)	laste			Polt.	o. City			
17. FATHER'S NAME (First, Mid	die. Last)			Taste		18 MOTHER'S A	IAME (First, Middle, N		Hous	ing	_
Ephraim A.		na					tt M. Bo	,			
19a. INFORMANT'S NAME (Typ.	pe/Print)			19b. MAILING	ADDRESS (Street a		A Route Number, City	-	in Code)		
Mrs. E. Fran	ces Du	nker			inden Av		son, Mar				
204, METHOD OF DISPOSITIO	N .		20b.PLAC		OF DISPOSITION (No			Oc. LOCATION -		n State	_
1 NBuriel 2 Cremation 4 Donation 5 Other (5		al from State	cemetery, o	cremetory or of			5/28/92				
21. SIGNATURE OF FUNERAL	SERVICE LICEN	uses/	7	/		ID ADDRESS OF I	FACILITY	WOOGTAW			_
1	117	//	1				uneral H			0 York F	
IMMEDIATE CAUSE (Fina disease or condition resulting in death)	/	et only one can	OR AS A CONS	-	e &	lead	Des	lene	,	Interval Bety Onset and D	
Sequentielly list condition if any, leading to immedicause. Enter UNDERLYIN CAUSE (Disease or injury that initiated events resulting in death) LAST	ate G	1	OR AS A CONS	en	JR7	- He	þ				
PART II. Other significant	t conditions	contributing to	death but not	resulting i	n the underlying	cause given in	PE	AS AN AUTOPSY ENFORMED?		MERICAUTOPSY FINDS WALABLE PRIOR TO OMPLETION OF CAU # GEATH?  YES 2 NO	100
25. WAS CASE REFERRED TO EXAMINERT	The second second	HOSPITAL:		- 1	26. PL	ACE OF DEATH (C	Zheck only one)		1		
1 PARE 2 NO		Informent 2 [		-	4   Mursing Hom		6 C Other (Specify				
27. MANNER OF DEATH  1 Netwer 5 P	ndina	28s. DATE OF (Month, Da		255, TIME INJ	URY WO	RK7	28d. DESCRIBE F	HOW INJURY OC	CURED		
2 Accident In	vestigation	40. ft 405 or				ES 2 NO					
	ould not be starmined	building,	etc. (Specify)	some, rarm, e	treet, factory, offici		286, LOCATION (Sinset and Number or Rurel Route Number, City or Town, State)				
29a. CERTIFIER (Check only	PHYSICIA AL EXAMINES	AN: To the best of a	my knowledge,	death occurre	d at the time, data	and place, and du	us to the cause(s) an	ed menner as sta	ited. he cause(s) s	and manner as state	rd.



	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.									
	1. DECEDENT'S NAME (First, Middle, La	LOUI	S HENRY BANKS	2. DATE OF DEATH MONTH D	AY YEAR	3. TIME OF DEATH					
	7/6-38-3394	5. SEX 6. AGE (In yrs. A	YRS. MONTHE DAYS HOURS MIN	(Month, Day, Year)	1 /1	HPLACE (State of Foreign ) THE ASTON USA MD					
OR	9a. FACILITY NAME (If not institution, gh	re street and number)  MS	96. CITY, TOWN OR LOCATION OF	DEATH	9c. COUNTY OF E	DEATH					
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COU		10c. CITY, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?					
	104. STREET AND NUMBER	D /	101. ZIP CODE		10g. CITIZEN OF	1 YES 2 CHO					
	11. MARITAL STATUS 1 Never Married 2 Merried 3 XWidowed 4 Divorced	Brookwood  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 ☐ YES 2 M IF YES, GIVE WAR OR DATES	NO If yes, specify Cuben, Max	PANIC ORIGIN? (Specify Yellican, Puerto Rican, etc.)	a or No— 14. RACI Blac Spec	E - American Indian, k, White, etc.					
Ш	15. DECEDENT'S E (Specify only highest gr. Elementary/Secondary (0-12)	ade completed) (	ECEDENT'S USUAL OCCUPATION Give kind of work done during most of working le. Do NOT use retired.)	16b. KIND OF BU	SINESS/INDUSTRY	- 6					
	17. FATHER'S NAME (First, Middle, Last)	-C	16. MOTHER'S	NAME (First, Middle, Meiden	/	7.4					
	19a. INFORMANT'S NAME (Type/Print)	T 7 10 1	9b. MAILING ADDRESS (Street and Number or Run	ral Route Number, City or Tow	m, State, Zip Code)	4					
Ĕ	RAICE  200. METHOD OF DISPOSITION	, FI-551E	233 Brooks	wood Avo	Eastur						
	1 Burial 2 Cremation 3 R	pmovel from State Cametery, Cameter, Camet	71-0102	RAPPE, M.							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERA 4600 LIBERTY HEIGHTS AVENUE  23. PART. Enter the disease of or complications that caused the death. Do not enter the mode of dying, such as cardisc or reapiratory strest,										
	23. PART // Enter the diseases shock, or heart failed IMMEDIATE CAUSE (Finst disease or condition resulting in death)	e. List only one cause on such lin	Pularonay  Foundation	allure	iratory srrest,	Approximate Interval Betwee Onset and Dea					
HILLANDIA	Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	ble osteame	elites	m MJ	3					
AL	PART II. Other algoriticant conditions	Dna contributing to death but not	resulting in the underlying cause given	in Part i. 24e. WAS AN PERFOR	RMED?	. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO					
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	28. PLACE OF DEATH (  OTHER:  ODA 4 Nursing Home 5 Residence								
	27. MANNER OF DEATH  1. Metural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED						
- 1	3 Suicide 6 Could not a determined	28e. PLACE OF INJURY — At h building, etc. (Specify)	ome, farm, street, factory, office	261. LOCATION (Street & City or Town, State)	and Number or Rural F	Poute Number,					
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRE			eath occurred at the time, data and place, and d			) end menner as stated.					
BE C	296. SIGNATURE AND TITLE OF CENTUR		29c. LICENSE N	UMBER	29d. DATE SIGNED						
2	30. NAME AND ADDRESS OF PERSON	HO COMPLETED CAUSE OF DEATH (IT)	10-for 111	6435 AF 2 378							

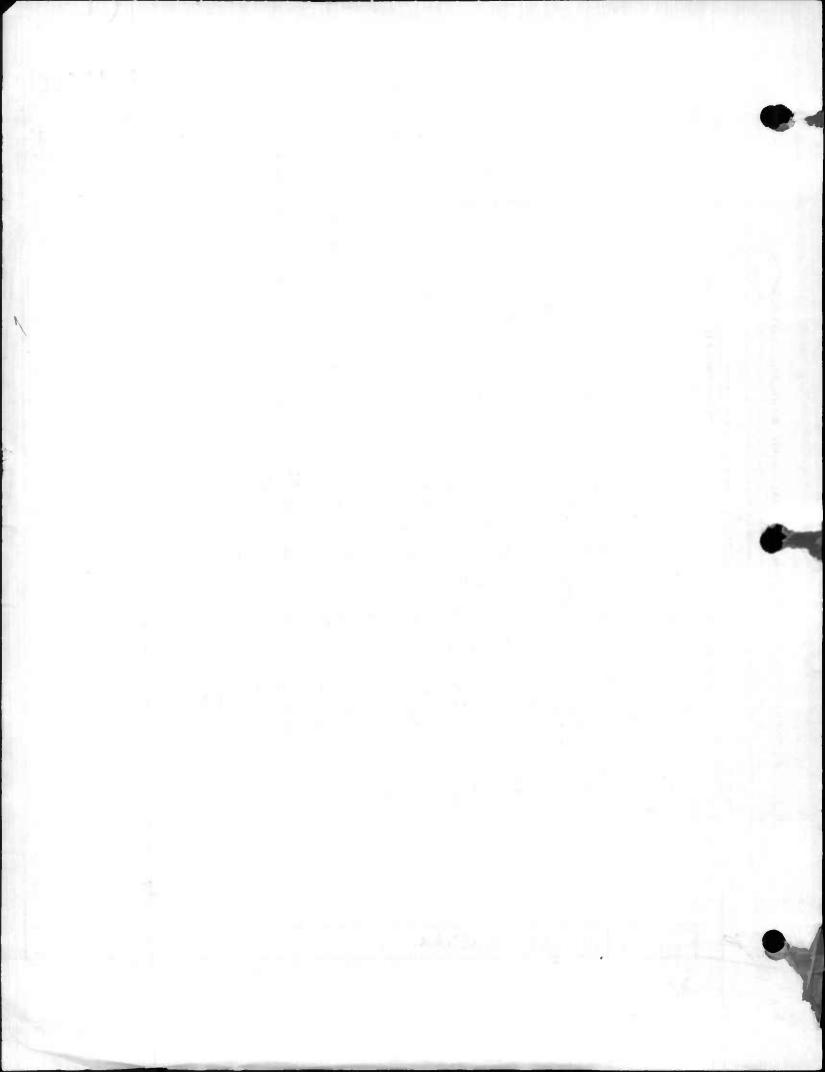


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AMP.	as b	Sept.	23
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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		/LAND / DEPAR	RTMENT OF	HEALTH AND N	IENTAL HYGIEN	92	sal 4600
	REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	LISA		DEATH	REG. NO.		3. TIME OF DEATH
		E (In yrs. last birthday)  One of the second	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Manth, Day, Your) 11/4/196	6. BIT	THPEACE (Sinte or Gornion niny)  LTO MD
TOR	99. FACILITY NAME (If not institution, give street and number)  GOOD SAMARITAN HOSPITA  RESIDENCE OF DECEMENT	L	100	OR LOCATION OF DEA	ATN	9c. COUNTY OF	DEATN
DIRECTOR	10a. STATE 10b. COUNTY  MARYLAND	10c. CIT	P, TOWN OR LOC BALTI				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL		. A		or. ZIP CODE 21239		16g. CITIZEN OF	F WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 \( \tilde{\tile}\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{\tilde{	S 2 X NO	If yes, s	CENDENT OF NISPANI pecify Cuban, Mexican S 2 NO Specify:	C ORIGIN? (Specify Yee , Puerto Rican, etc.)	Bia	CE — American Indian, ack, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPAT work done during n se retired.)	ION lost of working		STATES	S POST OFF.
BE COM	17. FATHER'S NAME (First, Middle, Leat) GEORGE W. BROWN, SR.			EDNA 1	PARSONS		
2	19e. INFORMANT'S NAME (Type/Print) VIVIAN BROWN			AVENUE	BALTIMO		21214
		WESTERN	STAR C	EMETERY  NO ADDRESS OF FACT  Y O. DYI		N FUNEI	RAL HOME
	23. PART L Enter the diseases or complications that causinose, or heart failure. List only one couse of iMMEDIATE CAUSE (Final disease or condition resulting in death)  a. Due To (OR A	sed the death. Do n each line.				retory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	S A CONSEQUENCE O	proph	Divis &			
MEDICAL	PART II. Other algnificent conditions contributing to death  A I Helpart T  A A I Helpart T  A A A A A A A A A A A A A A A A A A	but not resulting	Hiv	CCL JU	PERFOR		4b. WERE AUTOPSY FINDINGS AMAIL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?  1 D yés 2 D NO
BY PHYSICIAN:	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	17 9 28b. TIR	OTHER: 4 Nursing No ME OF 28c. II JURY M 1	me 5  Rasidence (		NJURY OCCURED	
COMPLETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJI building, etc. (S 29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To like bast of my kr	pec#y)			28f. LOCATION (Street a City or Town, State)		il Route Number,
H	2 MEDICAL EXAMINER: On the basic of examinations of examinations of examinations o				lime, date and place, an	d due to the caus	ED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	OFATH (ITEM 27) (No.	Print)			~/	

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year)
MAY 2 7 1992



BALTIMORE, MARYLAND 21203-3146

Pages 1, 2, 3 should

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical ex
-	-	/	_
		7	

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

									2 1	. 17001
	1	1 - FOR STATE REGISTRAR	ATE OF MARYL			HEALTH A		TAL HYGIENE REG. NO.		
	:	1. DECEDENT'S NAME (First, Middle, Last)	Bou	ce.			2. D	ATE OF DEATH DAY		3. TIME OF DEATH
	1	4. SOCIAL SECURITY NUMBER 5. SE		n yrs. last birthday)	IF UNDER 1 YEA			ATE OF BIRTH fonth, Day, Year)	8. B	HRTHPLACE (State or Foreign ountry)
	į,	236-24-3503 1 P	M 2 🗆 F	() YRS.				1-20-0	9c. COUNTY	W.Va.
	TOR	FAILTS NAME (IT NOT INSTITUTION, GIVE STREET OF THE PROPERTY O	0 11	spital	Fall	sto N	OF DEATH			RFOR'D
	DIRECTOR	10e. STATE 10b. COUNTY	Harford	10c. CITY	, TOWN OR LO	CATION	Joppa	a		10d. INSIDE CITY LIMITS? 1 YES 2 NO
	FUNERAL	10e. STREET AND NUMBER	Jonne Dd			10f. ZIP CODE				OF WHAT COUNTRY?
		2707 Old	JUPPA KO.	U.S. ARMED	13. WAS	DECENDENT OF H	2108	IGIN? (Specify Yea	U.S or No.— 14.1	
1	B	1 Never Married 2 Married FG	YES, GIVE WAR OR DA 943-1945	2 NO ATES	If yes	, specify Cuben, f				RACE — American Indian, Black, White, etc. Specify: White
	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementery/Secondary (0-12) Colle	(ed)	16a. DECEDENT'S to (Give kind of willife. Do NOT use	ork done during	ATION most of working		16b. KIND OF BUS	INESS/INOUST	RY
	COMPLET	12 yrs.		Inspect	tor			Bethle	hem_St	ceel
	BE CO	17. FATHER'S NAME (First, Middle, Last) Laut	rence D.	Boyce		18. MOTHER	ary M	rst, Middle, Meiden S lay McCol	Sumeme) CMiCk	
	2	19a.INFORMANT'S NAME (Type/Print) Mrs. Sylvia G. Boyce						Number, City or Town 1a, Md. 2		(e)
		20e, METHOO OF OISPOSITION  XX Burlet 2 Cremetion 3 Removal from 1 Donetion 5 Other (Specify)	om State	other piece) Bel	Air N	cometery, cremeto Memorial	Gar.	5-27-92	EATION — CITY 2 Bel	or Town, State Air, Md.
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  6. J. Land	//			750 Bela		E.F.Las		Tuneral Home Md. 21087
		23. PART I. Enter the diseases, or compile shock, or heart failure. List or			ot anter tha	moda of dying	, such as	cardiac or reeple	ratory arrest,	Approximate interval Between
	ļ	IMMEDIATE CAUSE (Final disease or condition	A cin	^	400	ardi	a0	Tuf	arct	Onset and Death
100		resulting in desth) e	DUE TO OR AS A	CONSEQUENCE OF	2/	-		1		
	_ 11		( 25	1		1-60		0-	0 = 1	0 110255
	NOL	Sequentially list conditions,	(or	CONSEQUENCE OF	50	arte		Dis	eas	e years
	ICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	consequence of	9 6	arte		Dis	eas	e years
and and a	ERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	9 6	M		Dis	eal	e years years
5	L CERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	() () () () () () () () () () () () () () () (	M	elli	1. 24a. WAS AN	AUTOPSY	G YEARS  YEARS  24b. WERE AUTOPSY FINDINGS
5	11	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	() () () () () () () () () () () () () () () (	M	elli	i. 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE
nows any min	MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF	() () () () () () () () () () () () () () () (	M	elli	1. 24a. WAS AN	AUTOPSY MED?	G LJ C-CS  4 C-CS  24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO
nows any min	MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant conditions con	DUE TO (OR AS A	CONSEQUENCE OF	n the underl	M	en in Part	I. 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
nows any min	MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant conditions con  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A	CONSEQUENCE OF	n the underl	ying cause giv	en in Part	i. 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?
Acu, or nem 23 shows any min	PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant conditions con  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 10  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS A tributing to death b	CONSEQUENCE OF CONSEQ	or the underly of the second o	lying cause give	en in Part  TH (Check on 28d)	i. 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS ANALLABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1  YES 2 NO
o is individu, of tiem to shows any injury	ED BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant conditions con  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1  27. MANNER 05-DEATH  1 Netural 5 Pending Investigation	DUE TO (OR AS A tributing to death b	CONSEQUENCE OF CONSEQ	OTHER: 4   Nursing EURY M 1	ying cause giv	en in Part  TH (Check on the case of the c	i. 24a. WAS AN PERFOR 1 YES 2	AUTOPSY MED? A NO	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1 VES 2 JANO  ED
II to is marked, or term to show only injection	ETED BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant conditions con  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide a Could not be	DUE TO (OR AS A  DUE TO (OR AS A  tributing to death b  spital: inpatient 2 PENOUT (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spe	consequence of the consequence o	OTHER: 4   Nursing E OF   28c URY   M	ying cause giv	en in Part  TH (Check on lence 8 December 28d.)  28d.	I. 24a. WAS AN PERFOR 1 VES 2  Other (Specify)  DESCRIBE HOW II  LOCATION (Street colly or fown, State)	AUTOPSY MED?  NJURY OCCURI	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF OCATH? 1 VES 2 NO
COLANI. II Rem to 19 managed, or rem to shorts and migration	BE COMPLETED BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant conditions con  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO 1  7. MANNER OF DEATH  1  Natural 5  Pending Investigation  2  Accident  3  Suicide a Could not be determined  29e. CERTIFIER (Check only)	DUE TO (OR AS A  DUE TO (OR AS A  tributing to death b  spital: inpatient 2 PENOUT (Month, Dey, Year)  28e. PLACE OF INJURY building, etc. (Spe	consequence of the consequence o	OTHER: 4   Nursing E OF   28c URY   M	ying cause giv	en in Part  TH (Check on the second of the s	I. 24a. WAS AN PERFOR 1 VES 2  Other (Specify)  DESCRIBE HOW II  LOCATION (Street colly or fown, State)	AUTOPSY MED?  NJURY OCCURI	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF OCATH? 1 VES 2 NO
ICONTANT: II INGIII 70 15 III INGIII 70 SIIOMS GIIJ III INGIII	E COMPLETED BY PHYSICIAN: MEDICAL	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant conditions con  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident a Could not be determined  29c. CERTIFIER (Check only only)  2 MEDICAL EXAMINER: On  29b. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO COM	DUE TO (OR AS A  DUE TO (OR AS A  tributing to death b  SPITAL: Inpatient 2 PR/Out; (Month, Dey, Year)  28e. PLACE OF INJURY (Month, Dey, Year)  To the best of my know the basie of examinatio	obtient 3 DOA  28b. TiMi	or the underly the street, factory, and at the ilme, and in my opinion.	ying cause give  B. PLACE OF OEA  Home 5   Reside  INJURY AT  WORK?  YES 2   Poffice  date and place, as on, death occurred	en in Part  TH (Check on the check of the ch	I. 24a. WAS AN PERFOR 1 VES 2  Other (Specify)  DESCRIBE HOW II  LOCATION (Street colly or fown, State)	AUTOPSY MED?  NJURY OCCURI  and Number or F  oner as steted.  d due to the ce	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF OEATH?  1 VES 2 JANO  Rural Route Number,  Puse(e) end manner ee steted.  GRED (Morith, Day, Year)

32. REGISTRAN'S SIGNATURE 1992 July Davidson-Rondelle

oh h 31. DATE FILEO (Month, Day, Year)

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	1. OECEOENT'S NAME (First,	Affeldle I noti								A DATE OF OCATU			A THE OF OPATH
	Mary Eli		Bishop							2. DATE OF OEATH DAY YEAR 3. TIME OF OEATH NONTH 20 1992 135.			
	4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER	1 YEAR	1 IF UNDER		7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	218 58 117	5	1 - M 2 XX	93	YRS.	MONTHS	DAYS	HOURS	MIN.	June 26,	1898	Md	")
	9a. FACILITY NAME (If not in	stitution, alve st	reet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DE			INTY OF DE	EATH
E	PENINSULA	REGION	AL MEDIC	AL CENTE	R	S	ALIS	BURY	7		WIC	OMIC	O
5	RESIDENCE OF DEC												
끪	10a. STATE	10b. COUNTY				Y, TOWN		TION					10d. INSIDE CITY LIMITS?
0	Md	Worc	ester		Sh	owe							1 YES 2 X NO
FUNERAL DIRECTOR	10e. STREET AND NUMBER				100			. ZIP COD					HAT COUNTRY?
밀	Worcester	Highw				L	_	1862			US		
교	11. MARITAL STATUS  1 Never Married 2	Married	FORCES?	T EVER IN U.S. AR	NO					IC ORIGIN? (Specify 'n, Puarto Rican, etc.)	Yes or No	Black	— American Indian, , Whita, atc.
BY	3 Wildowed 4 Divo		IF YES, GIVE	MAR OR DATES			1 TYES	2 (XNO	Specify	•		Specif	White
		EDENT'S EDUC		16a. DE	CEDENT'S	USUAL O	CCUPATION	ON		16b. KIND OF E	BUSINESS/IN		
COMPLETED	Elementary/Secondary (0	y highest grade 0-12)	College (1-4 or 5	- Ma	ive kind of Do NOT u	work done se retired.)	during mo	ost of worki	Ing				
립	6				ouse	wife				House	ewife		
ŏ	17. FATHER'S NAME (First, M	liddle, Last)		2-10-51						ME (First, Middle, Maid	en Surname)		
BE (	Peter W. [	Davis						Anı	nie S	mallwood			
10 B	19a. INFORMANT'S NAME (7									loute Number, City or 1		ip Code)	
۴	Peggy Bis			P	. 0.	Box	< 42	, Sh	owel	1, Md. 2	21862		
	20a METHOD OF DISPOSIT 1 Buriel 2 Cremetic		oval from State	20b. PLACE of cemetary							LOCATION -		
	4 Donation 6 Other			Bish	opvi	lle C	eme	tery	5/2	24/92 E	Sishop	ville	, Md.
	21. SIGNATURE OF FUNERA		7			22.	NAME A	ND ADDRE	ESS OF FAC	Burba	ige Fi	unera	al Home
-000	1.3	ph /2	untag .			1	08 1	Nillia	ms S	Street, B	erlin,	Md.	21811
-44	23. PART I. Enter the d	iseasea, or o	complications th	nt caused the de	ath. Do	nDt ente	r tha mo	ode of dy	ying, sucl	n ee cerdiec or re	apiratory arrest,		Approximata
	enock, or n		List only one ce	uee on each iine	. /		Λ		,				Intarval Between Onset and Daath
	diseese or condition resulting in death)	<b>→</b>		Keshit	nto	V	141	res	1				
	resulting in daatil)		DUE TO	OR AS A CONSE	OUENCE 9	<del>/</del> h:		7/					
Z	0		b	Keshit	11///	4	fo	11/1	the				
CERTIFICATION	Sequentially list condit if any, leading to imme	diate	OUE TO	OR AS A CONSE	OUENCE C	P):							
2	cause. Entar UNDERLY CAUSE (Disease or inju		C. DUE TO	(OR AS A CONSE	CAL	ru,							
E	that initiated events resulting in daeth) LAS	т	Chia	(OH AS A CONSE		wh	140	0	10/100	Dur	200		
H			d	nic Co	11/6	vyu 1	VY	-/'	11/17	NVIC	Wie		+
	PART II. Other algolifica	nt condition	s contributing t	death but not	reaulting	in the u	nderlyin	g cause	given in	Part I. 24s. WAS	AN AUTOPS)	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	Nighel	2	mellin	n (	or po	00/1	No	Hea	1/8	1/4/ 1 YES	2\ NO		COMPLETION OF CAUSE OF DEATH?
AEC	Astan	na,	old	EVA	1/10	/ var	red	1 /te	-6	1			1 YES 2 NO
2				/				,					
SIA	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL						LACE OF	DEATH (Ch	eck only one)			
SIC	1 YES 2 NO		HOSPITAL: 1 Department 2	☐ ER/Outpatient :	DOA	4 Nu		ne 5 🗆 F	Residence	6 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH		26a. DATE O (Month,	F INJURY Day, Year)	26b. TII	ME OF		JURY AT ORK?		28d. DESCRIBE HO	W INJURY O	CCUREO	
BY	1 Natural 5 2 Accident	Pending Investigation				М	1 🗆	YES 2	□ NO	-			
			28e. PLACE building	OF INJURY At he , atc. (Specify)	ome, ferm,	street, fac	ctory, offi	De .		261, LOCATION (Stre City or Town, St		er or Rural I	Route Number,
ETE	4 Homicide	determined											
PL	CONOCK ONLY	TIFYING PHYS	ICIAN: To the best	of my knowledge, d	eath occur	red at the	time, dat	e and plac	e, and due	to the cause(a) and	menner as si	lated.	
COMPLETED	one) 2 MEC	DICAL EXAMINE	R: On the jump of	examination and/or	Investigat	lon, in my	opinion,	death occi	ured at the	time, data and placa	and due to	the cause(s	i) and manner as stated.
BE C	29b. SIGNATURE AND TITLE	E OF CERTIFIE	1/1/00	n	20			29c. LIC	CENSE NUI	WBER 1/1			(Month, Day, Year)
			Mos		(1/1/				018	3614		5,2	0.92.
5	30. NAME AND ADDRESS O	F PERSON WH	10.00MPLETID CA	USE OF DEATH (IT	EM 27) (Typ	e, Print)							
	31. DATE FILEO (Month, Day,			AR'S SIGNATURE									
	M/	W 9.7	1002	8.0. K.	9	2							

DHMH-16 Rev 1/89

1	-	FOR STATE REGISTRAR
_	_	

TO BE COMPLETED BY FUNERAL DIRECTOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CL	-NIIFI	CATE	F DEA	111	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)  Josephine B	alsamo						2. DATE OF DE MONTH	DAY 23	YEAR 92	. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-09-9643	5. SEX 8. /	AGE (In yrs. les		IF UNDER 1 YEA		24 HRS. MIN.	7. DATE OF BIT (Morith, Day, May 1	1, 189	Country)	EW York
9e. FACILITY NAME (If not institution, give :	street and number)	100		9b. CITY, TOW	N OR LOCATI	ON OF D			UNITY OF OE	
Riverview Nurs		er			ssex	011 01 01			altir	
10a. STATE 10b. COUNT	Y		10c CITY	TOWN OR LO	CATION				1.	od. INSIDE CITY
	Ltimore				ndal	k				LIMITS?
3138 Yorkway	1				10f. ZIP COD	_	222			A •
11. MARITAL STATUS    Never Merried 2   Merried   Merrie	12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR O	YES 2		If yes,		ın, Mexica	NIC ORIGIN? (Spi an, Puerto Rican, y:		Black, Specify	American Indian, White, etc.
15. OECEDENT'S EOL (Specify only highest grade	ICATION	16a, DE	CEDENT'S U	ISUAL OCCUP	ATION	_	16b, KIND	OF BUSINESS/IN		1.00
Elementary/Secondary (0-12)	College (1-4 or 5+)			ork done during retired.)  ewife		ng				
7. FATHER'S NAME (First, Middle, Last)					_	HER'S NA	ME (First, Middle,	Malden Sumame)		
	Cap	pa			An	toir	nette			
9e. INFORMANT'S NAME (Type/Print)		19	-					y or Town, State, Z		
Samuel Balsar	no		31 38				lto. M		222	
Rea. METHOO OF DISPOSITION    M Buriel 2	noval from State	Holl	1	TION (Name of				Balto		
1. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	00.	/	Conr	and addres	Fun	neral	Home o	f Du	ndalk
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	bDUE TO (OR	AS A CONSE	QUENCE OF	):	ynce			ay Di		
PART II. Other significant condition		incl			ying cause	given in		WAS AN AUTOPS) PERFORMED? YES 2 NO		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF	DEATH (C	heck only one)			
1 TES 2 NO	1 Inpatient 2 ER	l/Outpatient 3			tome 5 🗆 R	esidence	6 Other (Spe	clfy)		_
27. MANNER OF DEATH  1 Netural 6 Pending 2 Accident Investigation	28s. DATE OF INJ (Month, Day, 1		28b. TIME INJU	JRY	INJURY AT WORK?	□ NO	28d. DESCRIB	E HOW INJURY O	CCURED	
3 Suicide 6 Could not be determined	28e. PLACE OF IN building, etc.	IJURY — At he (Specify)	ome, farm, st	treet, factory, o	office		26t. LOCATION City or You	(Street and Numb m, State)	er or Rural Ro	ute Number,
and -	BICIAN: To the best of my									and manner as stated.
96. SIGNATURE AND TITLE OF CENTIFU						ENSE NU				Month, Day, Year)
	men	an			D	118	667	<b>&gt;</b>	5/2	5(92
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE (	OF DEATH (ITE	M 27) (Type,	Print)						
11. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE								

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

210-09-9643 # 100

Plyerview Nureing Center

STORITIES

VENNEROY OF IT

NEW 11, 1002 gen | OFW

Housewife

esteniosna

Equal:

3136 Yorkway Balto. .d. 21222

JEER PE LEURIS

Rolly Will Cemetery 5/25 Falts, Ld.

Connelly Funeral Home of Dunnals

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	I OR ATTENDING PHYSICIAN. The law remines that the death certificate he executed within 24 hour
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Ite	em7,Film688,6/1/92,lt								9	2	14604
	FOR STATE REGISTRAR	STATE OF M	ARYLAND / D CEF	EPARTMEN RTIFICAT			MENTA	L HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Last)	E JA	NE B	ROWN			2. DATE MONT	OF DEATH		YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-74-5409	5. SEX 1 M 2 F	6. AGE (In yrs. last bi	YRS. IF UND		IF UNDER 24 HRS. HOURS MIN.	5-3	of Birth h, Day, Year) 1 1 1922		Country)	CAROLINA
TOR	9e. FACILITY NAME (If not institution, give str  UNIVERSITY HOSE RESIDENCE OF DECEMENT				ALTIM	ORE	DEATH		9c. COUNT	Y OF DEAT	H
DIRECTOR	10a. STATE 10b. COUNTY		1	BA	OR LOCAT						d. INSIDE CITY LIMITS?  YES 2 NO
FUNERAL	100. STREET AND NUMBER 1523 EDMONDSON	AVENUE			101	21223			10g. CITIZE	USA.	T COUNTRY?
BY	11. MARITAL STATUS 1  Never Married 2  Married 3  Wildowed 4  Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	EVER IN U.S. ARME	0 1	If yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Spec	can, Puerto	17 (Specify Yea Rican, etc.)	or No- 14	Specify:	American Indian, hita, etc.
LETED	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	(Give i	DENT'S USUAL, kind of work don NOT use retired	OCCUPATIO e during mo	ON st of working	16t	. KIND OF BUS	BINESS/INOUS		, K
COMPLET	17. FATHER'S NAME (First, Middle, Lest)		НО	USEWIE	E.	18. MOTHER'S N	IAME (First,	Middle, Maiden	Surname)		
TO BE	190. INFORMANT'S NAME (Type/Print) DOUGLAS TILLERY			19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zit 1523 EDMONDSON AVENUE, BALTIMORE, M.							223
	20a. METHOD OF DISPOSITION 1* Burlel 2 Cremetion 3 Remote 4 Donetion 5 Other (Specify)		20b. PLACE AND cometery, cremate MT . Z	TON CE	METER	Y	OAT		CATION — CIP		sime IARYLAND
	21. SIGNATURE OF RUNERAL SERVICE LICE	INSEE POV	()		JOSEP	O ADDRESS OF F H H. BR . BALTIMO	OWN J				P.A. .O. BOX 443
	23. PART I. Enter the disease, or or ahock, or heert failure. L IMMEDIATE CAUSE (Final disease or condition resulting in death)	let Dnly Dne ceus	e on each line.	. Do not ente	er the mo	de of dyling, au					Approximate Interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  a. Cerebovo Yascular Accident Accide										
MEDICAL C	PART II. Other algnificent conditiona	contributing to d	leeth but not resu	ulting in the u	underlying	g ceuse given in	n Part I.	24a. WAS AN PERFOR	MED?	CO OF	RE AUTOPSY FINDINGS VILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆	OTHE DOA 4 N	ER:	ACE OF DEATH (C					
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF III (Month, Day)	NJURY ( Year)	8b. TIME OF INJURY M	28c. INJI WO	URY AT RK? 'ES 2 NO	T	CRIBE HOW IP	IJURY OCCUP	REO	
8	3 Suicide 8 Could not be detarmined	building, et	INJURY — At home, tc. (Specify)				City	ATION (Street a or Town, State)			Number,
COMPLET	(Check only One) LEXAMINER	AN: To the best of m				eath occured at th	e time, data		due to the c	ause(s) an	
TO BE	30 NAME AND ADDRESS OF PERSON WHO		H.D.			29c. LICENSE NU	JMBER		29d. DATE S	1 -	nth, Day, Year)

H.D PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Abbasi G.M tari

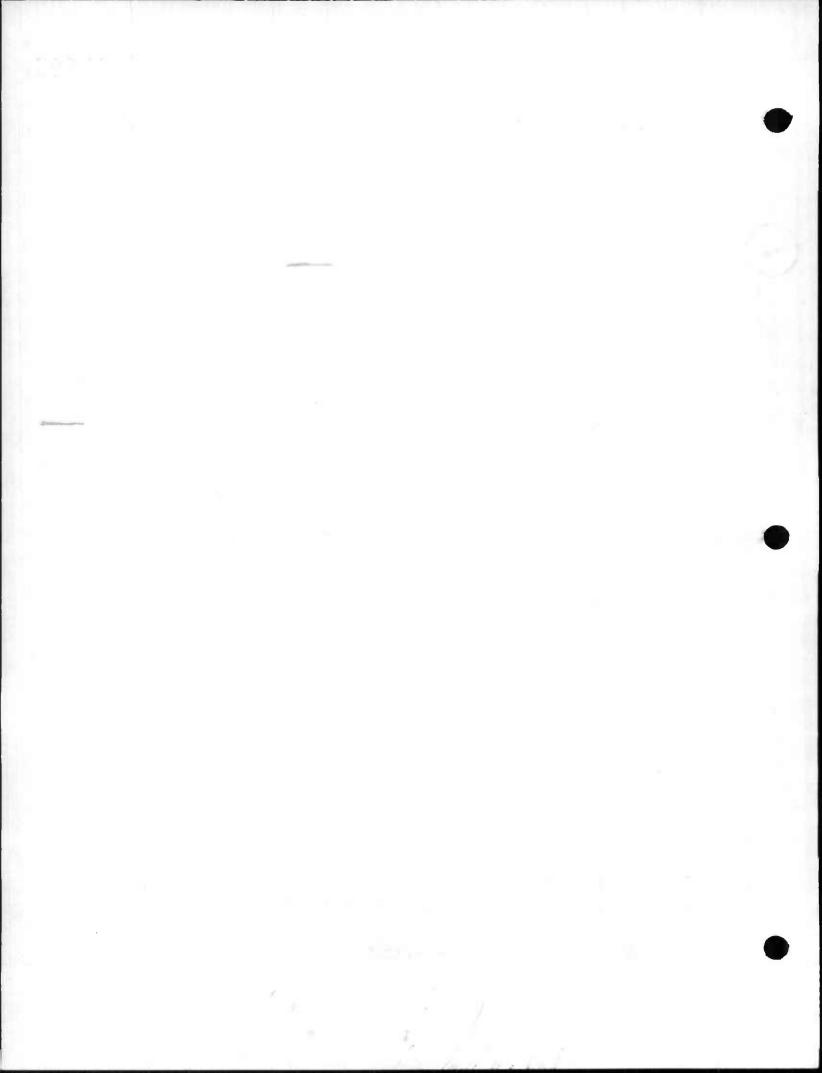
31. DATE FILEO (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 97 1992

Julia Travidoon-Rondallo

FOR STATE OF MARYLAND /

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR		CERTIF	CATE C	F DEATH	F	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Lest)	HALIS				2. DATE OF	DEATH5	6/92	3. TIME OF DE	ATH		
		HAUS (G	eorge Ha	rry Ba	uhaus)	05 -	26	- 92	10:45	A .M		
		SEX 8. AGE (A	n yrs. last birthday) YRS.	IF UNDER 1 YE		7. DATE OF (Month, De 01-26-	sy. Year)	C	IRTHPLACE (State or ountry) alto., Mc			
	9a. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TO	N OR LOCATION OF D			c. COUNTY				
DIRECTOR	St. Joseph's Hospita	al		Towson				Baltimore County				
H.	10a. STATE 10b. COUNTY		10c. CITY	10c. CITY, TOWN OR LOCATION					10d. INSIDE CIT	TY		
	Maryland N/A		Bal	timore	City				1 X YES 2	NO		
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE		1	0g. CITIZEN	OF WHAT COUNTRY?			
Ä	4614 Walther Boulev				21200	1214		U.S.A	• .			
BY FU	11. MARITAL STATUS 12 1	. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes	DECENDENT OF HISPA , specify Cuben, Mexic YES 2 X NO Speci	an, Puarto Rica	nn, atc.) Black, W Specify:		RACE — American inc Black, White, etc. Specify: hite	dien,		
	15. DECEDENT'S EDUCATION	ON	16a. DECEDENT'S	USUAL OCCUP	ATION	16b, KII	ND OF BUSINI					
<u>_</u>	(Specify only highest grade com Elementary/Secondary (0-12)  C	ollege (1-4 or 5+)	(Give kind of w life. Do NOT us	vork done during e retired.)	most of working							
린	12th Grade		Foreman			Beth	lehem	1 Company	7			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Midd	lle, Maiden Sur					
BE	Harry Bauhaus				Christ							
ဥ	19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural				/.   /.	14		
	Madeline Bauhaus		4614 W	alther	Boulevar	d, Balt				206		
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Removal 4 Donation SC Other (Specify) Fint	combinent Di	PLACE AND DATE OF PLACE AND DA	her place)	I (Name of	5/29			or Town, State Maryland	ł		
	21. SIGNATURE OF FUNERAL SERVICE LICENS	1 . 11	٥		E AND ADDRESS OF F	ACILITY						
	Joseph B.	Beil	d	John 6415	C. Mille: Belair R	r, Inc.	altimo	re, M	aryland 2	21206		
	23 PART I. Enter the diseases, or com shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	metast th	ich ilne.	dden		un.	or reapirat	ory arrest,		mate Between nd Death		
z				,								
	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):									
2	CAUSE (Disease or Injury	DIJE TO (OR AS A	CONSEQUENCE OF									
CERTIFICATION	that initiated events  resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other algolificant conditions co	ontributing to death bu	it not reaulting i	n tha under	ying causa given ir	Part I. 24	n. WAS AN AU		24b. WERE AUTOPSY			
DICAL						1	YES 2		AVAILABLE PRIOR COMPLETION DE OF DEATH?			
									1   YES 2	NO NO		
ż												
절	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	OSPITAL:			. PLACE OF DEATH (C	heck only one)						
Š		Inpetient 2 ER/Outpe	ntient 3 🗆 DOA	OTHER:	fome 5 🗆 Residence	6 Other (S)	pecify)					
BY PHYSICIAN: ME	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIMI INJ	URY	INJURY AT WORK?	26d. DESCRI	BE HOW INJU	JRY OCCURE	D			
_	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Special	— At home, farm, s	treet, factory,	offica		ON (Street and own, State)	Number or Ru	ural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN ONE) 2 MEDICAL EXAMINER: O	N: To the best of my knowle							rse(a) and mannar as	stated.		
	29b. SIGNATURE AND TITLE OF CERTIFIER			-	29c. LICENSE NU			-	NEO (Month, Day, Year			
B	naturidad Dide	Lem . r	n - 95-		2195	08		> 5/	2-1. 192			
2	30. NAME AND ADDRESS OF PERSON WHO CO	E LEDN ,	1. D.	Print) ST.	JOSEPH	Hosi	PITA	L,T	OWSON	MD.		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA							7			
	MAY 27 1992	Julia Davi	door-Randa	ر نعد					Page 44	18 Day 4/0		
	_	-							DHMH-	16 Rev 1/89		



BALTIMORE, MARYLAND 21215-0029-	xurs after death. Page 6 may be retained by the hospital or attending changes	in by the funeral director, page 5 should be detached for use as the beneficial arremoval.	
	in 25 n	ely filler nation,	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	AL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22 nours after death. Page 6 may be retained by the hospital or attending expenses.	AL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnary after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remoral.	

permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x nours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and competely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

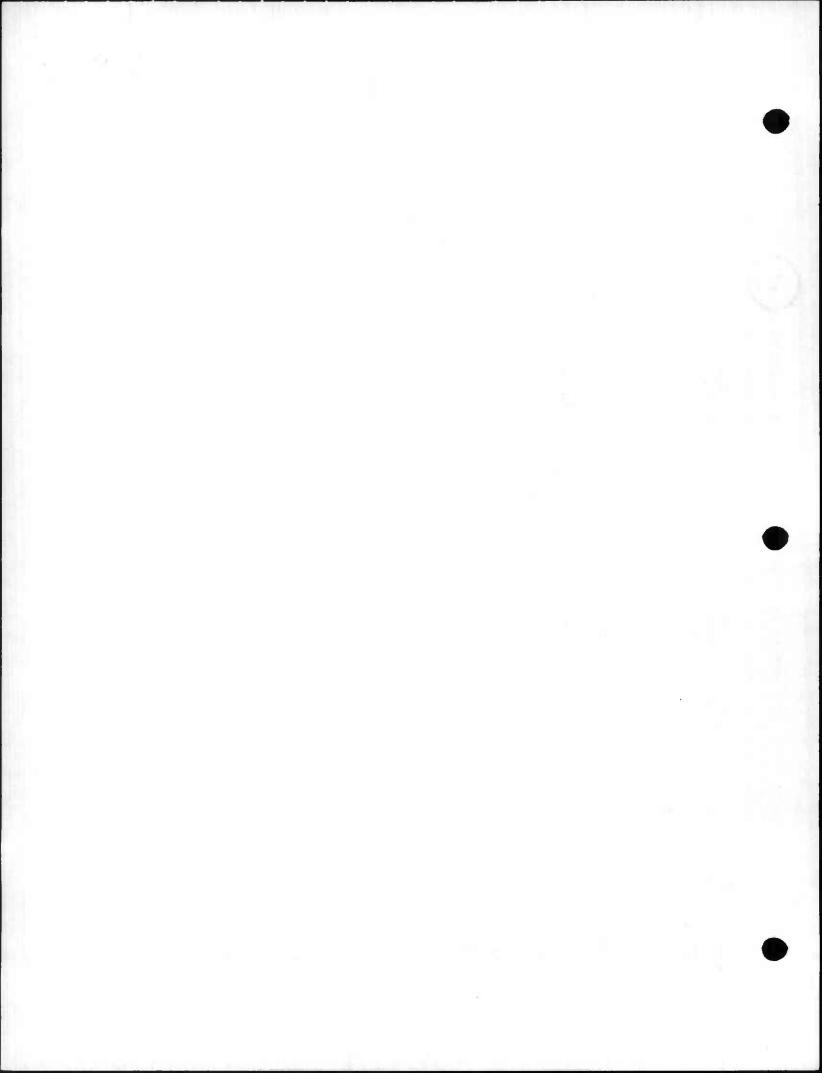
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		- CLI	NIII	ICATE	F DEAT	n	2. DATE O	REG. NO.			3. TIME OF	
DHITTID			CAMI	PBELL			MONTH 05	21	AY	YEAR	1021	P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last t		IF UNDER 1 YEA	AR IF UNDER	24 HRS.	7. DATE O				HPLACE (State	
214-68-2511	1 € M 2 □ F	35	YRS.	MONTHS DAY	rs HOURS	MIN.	(Month, 8-12-	Day, Year)		Coun	ntry)	
Se. FACILITY NAME (If not institution, give a	street and number)			9b. CITY, TOV	VN OR LOCATION	ON OF DE		1930	9c. COU		LTIMORI OEATN	E, MI
UNIVERSITY HOSPIT	TAT.			BALTIN	MORE.							
RESIDENCE OF DECEDENT									1			
MD .	Y		10c, CIT	PATTA							10d. INSIDE	
10e. STREET AND NUMBER				BALTIM	10f. ZIP CODI			_	T		1 X YES	
3922 CRANSTON AV	/ENIIE			- 7	212				US		WHAT COUNT	447
11. MARITAL STATUS		IT EVER IN U.S. ARM	IFD.	13 WAS	DECENDENT C		IC OBIGINS	(Specify Ver			CE — American	Indian
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	© YES 2 □ NO NAR OR DATES 21-77/ 10-24	)	If yes	, specify Cuba YES 2 NO	n, Mexicar	n, Puerto Ric	en, stc.)	G NO	Spe	ck, White, etc.	irigiaeti,
15. OECEDENT'S EOU (Specify only highest grade	CATION completed)	16a. DECE	EDENT'S	USUAL OCCUP	ATION	· ·	16b. I	INO OF BUS	SINESS/INC			
Elementary/Secondary (0-12)	College (1-4 or 5	+) Mrs. D	Do NOT us	work done during se retired.)	Thou of Works	·8						
17. FATNER'S NAME (First, Middle, Last)					18. MOTI	IER'S NAI	ME (First, Mi	ldle, Maiden	Surnama)			
ROBERT CAMPBELI					P	EGGY	J. F	EYNOI	LDS			
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING	ADDRESS (Str	set and Number	or Rural R	loute Numbe	City or Tow	n, State, Zip	Code)		
ROBERT CAMPBELL		3.9	922	CRANST	ON AVE	NUE.	BALT	O. MI	21	229		
20a. METHOD OF DISPOSITION 1 □ Burlel 2 □ Cremetton 3 □ Rem	oval from State	cemetery, cremi	atory or o	OF DISPOSITION			DATE				Town, Stata	
4 □ Donation -6,□ Other (Scient): 21. SIGNATURE OF FUNERAL SERVICE LIC		ICARRISO										
	CENSEE A	TOTALLE	UN F	OREST		_	5-27-	912 OW	ING M	ILLS,	MARYLA	AD _
- CIVO LA	CENSEE	4	ON F	22. NAM	E AND ADDRES	SS OF FAC	HLITY					ND
· Charles	ne D	de	_	JOSEF 1913	PH H. B	ROWN	JR.	FUNER	RAL H	OME,		_
23. PART I. Enter the diseases, or ahock, or heart failure.	complications the	at coused the deel	_	JOSEF 1913	PH H. B	ROWN	JR.	FUNER	RAL H	OME,	P.O. B	0X 44°
23. PART I. Enter the diseases, or a shock, or heart failure.  IMMEDIATE CAUSE (Finel	complications the	at coused the deel	_	JOSEF 1913 not enter the	E AND ADDRES PH H. B W. BALT mode of dyl	SS OF FACE ROWN TMORE ng, such	JR.	FUNER	RAL H	OME,	P.O. B	X 44°
23. PART I. Enter the diseases, or ahock, or heart failure.	complications the	of coused the deel	th. Do r	JOSEF 1913 not enter the	PH H. B	SS OF FACE ROWN TMORE ng, such	JR.	FUNER	RAL H	OME,	P.O. B	X 44 ximate
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23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	complications the List only one ceu a. Due to	of coused the deel	HENCE OF	22. NAM JOSER 1913 not enter the	E AND ADDRES PH H. B W. BALT mode of dyl	SS OF FACE ROWN TMORE ng, such	JR.	FUNER	RAL H	OME,	P.O. B	X 44 ximate
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23. PART i. Enter the diseases, or anock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	complications the List only one ceu a. Due to b. Due to c. Due to	OR AS A CONSEQUE	MENCE OF	22. NAM JOSEF 1913 not enter the	E AND ADDRE	SS OF FACE ROWN TMORE ng, such	JR. ST. F	FUNER ALTO, ic or respi	RAL H	OME ,	P.O. B. Approintery Onset	OX 44 eximate at Between and De
23. PART i. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications the List only one ceu a. Due to b. Due to c. Due to	OR AS A CONSEQUE	MENCE OF	22. NAM JOSEF 1913 not enter the	E AND ADDRE	SS OF FACE ROWN TMORE ng, such	JR. ST. F	FUNER	RAL H MD. 21 ratory an	OME ,	P. A. P. O. B. Appropriately Onset	DX 4/4 ximate at Between De
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23. PART i. Enter the diseases, or anock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	complications the List only one ceu a. Due to b. Due to c. Due to	OR AS A CONSEQUE	MENCE OF	22. NAM JOSEF 1913 not enter the	E AND ADDRE	SS OF FACE ROWN TMORE ng, such	JR. ST. F	FUNERALTO CO respi	RAL H MD. 21 ratory arr	OME ,	P. A. P. O. Bi Appro interv Oneel	ximate at Between Betw
23. PART i. Enter the diseases, or anock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	complications the List only one ceu a. Due to b. Due to c. Due to	OR AS A CONSEQUE	MENCE OF	22. NAM JOSEF 1913 not enter the	E AND ADDRE	es of Face ROWN TMORE ng, suct	Part L	FUNERALTO CO respi	RAL H MD. 21 ratory arr	OME ,	P. A.  P. O. Bi Approximatory Oneed	XImate at Between Between Between De
23. PART I. Enter the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant condition  28. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO  B. DUE TO  B. DUE TO  B. DUE TO  B. DUE TO  B. DUE TO	(OR AS A CONSEQUE) (OR AS A CONSEQUE) (OR AS A CONSEQUE)	JENCE OF	22. NAM JOSEF 1913 not enter the	W. BALT mode of dyl	SS OF FACE ROWN TMORE ng, such	Part L. 1	FUNERALTO. c or respi	RAL H MD. 21 ratory arr	OME ,	P. A.  P. O. Bi Approximatory Oneed	X 44. ximate at Betwee and De
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DECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH 3. TIME OF DEATH NAYIOT HR USSOMAL 1992 9:55 A 21 A SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign Country) 19 17 M 2 | F SYS MONTHS 56 YRS. 6 01-07-1936 GRE 3001 S HAVA 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH HARBOR HOSP ER HOSPITAL GENER BALTIMORF BALTMORE DIRECTOR CIT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore XIX YES 2 NO BY FUNERAL 10s. STREET AND NUMBER 101. ZIP CODE 21224 10g. CITIZEN OF WHAT COUNTRY? 801 S. Ponca Street U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YESYZ NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify: White 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY ndary (0-12) College (1-4 or 5+) Restaurateur Food 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John Chryssomalis Panayiota Psarea BE 19a. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
801 S. Ponca Street, Baltimore, Md. 21224 2 Mrs. Metaxia Chryssomalis METHOD OF DISPOSITION
Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Cometer Cometory or other plecel tery 5-26 Baltimore. Md. 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Matthews Funeral Home 3021 Eastern Ave., Baltimore, Md. 21224 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, auch as cerdiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition\_\_\_ AL resulting in death) QUE TO (OR AS A CONSEQUENCE OF CERTIFICATION Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) resulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24s. WAS AN AUTOPSY 1 YES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) OTHER: 1 YES 2 NO Inpatient 2 - ER/Outpatient 3 - DOA 4 D Nurs ing Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCUPED 1 Natural 2 Accident 5 Pending М 1 YES 2 NO BY 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 | Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATIFRE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) 92 9 ESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 24 (Type, Print) J. V. SELV 300 SHANDVE 31. DATE FILED (Month, Day, Year) 2

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1 - FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Charles L 22 PAY 1992 CURRY MOUTH Jr. 10:40 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH 472571895 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS MIN Maryanna, Fla. 1 M 2 F 705-05-3872 YRS. burial-transit permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number, 9b, CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DOCTORS COMMUNITY HOSPITAL DIRECTOR LANHAM Prince George RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c. CITY TOWN OR LOCATION. 11e 10d. INSIDE CITY Md 1 YES 2 | NO BY FUNERAL 10a STREET AND NUMBER 101. ZIP CODE 21 10g. CITIZEN OF WHAT COUNTRY? 10205 Bald Hill Rd USA Page 6 may be retained by the hospital or attending physician. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or NoIf yea, specify Cuban, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES
NAVY (WWI) Brack detached for use as the 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
the. Do NOT use petred.)
Railroad Porter 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) 21 College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) eral director, page 5 should be notified at Charles L Curry Sr Unk BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 Same as 10a,b,c,d,e,&f Joan W Oxendine e 20s. METHOO OF DISPOSITION
11 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must Arlington National 5/27/92 Arlington, Va. 4 Donation 5 Other (Specify) 22. NAME AND ADDRESS OF FACILITY Ohn T Rhines Co., Inc. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE executed within 24 hours after death. 3030 12th St NE, DC 20017 and completely filled in by the burial, cremation, or removal. medicai 23. PART I. Enfer the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, 8 Approximate shock, or heart failure. List only interval Batween 6 IMMEDIATE CAUSE (Fine) **Onset and Death** the disesse or condition event, resulting in death) AS A CONSEQU traumatic CERTIFICATION has been signed by the attending physician and Dept. of Health and Mental Hyglene prior to bur Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Enter UNDERLYING 2 certificate other t CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 injury, PART it. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a, WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE that shows any 1 - YES 2 - 100 OF DEATH? requires 1 🗌 YES 2 🗍 NO PHYSICIAN: MP 23 25. WAS CASE REFERRED TO MEDICAL The 26. PLACE OF DEATH (Check only one) this certificate h with the State C irked, or item item HOSPITAL: OTHER: 1 YES 2 NO DR ATTENDING PHYSICIAN: atlent 2 - ER/Outpatient 3 - DOA 4 Nursing Nome 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a, DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED marked, 1 Natural 5 Pending investigation TO THE HOSPITAL DR ATTENDING PH TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death wi IMPORTANT: If Item 28 is marki BY 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL SCAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated. ATURE AND TITLE OF 29b, SIG 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) BE -27-92 1226 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) - (Crons J Rellman Mos 2500 A-L LANGAM MO COTOG AMMAPOLIS 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Lulia Davidson

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3. TIME OF DEATH

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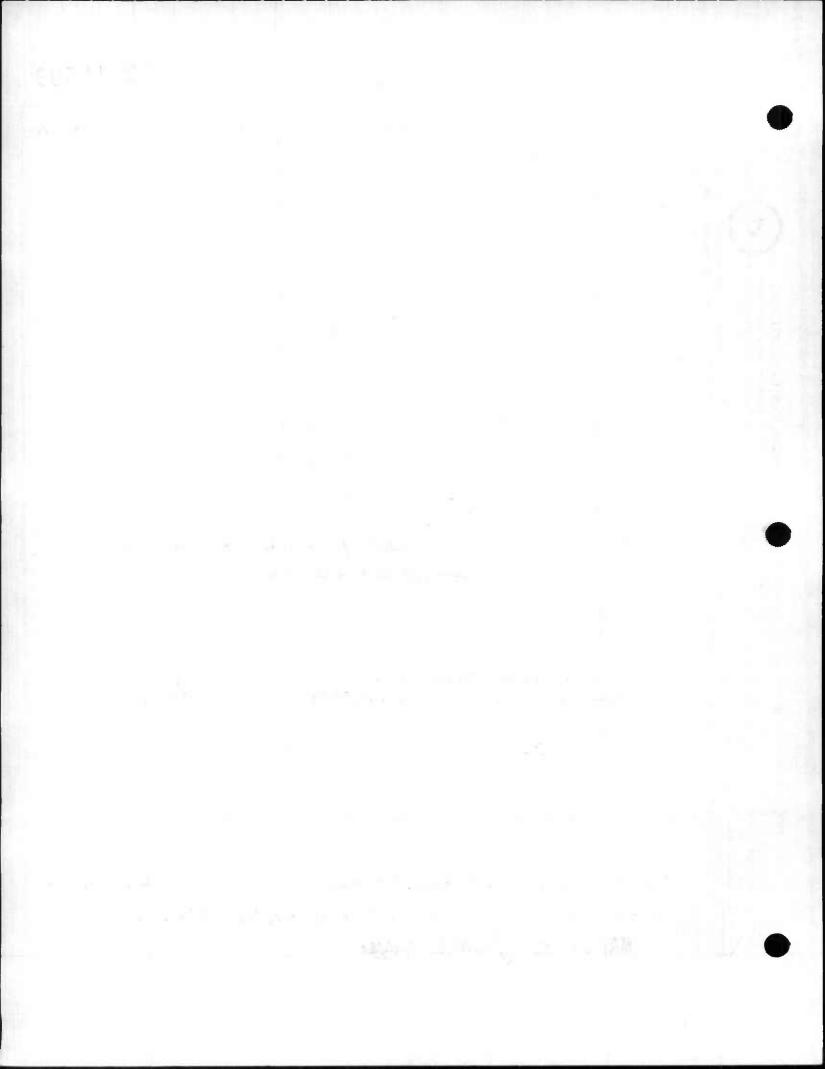
2. DATE OF DEATH DAY

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8. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. | MONTHS DAYS HOURS MIN.

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.
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BALTIMORE, MARYLAND 21215-0020 after death. Page 6 may be retained by the hospital or attending physician, by the funeral director, page 5 should be detached for use as the buriat-transitical examiner must be notified at once.	BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 🔀 3 Widowed 4 Divi		FORCES?	NT EVER IN U.S. A 12 YES 2 WAR OR DATES		If yes	DECENDENT OF HIS I, specify Cuban, Me YES 2 X NO Sp	xican, Puert	GIN? (Specify Yes o Rican, atc.)	or No-	14. RACE — Block, W Specify: White	American Indian, Thite, etc.
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MAR) retained 1 5 should notified	BE	190. INFORMANT'S NAME (	Type/Print)		1	96. MAILING	ADDRESS (Str	eet end Number or Ro	_		n, State, Zip	Code)	
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BALTIMORE, ter death. Page 6 may be the funeral director, page yal.		21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE		1	22. NAM	E AND ADDRESS OF	FACILITY				a.y.zara
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DIVISION OR ATTENDING I DIRECTOR: After hours after death	ED E	3 Suicide 6	Could not be	26e. PLACE (	OF INJURY At h	ome, farm, :	street, factory, c	office	26f. LC	CATION (Street e	nd Number o	or Rural Route	Number,
VISI ATTEN ECTOR: 5 after n 28 l	ETE	4 Homicide	determined							y or rown, otaloy			
DIV L OR A L DIREC L DIREC	PL	29e. CERTIFIER 1 CERT	TIFYING PHYS	ICIAN: To the best of	f my knowledge, d	eath occum	ed at the time, o	date end place, end	due to the c	ause(e) end man	ner as state	d.	
HOSPITAL FUNERAL WITHIN 72	COMPL			R: On the baels of e									d menner ee stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 III		29b. SIGNATURE AND TITLE	OF CERTIFIE	R				29c. LICENSE	NUMBER		29d. DATE	SIONED (Mo	onth. Dev. Ybar)
X SEE SEE	BE	FREN	FRE	uc 7	A	KE	Y MU	)			► £	5 2	2/98
161	2	30. NAME AND ADDRESS O	F PERSON WH	O COMPLETED CAU	SE OF DEATH (ITE	M 27) (Type,							1 10.
1		9000	SAN	ARUTH	N S	601	- 4	och R	WE	N BL	VD		
		31. DATE FILED (Month, Day.			AR'S SIGNATURE	1320			1 4 1			-	
		MAY	2719	390 Su	his Davidson	1-Alano	402						
				U		Frage				-			DUMM 10 D 10



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO HEFFERDAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE HUNDAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be attended to use as the burial-transit permit. Pages 1, 2, 3 should be attended, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)	RINE	E.	C	14/	FA	Vo		2. DATE OF DEATH MONTH	¥_	SYEAR 3. TIME OF DEATH / O	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	- /	6. BIRTHPLACE (State or foreign	
206-18-4279	1 □ M 2 🔀 🛊	69	YRS.	WOWTHS	DATS	HOURS	MIN.	May 9, 19	23	Pennsylvania	
9a. FACILITY NAME (If not institution, give :				96. CITY, TOWN OR LOCATION OF DEATH				ATH	9c. COUNTY OF DEATH		
Baltimore County RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT Maryland Balti	General 1	Hospita:	L	Ra	Randallstown				Baltimore County		
10a. STATE 10b. COUNT	Y	TY, TOWN O	PI LOCAT	ION				10d. INSIDE CITY			
Maryland Balti	more Co.		Ва	1tim	ore					1 YES 2 XXNO	
						ZIP COD	E		10g. CI	TIZEN OF WHAT COUNTRY?	
10. STREET AND NUMBER 3723 Milford Mill 11. MARITAL STATUS	Rd.					2120	7		US	SA	
11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT C	F HISPAN	IC ORIOIN? (Specify Yea		14. RACE — American Indian	
3 X Widowed 4 Divorced	1 Never Married 2 Married  5 Nover Married 2 Married  FORCES? 1 YES 2 NO  FYES, GIVE WAR OR DATES						n, Mexican Specify:	, Puerlo Rican, etc.)		Black, White, etc. Specify: White	
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON at of working	10	16b. KIND OF BUS			
Elementary/Secondary (0-12)	College (1-4 or 5 +	-)		work done se retired.)			·w	Baltimo			
12th Grade		Car	teter	ia W	orke	r		School	Syst	em	
15. DECEDENT'S EQU. (Specify only highest grade Elementary/Secondary (0-12) 12th Grade 17. FATHER'S NAME (First, Middle, Last)	1							ME (First, Middle, Maiden			
James Arthur McC	racken							ta Almira			
) INA. INFORMANT'S NAME (Type/Print)	1 Fan -							oute Number, City or Town			
Mr. Albert J. Cal	liano			Milf	-		Kd.				
©CXBurial 2 □ Cremation 3 □ Rem 4 □ Donation 8 □ Other (Specify)	MSurial 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify)					,		7-92. Wood		City or Town, Stata	
21. SIGNATURE OF FUNERAL SERVICE LI	21. SIGNATURE OF FUNERAL SERVICE LICENSEE					g By		Funeral Di Rd. Randa			
Sequantially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	if any, leading to immediate course. Enter UNDERLYING CAUSE (Disease or injury that initiated events										
PART II. Other aignificant condition	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part 24a. WAS AN AUTOPSY PREFORMED?  PERFORMED?  24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1   YES 2   NO										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH	HOSPITAL:					ACE OF D	EATH (Che	ck only one)			
1 Tes 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER 4 Nur		e 5 🗆 Re	sidence (	Other (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, De		28b. TIM	IE OF JURY M		URY AT RK? (ES 2	] NO	28d. DESCRIBE HOW IN	JURY OC	CUREO	
3 Suicide 6 Could not be	28a, PLACE Of building,	F INJURY — At he atc. (Specify)	ome, farm,	atreat, fact	ory, offic			281. LOCATION (Street a City or Town, State)	nd Numbe	r or Rural Route Number,	
29a. CERTIFIER 1 CERTIFYING PHYS One) 2 MEDICAL EXAMINE										ited.	
296. SIGNATURE AND TITLE OF CENTIFIE	al	ris	).			29c-LICE	125	BER ON_	29d, DAT	S-24-93	
30. NAME AND ADDRESS OF PERSON WHO	O COMPLETEO CAUS	SE OF DEATH (ITE	M 27) (Type	Print)	BO	GH	. /	CANDALIS	TA	5->4-92 W Med 21133	
31. DATE FILED (Month, Day, Year) MAY 2.7 1002	12. REGISTRAL	A'S SIGNATURE								-, 0	

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	TO THE HOWERTHE OF ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or att	TO THE WIELD AMENDED AND THIS CERTIFICATE has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use the many many many many many many many many	IMPORTANT. If tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR			CATE OF		MENTAL HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  CATHERINE M	CONDON				2. DATE OF DEATH MONTH DAY May 21,	1992	3. TIME OF DEATH 0735 M	
	4. SOCIAL SECURITY NUMBER  213-64-6245  9a. FACILITY NAME (If not institution, give	1 D M 2 D F 7	(In yrs. leat birthday) 7 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) 10-7-191	Count	ryland	
	Carroll Count	y General F	losp.		inster Carroll Co.				
	10a. STATE 10b. COUNT	m derick	10c. CITY		TION  Bridg	е	10g. CITIZEN OF	10d. INSIDE CITY LIMITS? 1 YES 2 YHO	
	13715 New Wi  11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	ndsor Rd.  12. WAS DECEDENT EVER IF FORCES? 1 ☐ YES IF YES, GIVE WAR OR D.	2NO	13. WAS DE	21791 CENDENT OF HISPA	NIC ORIGIN? (Specify Year an, Puarto Rican, etc.)	US or No.— 14. RAC	A E — American Indian, ck, White, etc.	
	15. DECEDENT'S ED (Specify only highest grace Elementary/Secondary (0-12) 12 years	OUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of white. Do NOT use	ION 16b. KIND OF BUSINESS/INDUSTRY					
	Samuel Myers  19a. INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street		Myrtle	Haines		
2	Mr. George G.		Rt 3	Box	359 He	dgesville		25427	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE L		Poplar S	Burr	no address of Fi ier-Que	en Funera	1 Dir.	P.A. nfield MD	
	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	· arter	A CONSEQUENCE OF	eroil	Toy ne o	endio	rose	Interval Between Onset and Dasth	
	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF	ŋ:				yea	
	PART II. Other algorificant condition  Chronic  in Terotit  out	d	but not resulting i	n the underlyle	losin -	PERFORI	MED?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
of This Siciality and District Con-	PART II. Other significant condition  Character  25. WAS CASE REFERRED TO MECICAL EXAMINER?  1   YES 2   NO  27. MANNER OF OEATH  1   Matural 5   Pending Investigation	HOSPITAC:  1   Inpatient 2   ER/Out	petient 3 (DOA)	26. I OTHER: 4   Nursing Ho E OF URY M 1	PLACE OF DEATH (C	PERFORI  1 VES 2  Check onlyone)  8 Other (Specify)  28d. OESCRIBE HOW IN	JURY OCCUREO	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
COMPLETED BY PRISICIAIN, MEDICAL CENT	PART II. Other aignificant condition  25. WAS CASE REFERRED TO MECOCAL  EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Metural 5 Pending Investigation 3 Suicide 8 Could not be detarmined  29a. CERTIFIER (Check only)	HOSPITAC:  1   Inpatient 2   ER/Out	petient 3 DDOA 28b. TIMI INJ	26. In University of the time, dated at the time, d	PLACE OF DEATH (Come 5 PResidence JURY AT ORK? YES 2 NO ce	PERFORI  1 YES 2  Check onlyone)  8 Other (Specify)  28d. OESCRIBE HOW IN  28f. LOCATION (Street a City or Town, State)	JURY OCCUREO  IN Number or Rural  Iner as stated.	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  I Route Number,	

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## FOR

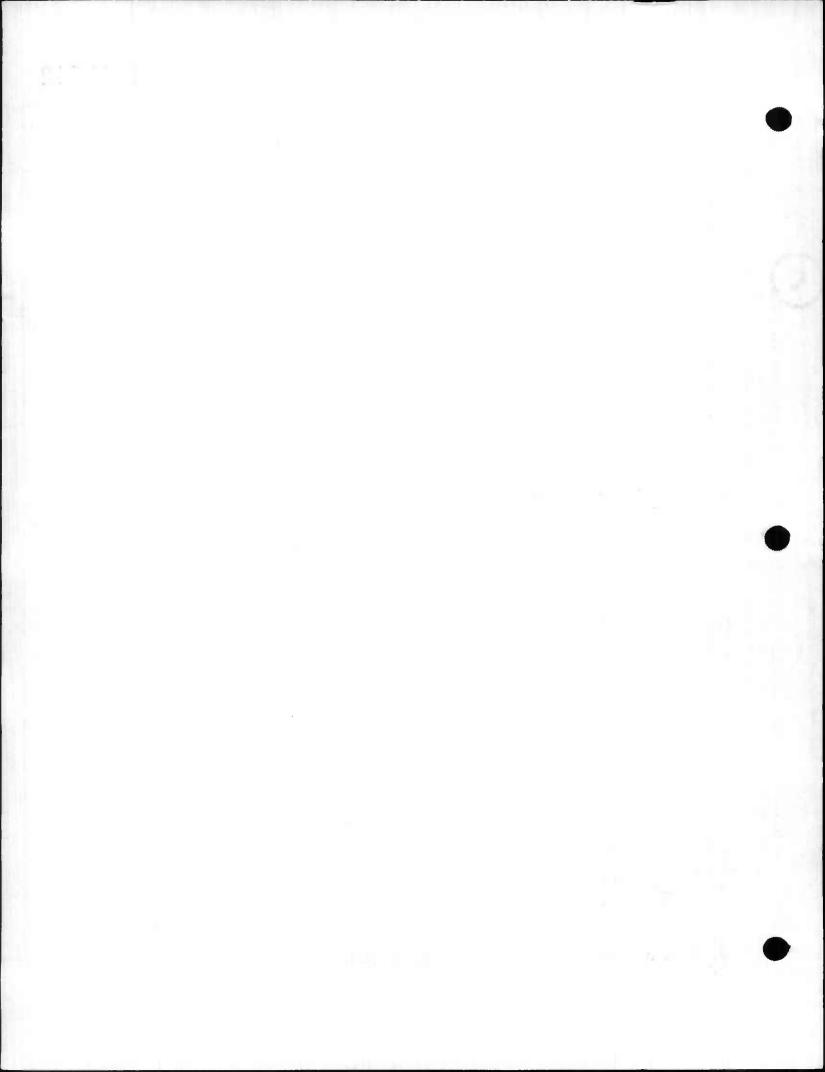
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	C	ERTIFICA	TE OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF		VCAN	3. TIME OF DEATH		
SAMUEL) SAMMIE	L.		DA	VID	<b>*05</b>	23	1992	2:10 A.		
4. SOCIAL SECURITY NUMBER 5. SED 1 \$\overline{\text{X}}	6. AGE (In yrs. Is	st birthday) IF UN YRS. MONTH	DER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Magth, D	8-1964	8. BIRTI Count	PLACE (State or Foreign S.C.		
9a. FACILITY NAME (If not institution, give atreet and 2119 N.PULASKI STRE.				ORE CITY	EATH	9c. C	OUNTY OF D	PEATH		
10e. STATE 10b. COUNTY		10c. CITY, TOW Balt	n or Locat	ION				10d. INSIDE CITY VLIMITS? 1 YES 2 NO		
100. STREET AND NUMBER 2119 N. Pulaski S	Street		101	21217			S A	WHAT COUNTRY?		
1 Never Married 2 Married FO	AS DECEDENT EVER IN U.S. A PRCES? 1 TYES 2 X YES, GIVE WAR OR DATES	RMED NO	If yes, sp	ENDENT OF HISPAI scify Cuban, Mexics 2 NO Specif	in, Puarto Rica		Blac	E — American Indian, k, White, etc. //y: Black		
15. DECEDENT'S EDUCATION (Specify only highest grade complete Comp	ed) (0	ECEDENT'S USUAL Give kind of work do b. Do NOT use retire	ne during mo	DN st of working	16b. KI	ND OF BUSINESS/	INDUSTRY			
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, Midd	lle, Malden Sumeme	e)			
Thomas David, Jr				Edna M			-,			
19a. INFORMANT'S NAME (Type/Print)	11	b. MAILING ADDR	ESS (Street a	nd Number or Rural	Route Number,	City or Town, State,	Zip Code)			
Edna David		2119 N	. Pul	aski St	reet E	altimor	e, M	d 21217		
20a, METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)		AND DATE OF DIS			53092		- City or To			
21. SIGNATURE OF JUNERAL SERVICE LICENSEE	rarch		Mar	oh F/H W Wabash	est	10				
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
d										
PART II. Other algnificent conditions contr	ributing to death but not	resulting in the	underlying	; ceuse given in	_ 1,	WAS AN AUTOPS PERFORMED?  PYES 2   NO	SY 24b	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 1 YES 2   NO		
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck only one)	O NO				
	PITAL: patient 2 - ER/Outpetient :	DOA 4		5 Residence	8 Other /9	pecify)				
	Ba. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJ	**		BE HOW INJURY	OCCURED			
1 Naturel 5 Pending 2 Accident Investigation	05-23-1992	1:55 A	1 0	ES 2 NO	SELF	INFLICTE	ED GUN	ISHOT WOUND		
3 Suicide 6 Could not be	Be. PLACE OF INJURY — At he building, atc. (Specify)	AT HOME	factory, office		281. LOCATIO 2119 or 1	N (Street and Num own, State) N. PULASK	ber or Rural I			
4 Homicide detarmined		AT HOME 2119  If my knowledge, death occurred at the time, data and place, and due to the cause examination and/or investigation, in my opinion, death occured at the time, data as					e cause(a) and menner se stated.			
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To								a) and manner as stated.		
29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To				eath occured at the	time, data and	f place, and dua to	the cause(s			
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To (Check only one) 2 MEDICAL EXAMINER: On the				eath occured at the	time, data and	plece, and due to	OATE SIGNED	(Month, Day, Year)		
29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To (Check only one) 2 MEDICAL EXAMINER: On the	e basis of axamination and/or	Investigation, in m	ry optnion, d	eath occured at the	time, data and	d place, and dua to	OATE SIGNED	) (Month, Day, Year) -1992		

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

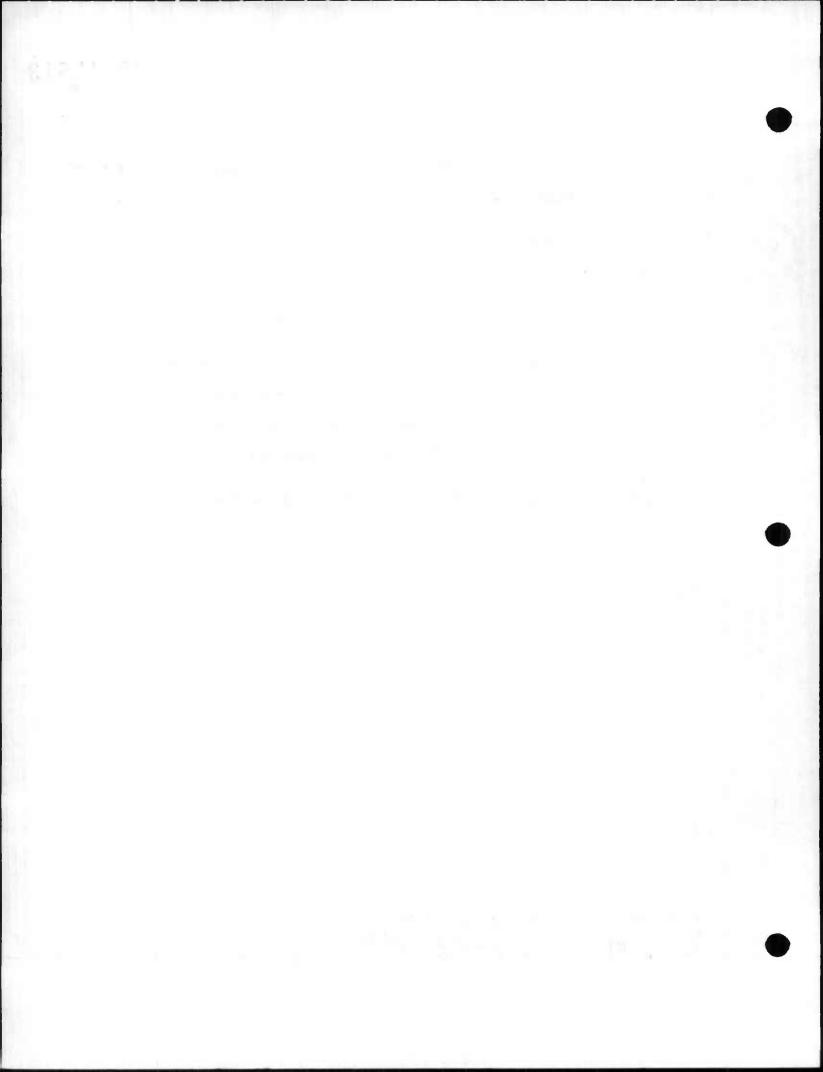
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



BALTIMORE, MARYLAND 21215-0020	offer death. Page 6 may be retained by the hospital or attending physical	y the funeral director, page 5 should be detached for use as the burn, noval.	cal examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending expent	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE REGISTRAF		STATE OF N			MENT OF I		MENTAL HYGIE REG. N	NE	) [	14013
1. DECEDENT'S NA	ME (First, Middle, Last)  Kati	herine K.	Dulow				2. DATE OF DEATH MONTH		YEAR 3. T	IME OF DEATH
4. SOCIAL SECURION 217-60-90. FACILITY NAME	TY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. les	YRS.	UNDER 1 YEAR INTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	2	Country)	E (State or Foreign
O RESIDENCE	413 Caro	lina Rd.			Т	wson		Bal		
RESIDENCE OF 100. STATE  Maryland 100. STREET AND		alto.		TOW		TION . ZIP CODE		10g. CITIZI		INSIDE CITY LIMITS?  YES 2 1 NO COUNTRY?
10e. STREET 4ND 13 Caroli 11. MARITAL STATE 1 Nover Married 3 Widowed	na Rd.	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 XI		If yes, sp		ANIC ORIGIN? (Specify an, Puerlo Rican, etc.)		Specify:	
Elementary/Sec	15. DECEDENT'S EDI pecify only highest grad ondary (0-12)	UCATION e completed) College (1-4 or 5 +	(G		UAL OCCUPATION done during monthred.)			BUSINESS/INDU	STRY	ite
17. FATHER'S NAMI	E (First, Middle, Lest)	3		Nurse		18. MOTHER'S N	HOST	oital S	taff	
19a. INFORMANT'S	NAME (Type/Print)  Duley,		19			nd Number or Rural	therine Route Number, City or 1	Borman Jown, State, Zip C	n Code)	
20a. METHOD OF D	DUTEY, LINESPOSITION Cramation 3 - Ran Control of ther (Specify)		cemetery, of e	AND DATE OF D	DISPOSITION (Na			LOCATION — CI		
-//M	UNERAL SERVICE U	Selah	the		Ruck	TOWSON 1	1050	York R	d. 212	
23. PART I. Enter shoot IMMEDIATE CAL disease or conc resulting in dea	JSE (Final lition	a. Te	Coused the depe on each line	D	enter the mo	da of dying, su	ch ea cardiac or rea	apiratory arre	nt,	Approximate Intervel Between Onset and Death
Sequentially list if any, leading to cause. Enter UN CAUSE (Disease that initiated ev resulting in dea	o immediate IDERLYING o or injury	C	OR AS A CONSE							
PART II. Other I	lignificant condition	na contributing to	daath but not r	eauiting in t	ha undariyin	j causa given ir	PERF	AN AUTOPSY ORMED?	COM OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
25. WAS CASE REF EXAMINERY 1 DES 2 27. MANNER OF DE	ERRED TO MEDICAL	HOSPITAL:	ER/Outpatient 3		THER:	ACE OF DEATH (C	heck only one)  6  Other (Specify)			
27. MANNER OF DE  1 Netural  2 Accident		28e. DATE OF (Month, Da	INJURY	28b. TIME O	F 28c. INJ		28d. DESCRIBE HOV	V INJURY OCCU	IRED	
3 Sulcide U 4 Homicide	8 Could not be determined	28e. PLACE Of building,	FINJURY — At ho etc. (Specify)	me, farm, stree	et, factory, offic	)	28f. LOCATION (Stree City or Town, Sta	28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)		
							e to the cause(e) end n			menner ee stated.
296. SIGNATURE AT	NO TITLE OF CERTIFIE	+ Cono	TO DE DEATH (ITE	election of the second	2	LICENSE NU	1383	29d. DATE	SIGNED (Mont	h, Day, Year)
Charle 31. DATE FILEO (Mo	s O'Donn	ell M.D.	7	501 Yo	rk Rd.	2120	)4			



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BOX 68760,	ate be executed withi	hysician and complete
D. BOX 68760,	rtificate be executed withi	g physician and complete
.O. BOX 68760,	certificate be executed withi	iding physician and complete
, P.O. BOX 68760,	eath certificate be executed within	ittending physician and complete
S, P.O. BOX 68760,	e death certificate be executed within	ne attending physician and complete
IDS, P.O. BOX 68760,	the death certificate be executed within	y the attending physician and complete
<b>JRDS, P.O. BOX 68760,</b>	that the death certificate be executed withi	ed by the attending physician and complete
CORDS, P.O. BOX 68760,	es that the death certificate be executed withi	igned by the attending physician and complete
ECORDS, P.O. BOX 68760,	quires that the death certificate be executed withi	in signed by the attending physician and complete
RECORDS, P.O. BOX 68760,	v requires that the death certificate be executed withi	been signed by the attending physician and complete
AL RECORDS, P.O. BOX 68760,	he law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	e has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buy

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

I or attending physician. or use as the bunal-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

RAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
'S NAME (First, Middle, Last)	Adolaido I. Drossol	2. DATE OF DEATH	

	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEA		ENTAL HYGIEN			
	1. DECEDENT'S NAME (First, Middle, Lest)	Adelaid	e L. Dres	ssel	2			3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-03-2470	1 M 2 TVF			UNDER 24 HRS. 7	7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign Country) Marvland	
NO.	9a. FACILITY NAME (if not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF D  Meridian Cromwell Nursing Home  Baynesville  Bal								
DIRECTOR	10a. STATE 10b. COUNT	TY		TOWN OR LOCATION				10d. INSIDE CITY LIMITS?	
FUNERAL D	10e. STREET AND NUMBER	alto.	Tou	VSON 101. ZIP	CODE		10g. CITIZEN	1 YES 2 NO	
BY FUNE	1635 Aberdee 11. MARITAL STATUS 1 □ Never Married 2 □ Married 3 ☑ Widowed 4 □ Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	2- NO	13. WAS DECEND	Cuban, Mexican, I	ORIGIN? (Specify Ye Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify:	
ETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	JCATION s completed) College (1-4 or 8+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done during most of	working	16b. KIND OF BU	SINESS/INDUS	White	
COMPL	8. 17. FATHER'S NAME (First, Middle, Last)		Homemal		MOTHER'S NAME	OWN (First, Middle, Meiden	Home Surname)		
TO BE	John Hochrein  19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street and N		Heil te Number, City or Tow	rn, State, Zip Co	de)	
	Mrs. Marian Flea 20e. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetton 3 ☐ Ren	206.1	PLACE AND DATE OF tery, crematory or othe	Same as DISPOSITION (Name of piece)		DATE 20c. LC	CATION — City	or Town, Stata	
	21, SIGNATURE OF FUNERAL SERVICE U	char h	oly Redea		DDRESS OF FACIL	1050 Ineral Ho	York R	d. 21204	
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Final	complications that caused List only one couse on each	the deeth. Do not ch line.						
	disease or condition resulting in death)	a. arferiose DUE TO (OR AS A C	CONSEQUENCE OF):	Cormor	garter	y deser	Le	0.000	
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING								
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	cDUE TO (OR AS A C	CONSEQUENCE OF):						
ا پر	PART II. Other algnificent condition	na contributing to death but	t not resulting in	the underlying ca	use given in Pa	PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
V: MEDICA						_   1   YES 2	NO NO	OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpet		26. PLACE OTHER: Nursing Home 5	OF DEATH (Check				
ву рну	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME C	OF 28c. INJURY	AT 26	d. DESCRIBE HOW I	NJURY OCCUR	ED	
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY – building, atc. (Specif)	- At home, farm, stre	et, factory, offica	26	Bf. LOCATION (Street City or Town, State)	and Number or F	Rural Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the bast of my knowled ER: On the basis of examination	dge, death occurred and/or investigation,	at the time, data and in my opinion, death	place, and due to occured at the tim	the cause(a) and ma e, data and place, ar	nner as stated.	use(a) and manner as stated.	
TO BE C		valence "			DA10A			GNED (Month, Day, Year)	
1					20	34			
	MAY 27 1	32. REGISTBAR'S SIGNAT	URE Rande	eoris no					

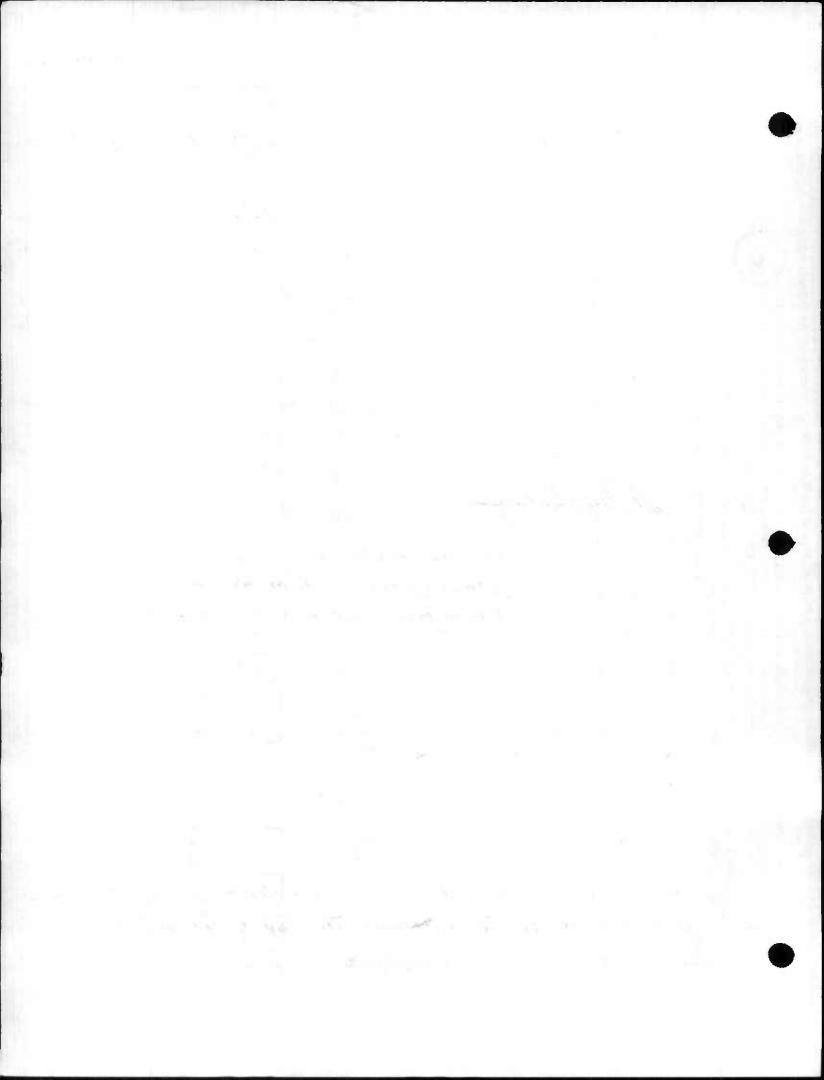
BALTIMORE, MARYLAND 21215-0020

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	
VISION	ATTENDING	
7	8	
	HOSPITAL	

1 - FOR STATE REGISTRAR

	4					7			2. DATE	H	DAY	YEAR	3. TIME OF OEA
			AT C			D	INIA	R	MA	Y 2		92	1608
	4. SOCIAL SECURITY NUMB	-	5, SEX	8. AGE (In y		MONTHS	DAYS	HOURS MI	RS. 7. DATE (Mon	OF BIRTH th, Day, Year)		Country	
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OB	96. FACHTY NAME (II nog in PENINSULA	REGIO	NAL MEDIC	CAL CE	NTER	96. CIT	SALI	SBURY	DF DEATH			COMIC	
DIRECTOR	100. STATE Maryland	10b. COUNT WORC				erlin	OR LOCAT	TION					10d. INSIDE CIT
ERAL	100. STREET AND NUMBER 5 Church	Stroo						ZIP CODE			10g. CIT		WHAT COUNTRY?
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B⊀	1 Never Married 2 3 Widowed 4 Divo		FORCES? 1 IF YES, GIVE W	YES :	2X NO			ecify Cuban, M 2 XNO S		Rican, etc.)		Speci	k, white, atc. //y: White
8	15. DEC (Specify only	EDENT'S EDU	JCATION e completed)	16	(Give kine	NT'S USUAL C	during mo		18	b. KINO OF B	USINESS/IN	OUSTRY	
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BE CO		iniar						Haze		issell			
2	199. INFORMANT'S NAME (7							and Number or F				p Code)	
	Patricia An							Berl			1811	Ola -	
	20a. METHOD OF DISPOSIT  1 Burlal 2 Depended		noval from State	of cerr	netary crem	atory or other	place)	pal Ce	DA'	7 /00	LOCATION —		
	4 Donation 5 Other  21. SIGNATURE OF FUNERA		CENSEE	-   31	. rat			DDAI_CE		1192		_	Marylan
	MA	/	Buchase					age F		Ц.,			ams St.
	23. PART i. Enter the d shock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)	eart fallure.	a. C A	R D I	h line.	ARA	E S	-					Approxin Interval E Onset an
TIFICATION	shock, or h  iMMEDIATE CAUSE (Fin disease or condition	eart failure.	a. CA OUE TO DUE TO C. T	A D I COR AS A CO	HINE.  HU  ONSEQUENCE  CS / ONSEQUENCE  CM /	DD not ente  ARR CE OF):  IVE CE OF):	er the mo		01014.	VO PA	PT/4.	y	Interval E
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	l
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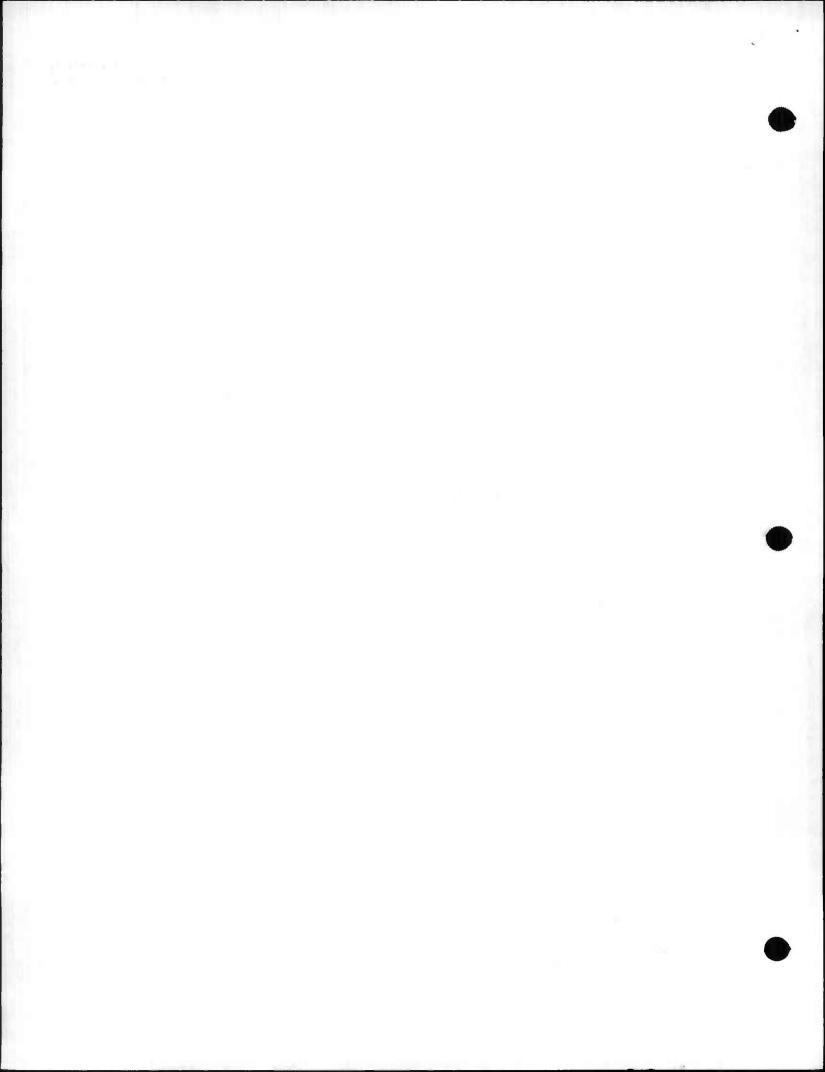
	1 - STATE REGISTRAR	STATE OF I		D / DEPAR CERTIF					MENTA	AL HYGIEN REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)  JOSEPH	JOHN			EWIN	G			2. DAT MON ()5	e of DEATH		EAR	3. TIME OF GEATH
	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER		IF UNDER	R 24 HRS.	7. DAT	E OF BIRTH		BIDTH	DI ACE (State or Foreign
	220-66-0528  9e. FACILITY NAME (If not institution, give	1 [XM 2 [ F	37	YRS.						-27-19	_		RYLAND
OR O	MILLERS ISLAND R		H.STRE	ET	9b. CITY	r, TOWN	OR LOCAT	ION OF D	EATH		BALT'I		
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Υ		10c, CI	Y, TOWN (	OR LOCA	TION					=	10d. INSIDE CITY
	MARYLAND	BALTIMOR	?E			F	ORT H	HOWAT	RD				LIMITS?
FUNERAL	9414 TODD AVENUE					10	1. ZIP COD	210	52		10g. CITIZEI		NAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDED	T EVER IN U.S	ARMED	13.	WAS DEC	CENCENT	OF HISPA	NIC ORIG	IN? (Specify Yes	or No- 14		- American Indian, White, etc.
B	1 Never Married 2 Married 3 Wildowed 4 Divorced		MAR OR OATES			If yes, sp 1 TYES	NO	on, Mexica Special	in, Puerto ly:	Ricen, etc.)		Specify	
밀	15. DECEOENT'S EDU (Specify only highest grade	CATION completed)	16e	. DECEDENT'S	work done	during mo		ing	16	b. KINO OF BU	SINESS/INDUS	TRY	
2	Elementary/Secondary (0-12) 1 2TH GRADE	College (1-4 or 8	+)	MAC	ee retired.) CHINE		ERATO	)R		SIG	SNODE		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)  JOHN W. EWING						16, MOT			Middle, Maiden BENVEN	Surname)		
BE	19a. INFORMANT'S NAME (Type/Print)			19b. MAJLING	3 ADDRES	S (Street I	and Numbe			nber, City or Tow		orde)	
2	CYNTHIA A. EWING	3		9414									21052
	20a, METHOD OF DISPOSITION  1	oval from State		CEAND DATE				/23/			CATION - CH		MARY LAND
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE /	//	1						HOME C			
	· ( hal th	to	ch)	/	7	922	WISE	AVE	ENUE	DUNC	ALK MI	)	21222
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO	OR AS A COM	NSEQUENCE O	r): F):	ie.	1						Onset and Deat
8	PART II. Other significant condition	a. ns contributing to	daath but n	ot resulting	in tha ur	ndariyin	g cause	given in	Part I.	24a. WAS AN PERFOR	IMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDI													1   YES 2   NO
Y N	25. WAS CASE REFERRED TO MEDICAL					26. PI	LACE OF E	DEATH (Ch	eck only o	l agel			
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpatien	W 3 🗆 DOA	OTHER	R:					LOCAL	ROF	ADWAY
	27. MANNER OF OEATH  1 Neturel 5 Pending	26e. DATE OF (Month, E	F INJURY Day, Year)	26b. TIA	IE OF JURY		JURY AT		26d. DE	SCRIBE HOW I			
84	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE C	/92 DE INJURY — A	4:22 It home, farm,	P street, lact	1 🔲	X	NO	281. LO	CATION (Street o	and Number or	Rural Ro	e hit pole
ETED	4 Homicide determined	bullaing,	LOCA.	L ROAD					MILL	LERS IS	LAND F	ROAL	)
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFVING PHYS  2 MEDICAL EXAMINI	ICIAN: To the best of e										euse(s)	end manner es stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE		1					ENSE NUI					(Month, Day, Year)
2	Denne	1. Ce	we				0.0	M.F	1		05/	/21/	/92
	30. NAME AND ADDRESS OF PERSON WI					ALTI	MORE	MAR	YLAN	D 2120	1		
	31. DATE FILEO (Month, Day, Year)	32. REGISTRA	AR'S SIGNATUR	RE									
	MAY 26 199	36 11-4	Laurason	~- Mande	02								

TO THE AFUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be made within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

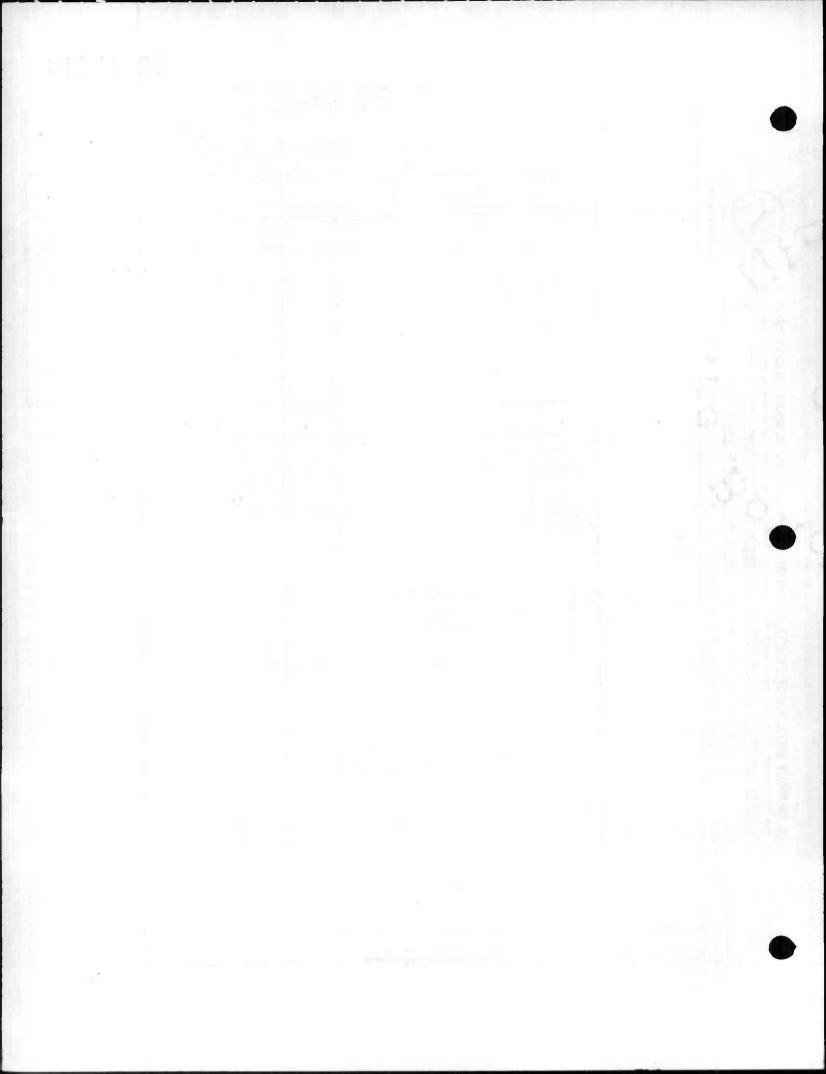
	REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	G. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DE	АТН		3. TIME OF DEATH
	MAE GWENDOLYN I	EISENBERG				05	26 I	992	4:23 A.M
1	4. SOCIAL SECURITY NUMBER 213 16 0107	5. SEX 6. AGE		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOUPS MIN.	7. DATE OF BIF (Month, Day, 07/22)	TTH Year)	_	IPLACE (State or Foreign
8	9a. FACILITY NAME (If not institution, give structure) GREATER BALTIMOI				PR LOCATION OF DE		9c. C0	DUNTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT	NE MEDICAL (	ENIER	TOWSON	<u> </u>		BA	LTIMO	DRE
Ä	10s. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TON				10d. INSIDE CITY
	MARYLAND BALT	TIMORE	BALT	IMORE					1 YES 2 X ND
A	10e. STREET AND NUMBER			101	. ZIP CODE		10g. C	ITIZEN OF	WHAT COUNTRY?
E	4115 VILLA NOVA	ROAD			21207				
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? t YES IF YES, GIVE WAR DR D	2 K NO	If yes, spe	ENDENT OF HISPAN ecity Cuban, Mexicar 2 XXIO Specify.	, Puerto Rican,		Speci	
	15. OECEDENT'S EDUC	ATION	16a. OECEOENT'S US	SUAL OCCUPATION	NA .	465 KIND	OF BUSINESS/I		ite
E	(Specify only highest grade c Elementary/Secondary (0-12)	completed)	(Give kind of wor	rk done during mo retired.)	st of working	100. KIND	OF BUSINESS/I	NOUSTRY	
P	12th	College (1-4 or 5+)		usewife					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		110	abewile	16. MOTHER'S NAM	ME (First, Middle)	Maiden Surname	)	
0	Alfred Jenning	s Green			Haze1		rump		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	ODRESS (Street a	nd Number or Rural R			Zip Code)	
5	Mr. Calvin C. Eis	enberg	4		Nova Roa				21207
	20a. METHOD OF DISPOSITION	201	D. PLACE AND DATE OF	DISPOSITION (Na	me of		20c. LOCATION		
	1 ☑ Burial 2 ☐ Cremation 3 ☐ Remove 4 ☐ Donation 5 ☐ Other (Specify)	val from State	netery, cremetory or othe eadowridg	e Mem.	Park	5/29	Elkri	dge.	MD
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1.2	22. NAME AN	ID ADDRESS OF FAC	HITY			
	Stopher	m Jone	Ser		g Byers . iberty R				
	23. PART i. Enter the diseases, or co shock, or heart fellure. L	omplications that cause	d the death. Do no	enter the mo	de of dying, such	as cerdiec o	r respiratory	nrreat,	Approximate
	IMMEDIATE CAUSE (Finel	ist billy blie cause on e	ecn ine.						Interval Between Onset and Death
- 1	disease or condition resulting in death)	CARDIOVA	SCULAR CO	LLAPSE					1 day
		·	A CONSEQUENCE DF):						01
N	Sequentially list conditions,	SEPSIS							2 days
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (DR AS /	A CONSEQUENCE OF):						1
윤	CAUSE (Diseese or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):						
E	reaulting in deeth) LAST		ŕ						1
	0.								
DICAL	PART II. Other algnificent conditions		// / /				MAS AN AUTOPS PERFORMED?	Y 24b	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
음	RENAL FAILURE		11 sert 1) y	cen , 1/0	shets melli	_ 10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
ME	Cercled Ve	apula acin	LI.			_			1 _ YES 2 _ NO
z									
CA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ACE OF DEATH (Che	ck only one)			
YSI	1 YES 2 NO	1 Inpatient 2 ER/Out		OTHER:  Nursing Hom	e 5 🗆 Residence (	6 Other (Spec	ify)		
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME		URY AT RK?	28d. OEŞCRIBE	HOW INJURY O	CCUREO	
B	1 Natural 5 Pending 2 Accident Investigation				ES 2 NO				
	3 Suicide 8 Could not be determined	28a. PLACE DF INJURY building, etc. (Spe-	/ — At home, farm, stre	et, factory, office		281. LOCATION City or Town	(Street and Numl	per or Rural F	Route Number,
<b>E</b>									
COMPLETED		AN: To the best of my know							
8	2 MEDICAL EXAMINER	On the beale of examination	en end/or investigation,	In my opinion, de	eath occured at the t	time, date and pi	ace, and due to	the cause(s	a) and manner as stated.
BE	296. SIGNATURE AND TITLE GE CENTURES	111			29c. LICENSE NUM				(Month, Day, Year)
5	O M	1/1893			D09212	2	<b>•</b>	5/26/	/92
	30. NAME AND ADDRESS OF PERSON WHO	1/			111			4655	
	Robert I. Levy, M			Suite	114 Bal	timore	, MD 2	21201	
	31. DATE FILED (Month, Day, Year)	7 32 REGISTRAR'S SIGN	The day						
	MAY 27 1992								



IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CE	RTIF	ICATE OF	DEATH	1	REG.	NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) THERESA M. GUNTH	ER					2.	DATE OF DEAT MONTH May 20	, <b>1</b> 992	YEAR	3. TIME OF DEATH 4:00 A • M
	4. SOCIAL SECURITY NUMBER 219-10-7811	5. SEX 1 M 2 X F	6. AGE (In yrs. lest I	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS		DATE OF BIRTH (Month, Day, Ye)	3	8. BIRTH	PLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give et Greenery Nursing	center			Balti			1	9c. CO	UNTY OF D	DEATH
DIRECTOR	100. STATE 10b. COUNTY Maryland -				y, town on Loca timore	TION					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	3116 Fait Avenue					21224				U.S.	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. ARM YES 25000000000000000000000000000000000000		If yes, sp	ENDENT OF Hecity Cuben, I	Wexican, P	ORIGIN? (Specification)	y Yes or No—	14. RACI Blac Spec	E American Indian, k, White, etc.
COMPLETED	18. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+	(Give	EDENT'S kind of to loo NOT us	USUAL OCCUPATION work done during more retired.)	ON st of working		16b. KIND OF	F BUSINESS/IN	DUSTRY	
	17. FATHER'S NAME (First, Middle, Last) Stanislaus Piecho	cki						(First, Middle, Ma eth Ma			
TO BE	19e. INFORMANT'S NAME (Type/Print) Mrs. Margaret M.	Long	19b. 31	MAILING	ADDRESS (Street a	nd Number or nue, B	Aurai Aout alti	More, City of	Md. 21	224	
	20g. METHOD OF DISPOSITION 1 1 Burlel 2 Cremation 3 Remo	rval from State	20b. PLACE AN	D DATE	relegion C	emeter	у	OATE 204 5-22	Baltim		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	house	,	Matth	ews Fu Easter	nera	1 Home	ltimor	e. Mo	i. 21 <b>2</b> 24
DICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEQU	JENCE OF	F): F):						
M	PART II. Other significant conditions  Augus (a  Demonstrated Conditions)		death but not res	sulting (	in the underlying	g cause give	en in Par	PEF	S AN AUTOPSY RFORMED? SS 2 NO	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:	ER/Outpatient 3	100A	OTHER	ACE OF DEAT					
ву РНҮ	27. MANNER OF DEATH  1 Parties 5 Pending	26e. DATE OF (Month, De	INJURY	28b. TIM	URY WO		28	d. DESCRIBE HO		CURED	
	2 Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE Of building,	FINJURY — At home etc. (Specify)	e, ferm, s	street, fectory, office		26	LOCATION (St. City or Town, S	rest end Numbe itale)	or Or Rural F	Route Number,
COMPLETED	290. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINER										) and menner ee stated.
8	296. SIGNATURE AND TITLE OF PERTIFIEN	1	ND			29c. LICENS				TE SIGNED	(Month, pay, Year)
٩		cin,	NO #	33	Print) 0 2 (	Cre	055	roa	do	2~	21117
	31. DATE FILEO (Month, Day, Year)  MAY 9 7 1		R'S SIGNATURE	מל	2.00						



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the househall or attends	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detauthed for use as		nce.
retained by th	5 should be		notified at
age 6 may be	director, page		er must be
after death. P.	by the funeral	noval.	cal examine
ithin 24 nours	letely filled in t	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
be executed w	ian and comp	or to burial, cr	aumatic eve
th certificate !	ending physic	Il Hygiene prio	or other tra
s that the dea	ned by the att	ith and Menta	any Injury,
se law requires	has been sign	Dept. of Hea	n 23 shows
PHYSICIAN: TI	this certificate	with the State	rked, or lien
ATTENDING !	ECTOR: After	rs after death	n 28 is mar
HOSPITAL OR	UNERAL DIR	vithin 72 hour	ANT: If iten
THE !	TO THE !	be filed v	IMPORT

1 - STATE REGISTRAR	SINIE UF MAN	CERTIFIC			MENTAL HYGIENE REG. NO.	
1. OECEDENT'S NAME (First, Mide		EANS GAITHE		DEATH	2. DATE OF DEATH MONTH	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)	F UNDER 1 YEAR	F UNDER 24 HRS.	7. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
214-20-8398	1 🗆 M 2 🔯 🗐	71 YRS. M	DAYS DAYS	HOURS MIN.	(Month, Day, War) 2-7-1921	VIRGINIA
9a. FACILITY NAME (If not instituti	on, give street and number)	9	b. CITY TOWN	B LOCATION OF		OUNTY OF DEATH
FRANCIS SCOTT RESIDENCE OF DECEDIO	KEY MEDICAL CH	ENTER.	RAI	TIMORE (	י עדדי	
RESIDENCE OF DECED	ENT				2517	
106. STATE 106.	COUNTY	10c. CITY, 1	TOWN OR LOCAT	TON		10d. INSIDE CITY LIMITS?
	BALTIMORE			DUNDA	ALK	1 TYES AND NO
E 100. STREET AND NOMBER			101	. ZIP CODE	10g. C	STIZEN OF WHAT COUNTRY?
10e. STREET AND NUMBER  1514 1FS1 1F R				21:	2.37.00	U.S.A.
	12. WAS DECEDENT EVE FORCES? 1 Y	ES 2 NO	If yes, sp	ocify Cuban, Mexica	NIC ORIGIN? (Specify Yea or No- in, Puarto Rican, atc.)	14. RACE — American Indian, Black, Whita, etc.
3 Widowed AND Divorced	IF YES, GIVE WAR OF	R DATES	1 TYES	2 NO Specif	у:	Specify: WHITE
15. DECEOEN	IT'S EDUCATION	18a. OECEDENT'S US	UAL OCCUPATION	ON .	16b. KIND OF BUSINESS/	
Elementary/Secondary (0-12)	cat grade completed)  College (1-4 or 5+)	(Give kind of world life, Do NOT use n	k done during mo etired.)	st of working		
7 YEARS	N/A	ASSEMB	LY WORK	ŒR	MANUFA	CTURING
15. DECEOEN (Specify only high Elementary/Secondary (0-12) 7 YEARS 17. FATHER'S NAME (First, Middle,	Last)			18. MOTHER'S NA	ME (First, Middle, Maiden Surname	
CLYDE J. PARK	ER			DORG	OTHY M. DEANS	
19a. INFORMANT'S NAME (Type/Pr	rint)	19b, MAILING AD	DRESS (Street a	nd Number or Rural i	Route Number, City or Town, State,	Zip Code)
GERALDINE V.	FAZENBAKER	1514 LE.	SLIE RO	AD BAI	TIMORE. MARYL	AND 21222
20a. METHOD OF DISPOSITION 1) Buriel 2 Cremation 3		20b. PLACE AND DATE OF			DATE 20c. LOCATION	- City or Town, State
4 Donation 5 D Other (Spec	illy)H	OLLY HILL	MEMORIA	L 5-23-1	1992 BALTIN	IORE, MARYLAND
21. SIGNATURE OF PUMERAL SE	WICE LICENSEE	01	22. NAME AN	DICK FILL	JERAL HOME OF	DUADALK TAIC
1 Charl	IN - tus	hal	7922	WISE AL	VENUE DUNDAL	K MD 21222
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Subdurd HTN ORA	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):	rnew	moni.		Interval Between Onsat and Daath
PART II. Other significant co	onditions contributing to deati	but not resulting in 1	the underlying	cause alvan in	Part I. 24s. WAS AN AUTOPS	Y 24b. WERE AUTOPSY FINDINGS
SIPILICUA	(1984)			oudeo givan in	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
CONSTIBA					1 TYES 2 NO	OF DEATH?
	1.010				—	1 YES 2 NO
25. WAS CASE REFERRED TO MED	DICAL		26- PL	ACE OF DEATH (Che	ick only one)	
EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/O	utpatient 3 DOA 4	THER:		8 Other (Specify)	
25. WAS CASE REFERRED TO MED EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH	28e. DATE OF INJUR	Y 28b. TIME O	F 28c. INJ	JRY AT	28d. OESCRIBE HOW INJURY O	CCURED
Natural 5 Pendi	ng (Month, Day, Yea Igation	r) INJURY	M 1 V			
	not be 28e. PLACE OF INJU- building, atc. (S	RY — At home, ferm, stree	et, fectory, office		28f. LOCATION (Street and Numb	per or Rural Route Number,
4 Homicide detarr	nined				City or Town, State)	
3 Suickde 8 Could 4 Homicide 8 Could detern  29a. CERTIFIER (Check only one) 2 MEDICAL	G PHYSICIAN: To the best of my kn	owledga, death occurred a	t the time, date	and place, and due	to the cause(s) and manner as a	lated.
one) 2 MEDICAL E	EXAMINER: On the besis of examina	tion and/or investigation, i	n my opinion, de	ath occured at the	time, data end place, and due to	the cause(s) end menner ea stated.
296. SIGNATUSE AND TITLE OF C	4	7)	T	29c. LICENSE NUM		ATE SIGNED (Month, Day, Year)
Clust	utter y	rurkel	_	D 30	6872	5/2/102
30. NAME AND AGORESS OF PER	SON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Pri	nt)	, 0,	/	701140
Ehzalist	n MBur	Ke. TO	Mst	COLL	1x Gainta	no (outor
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SI				- 3-10/11	ic i ence!
MAY 2 f	1992 Lie Ja	vidson-Randall				
11 ^		-				DHMH-16 Ray 1/89

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BALTIMORE, MARYLAND 21215-0020

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attending physician. the hospital or funeral director, page 5 should be detached for notified at retained by Page 6 may be be must examiner after death. y filled in by the fion, or removal, medical completely filled within 24 the traumatic event, executed and com attending physician a mal Hygiene prior to certificate be other 6 een signed by the atte Injury, that shows any requires has been certificate has be the State Dept. 23 Tem 6 the marked. with this death OR ATTENDING After item 28 is TO THE FUNERAL DIRECTOR: be filed within 72 hours after IMPORTANT: If

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

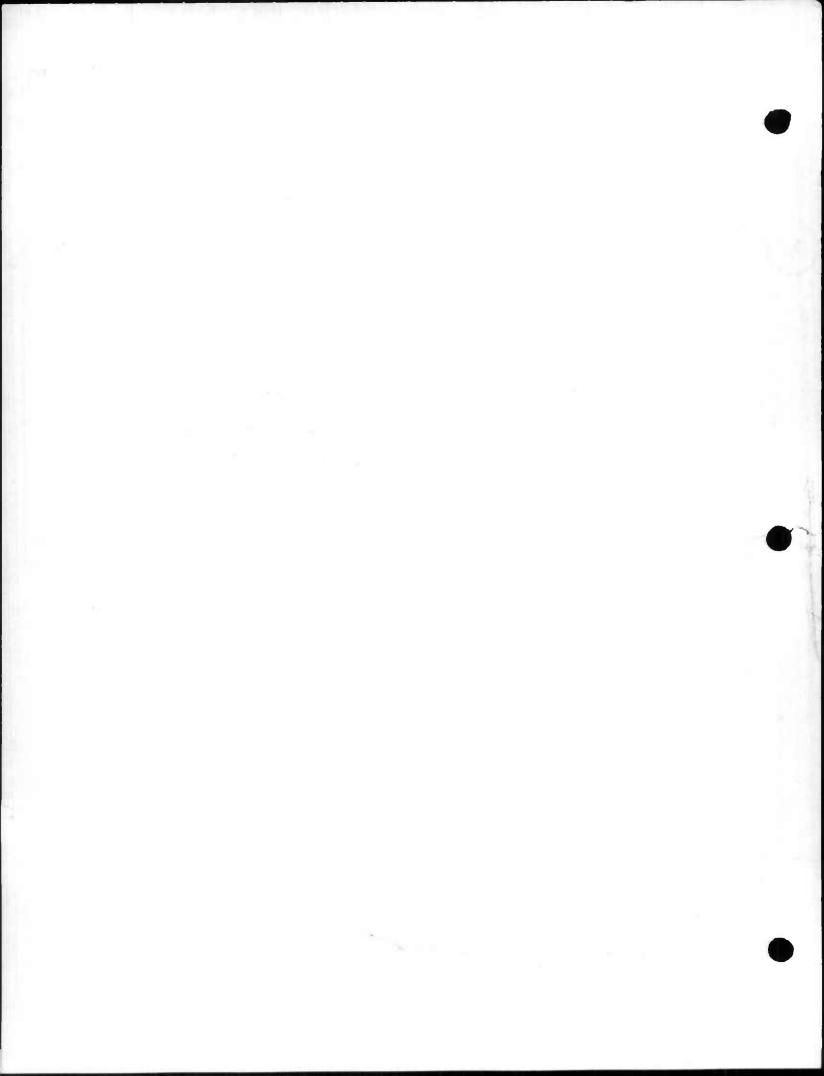
BE

2

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 5 ERNEST T. HILL, Sr. 22 92 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HBS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 🖾 M 2 🗌 F HOURS 84 YRS. 216-05-3656 4-5-08 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Carroll County General Westminster Carroll RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Queen Anne Chester 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 380 Bayside Dr. 21619 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO IF YES, OIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: WW II White COMPLETED 15. DECEDENT'S EQUCATION 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 yrs Owner Hillendale Paint&Hardware 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Ernest L. Hill Amelia 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO AODRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Ernest T. Hill, Jr. 3214 Unger Rd. Taneytown, Md. 21787 20e. METHOD OF DISPOSITION
1 🔀 Burlal 2 🗆 Cremation 3 🗆 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION -- City or Town, State Moreland Mem. Park 4 Donation 5 Other (Specify) 5-26 Parkville, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. · Wallace S. Brooky 1050 York Rd. Towson, Md. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Finel Onaet end Death disease or condition CHRONIC OBSTRUCTIVE PULMONART DISEASE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa DUE TO (OR AS A CONSEQUENCE OF) reauiting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO PNEWMONITIS COMPLETION OF CAUSE 1 YES 2 JUNO 1 TES 2 ... NO-25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL:
1 Impatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 400 4 Nursing Nome 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 26c. INJURY AT WORK? 26d. OESCRIBE NOW INJURY OCCUREO 1 Watural 5 Pending м 1 YES 2 NO 2 Accident 26e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 6 Could not be determined 281. LOCATION (Street and Number or Rural Route Number, 4 Nomicide 29a. CERTIFIER
(Check only one)

29 MEDICAL EXAMMED, On the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and menner as attend. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and menner as stated. 29b. MONAPURE AND TITLE OF CERTIFIER 29c, LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year) 15/22/92 D17040 Boom 2200 ma 30. NAME AND ADDRESS OF PERSON WH COMPLETEO CAUSE OF OEATH (ITEM 27) (Type, Print) HONARD B. L 2.5 WITSTNETON ITETS WESTMINSTED MD スショクル 31. DATE FILED (Month, Day, Year) Julia Davidson-Randella 7 1992



	FOR
1 .	STATE
	REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF DEATH	REG. NO.	_	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE OF OEATH MONTH DA	Y YEAR	3. TIME OF DEATN
	ETHEL J. HE	WITT		MAY 2	2 1992	5,00 P M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 1 1 M 2 M F	. AGE (In yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) AUG 17. 1	939 8. BIRT	THPLACE (State or Foreign ntry)  MD •
TOR	99. FACILITY NAME (If not institution, give street end number)  9310 Howard Ave.  RESIDENCE OF DECEDENT	9	Ft. Howard		9c. COUNTY OF Balt	imore
DIRECTOR	10e. STATE 10b. COUNTY Md. Baltimore	10c. CITY,	TOWN OR LOCATION  Ft. Howard			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER 9310 Howard Ave		101. ZIP CODE 21052		10g. CITIZEN OF	what country?
BY	11. MARITAL STATUS  1 Never Married 2 Married	YES 2 NO	13. WAS DECENDENT OF NISPAI If yes, specify Cuben, Maxics 1 PYES 2 NO Specify	in, Puerto Rican, etc.)	Bia	CE — American Indian, lok, White, alc. White
COMPLETED	15. OECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during most of working retired.)	16b. KIND OF BUS		
E CON	17. FATNER'S NAME (First, Middle, Last)  Melvin Charles Hume	es	16. MOTNER'S NA	ME (First, Middle, Melden s	Sumeme) Roder	
TO BE	19e. INFORMANT'S NAME (Type/Print)  Kent F. Hewitt	19b. MAILING AI	DDRESS (Street and Number or Rural	Route Number, City or Town		52
	20a. METHOD OF OISPOSITION 1   Burlel 2   Cremation 3   Removel from State 4   Donation 5   Other (Specify)	20b. PLACE AND DATE OF Cometery, cremetory or othe Oak Lawn	PROCESSOR SERVICE	DATE 20c. LOC	CATION — City or	Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	O Our	22. NAME AND ADDRESS OF FA Connelly Fun 7110 Soller	CILITY		
	23. PART i. Enter the diseases, or complications that s	ely	7110 Soller	rs Point	Road.	21222
	ahock, or heert fellure. List only one cause  IMMEDIATE CAUSE (Final disease or condition resulting in death)	on each fine.	eu moma	n as ceroiac or reapi	atory arrest,	Approximate interval Between Onset and Death
CERTIFICATION	if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	R AS A CONSEQUENCE OF):	Minofrag			10 gairs
	PARTY II Contractional conditions and the state of					
MEDICAL	PART II. Other significant conditions contributing to de	eath but not resulting in	the underlying cause given in	Part i. 24a. WAS AN / PERFORI	MED?	ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ä						
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. PLACE OF DEATN (Ch	eck anly one)		
Z	nostial:		THER:  Nursing Nome 5 Residence	6 Other (Specify)		
Y PHYSICIAN: MI	27. MANNER OF OEATH  1 Natural 5 Pending Investigation	JURY 28b. TIME (	OF 28c. INJURY AT WORK?  M 1 YES 2 NO	284. OEŞCRIBE HOW IN	JURY OCCURED	
TED BY	2   Accident	NJURY — At home, ferm, stre (Specify)	net, factory, office	281. LOCATION (Street as City or Town, State)	nd Number or Rural	Floute Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of many one)					(s) and manner se stated.
TO BE C	296. SIGNATURE AND TITLE OF CRITIFIER MENER I	no	29c. LICENSE NUI	9880	· 5 -	26 - 92
	30. NAME AND ADDRESS OF PERRON WHO COMPLETED CAUSE  (MS JANU T MUYA M)	o FSKMC	4940 Easter	n Ave B	alti 1	MJ 21224
	31. DATE FILEO (Month, Dey, Year) 32. REGISTRARY	SIONATURE	delle			

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnarian be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-18 Rev 1/89

d. slrivere ... cward

9310 Howard Ave 21052

9715

P. TABERO

Selvin Charles Humes senioreina A. Forer

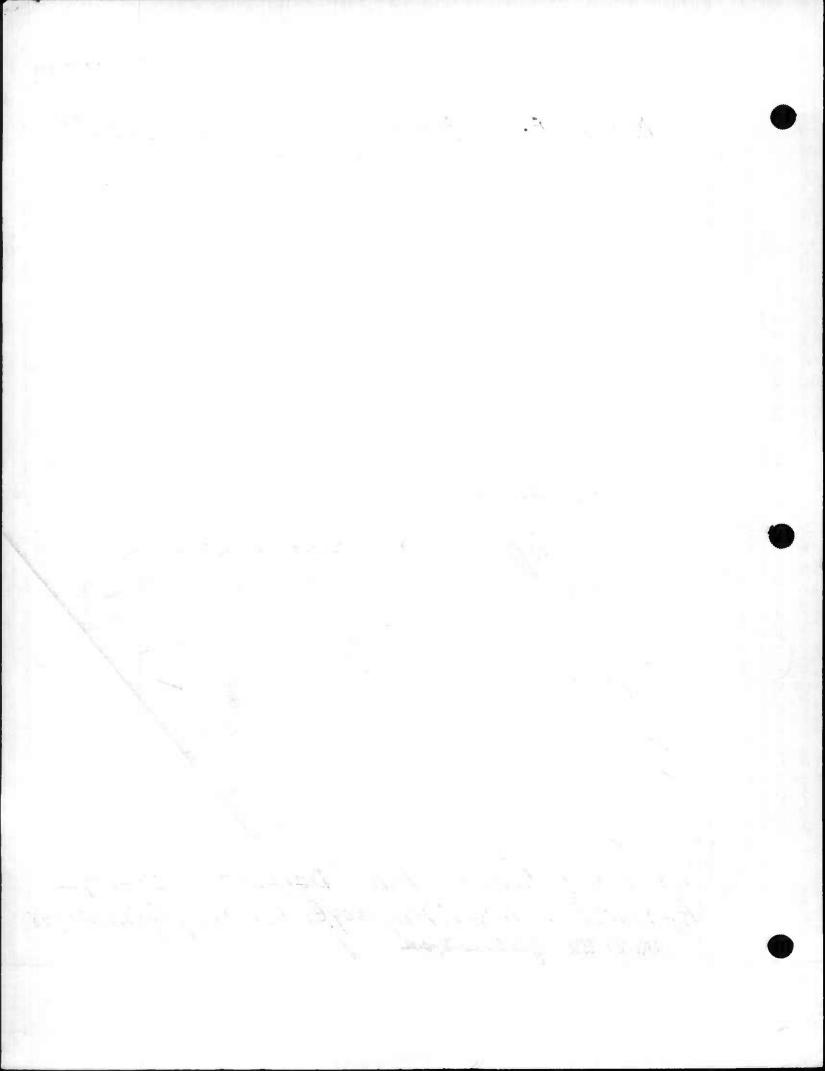
dent F. Hewitt 2310 Roward ave Salto. Id. 211.0

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Tornelly Swrerel Home of Thereis

BOX 68760,
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RDS
RECO
OF VITAL
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DIVISION

						OF DEA			REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Las	F.	Ha	7.11	5			2. DATI	of DEATH		YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER Unk	1 🗆 M 2 💢 F	GE (In yrs. lest		IF UNDER 1	YEAR IF UNDI	MIN.	(Mon	OF BIRTIN th, Day, Year) /28/43		Country	PLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give PG GENERAL					TOWN OR LOCAT		EATH		9c, COUNT	Y OF DE	PG
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUN	PG			TOWN OR	LOCATION HEIGHT	'S	_				10d. INSIDE CITY LIMITS?
	104. STREET AND NUMBER 4167 SOUTHERN A	VENUE			_	10f. ZIP CO	DE			10g. CITIZE		1 X YES 2 NO
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2V N		17 1	AS DECENDENT yes, specify Cub	en, Mexico	in, Puerto	N? (Specify Yea Rican, etc.)	or No — 1	4. RACE Black,	JSA — American Indian, White, atc. VACK
ETED	15. DECEDENT'S ED (Specify only highest gra-	ide completed)	16a, DEC (Gh	CEDENT'S U	USUAL OCC ork done due retired.)	UPATION ring most of work	ing	16	b. KIND OF BUS	SINESS/INDU		TIOK
COMPL	10th Grade	None		mesti				ME (Flort	Mirtin Mairian	Symamol		
U O	19a. INFORMANT'S NAME (Type/Print)	Eugene			ADDRESS A	Street and Number			Middle, Majden Smith		'orde'	
2	Linda Atkin	s		S	Same	as 10a,	b,c,	d,e8	f City or low	n, Stafa, Zip C	iode)	
	20e. METNOD OF DISPOSITION  1 Burlel 2 Cremation 3 Re  4 Donation 5 Other (Specify)	emoval from State	20b. PLACE A	ND DATE O	FDISPOSITI	on(Name of emetery		5/30	/9 2 M:	cation — ci	y or Tow	vn, Stata
5	. 0	0 0				ME PUID ADDIT	-00 01 17	010111		nines	UO.	inc.
	IMMEDIATE CAUSE (Final	r complications that cause. List only one cause or	n each line.		ot enter th	3030 12 ne mode of d	th S	t NE	diac or reapi	0017	st,	Approximate interval Bety
. 1	snock, or heart failure	a List only one cause of DUE TO (OR A DUE TO (OR A d.	AS A CONSED	UENCE OF	ot enter the	3030 12	th S	t NE	diac or reaple	0017	st,	Approximate interval Bets
MEDICAL CENTIF	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  d. Due To death	AS A CONSED	UENCE OF	pot enter the state of the stat	3030 12	2th S	St NE	diac or reaple	OO17 ratory arres	24b.	Approximate interval Bett Onset and D
ICIAN: MEDICAL CENTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	a DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  d. Due To death	AS A CONSED	UENCE OF	of enter the state of the state	3030 12	2th S	Part I.	24a. WAS AN. PERFOR	OO17 ratory arres	24b.	Approximate interval Betw Onset and D Onse
THIS ICIAIN. MEDICAL CENTIF	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1 2 YES 2 ND  27. MANNER OF DEATH  1 1 Interval 5 Pending	a. DUE TO (OR A. DUE TO (OR A. d.	AS A CONSEDUTE AS A CONSEDUTE AS A CONSEQUENCE AS A CONSE	UENCE OF	ot enter the under the und	26. PLACE OF I	given in	Part I.	24a. WAS AN. PERPOR 1 YES 2	AUTOPSY MED?	24b.	Approximate interval Betwoen and D Onaet a
ED ST THISTORY, MEDICAL CENTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions. If the condition of  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A)  DUE TO (OR A)	AS A CONSEDUAS  CONSEDUA A CONSEDUA	UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF)	ot enter the state of the under the	and and and and and and and and and and	given in	Part I.  Part I.  28d. DE:	24a. WAS AN. PERFORM 1 YES 2	AUTOPSY MED?	24b.	Approximate interval Betwoen and D Onset a	
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MEDICAL CERTIF	IMMEDIATE CAUSE (Final disease or condition reauting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  ND  27. MANNER OF DEATH  1  Netural	B. List only one cause of a List only one cause of DUE TO (OR A DUE TO	AS A CONSEDUAL ACONSEDUAL ACONSED	UENCE OF)  UENCE OF)  UENCE OF)  DOA  28b. TIME INJU  ne, ferm, st	OTHER:  1 Under the under	and and place of dy seriying cause  26. PLACE OF   g Home 5   R BC. INJURY AT WORK? 1   YES 2   g, office	given in	Part I.  Part I.  28d. De:  28f. Lock  to the cast  time, data	24a. WAS AN. PERFOR  1 YES 2  PERFORM  1 YES 2  PERFORM  ATTION (Street a or Yown, State)	AUTOPSY MED?  JURY OCCUMENT AND AUTOPSY MED?  JURY OCCUMENT AND AUTOPSY MED?	24b.	Approximate interval Betwood Onset and D O



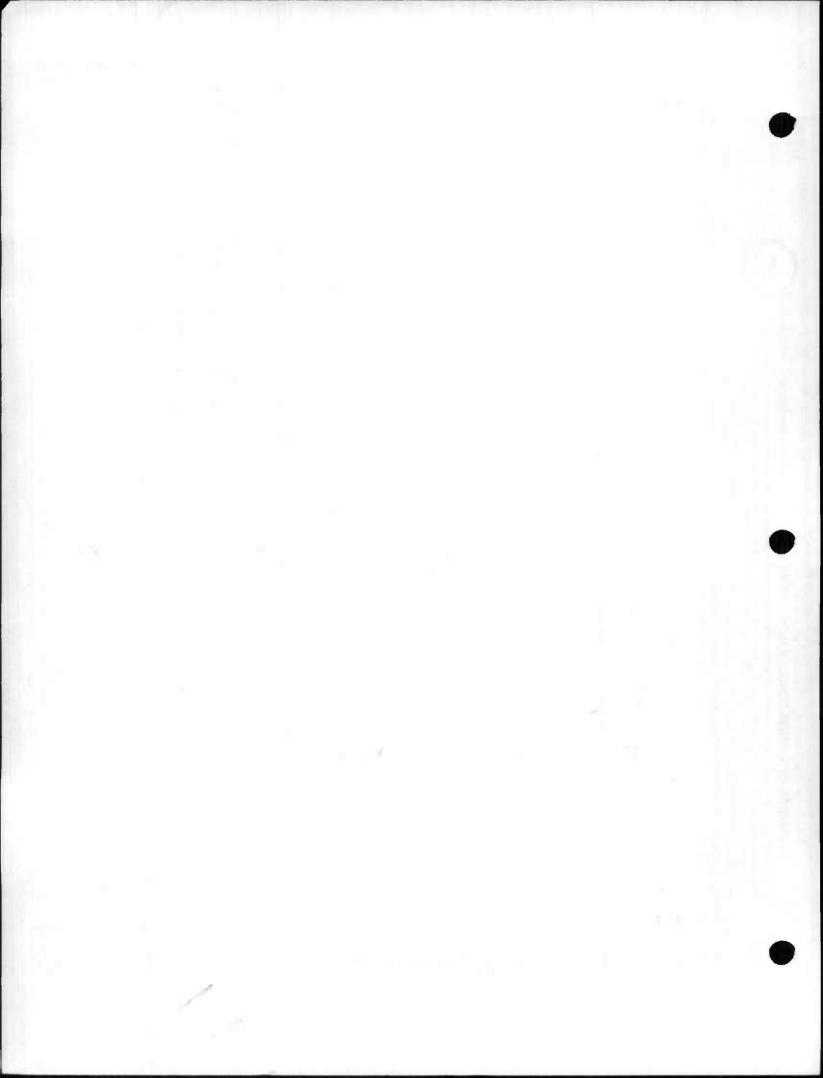
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The la	tate Dec	tem 23
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ATTENC	ECTOR:	n 28 is
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the part and state bear, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSP!	E FUNEF	RTANT
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BALTIMORE, MARYLAND 21203-3146

1. DECEDENT'S NAME (FA		OINIE OF MAILE		CATE OF I		MENTAL HY	GIENE G. NO.		
	irst, Middle, Last)					2. DATE OF DE	ATH DAY	YEAR	3. TIME OF DEATH
Margar	et Her	r (Marga	aret E. He	rr)		5		2	5:55 P
4. SOCIAL SECURITY NU	MBER	The second secon		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE DF BIF (Month, Day,		B. BIRTHP Country)	LACE (State or Foreign
214-03-189	91	1 □ M 2 ∰ F	84 YRS.	OHING BAYS	HOURS MIN.	10-20-			impre .Md.
Sa. FACILITY NAME (If not	t institution, give s	treet and number)	9	b. CITY, TOWN DR	LOCATION OF DE	EATH	9c. COUN	ITY OF DE	ATH
FRanklin	Square	Hospital		Ross	sville			Balti	more
10a. STATE	10b. COUNTY			Baltimon					IOd. INSIDE CITY LIMITS?  I X YES 2 ND
10e. STREET AND NUMBE				10f. ;	ZIP CODE		10g. CITI		IAT COUNTRY?
	rest Vi	ew Avenue		1	21206			U.S.	
11. MARITAL STATUS  1 Never Married 2 [ 3 X Widowed 4 D		12. WAS DECEDENT EVER FDRCES? 1  YES IF YES, GIVE WAR DR	3 2 100		NDENT OF HISPAR Hity Cuban, Mexica ND Specifi	ın, Puerto Rican,		14. RACE - Black, Specify	- American Indian, White, atc. : : White
15. D	ECEDENT'S EDU	CATION	16a. DECEDENT'S US	BUAL OCCUPATION	1	16b. KIND	OF BUSINESS/IND	USTRY	WHILE
(Specify of Elementary/Secondary	only highest grade	completed) College (1-4 or 5+)		rk done during most					
6th Gr		Conege (1-4 or 5+)	Cashi	or			Senator	Theat	er
17. FATHER'S NAME (First,			Casiii		18. MOTHER'S NA			Theat	
					323/1/2012/10/2012	idney E.			
Andrew J			19h MAILING A	DDRESS /Street an			or Town, State, Zlo	Code	
				and Same		or sailer. A			
William 20a METHOD OF DISPOS			9013			· v	Md212		n Otati
1 Burial 2 Crematic	ition 3 🗆 Rem	oval from State	other place)					imore	
4 Donation 6 Ott		CENCEE	noly Cr	oss Cem	ADDRESS OF FA	CH ITY	Dalt	THOTE	= , FID •
V.	THE SERVICE EN		1	22. NAME AND	ADDRESS OF IA	WILIT	6415	Bela:	ir Road
pay	Eleen	m. Mur	solu,	John	C. Mille	er, Inc	. Balti	more	Md21206
IMMEDIATE CAUSE (I disease or condition resulting in death)	Final	a. Due to (on As	hey be a consequence of:	aelia	o hip	Carete	úc		Interval Between Onset and Deat
Sequentially list cond		b	A CONSEQUENCE OF):						1098
Sequentially list con- if any, leading to im- cause. Enter UNDER! CAUSE (Disease or in- that initiated events resulting in death) Li	mediate LYING njury	DUE TO (DR AS							10918
If any, leading to Imm cause. Enter UNDER! CAUSE (Disease or In that initiated events resulting in death) Li	nediate LYING njury AST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	the underlying		Part I. 24s.	WAS AN AUTOPSY PERFORMED? YES 2 ND		WERE AUTOPSY FINDING MANABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
If any, leading to Immicause. Enter UNDERI CAUSE (Disease or In that Initiated events resulting in death) Lipart II. Other significant of the Cause of Immicroscopic of the Cause of Immicroscopic of the Cause of Immicroscopic of	AST Condition	DUE TO (DR AS  DUE TO (OR AS  d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	the underlying		Part I. 24a.	PERFORMED?		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
If any, leading to Imnicause. Enter UNDERI CAUSE (Disease or is that initiated events resulting in death) Li	AST Condition	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	the underlying	MUNAS	Part I. 24a.	PERFORMED? YES 2 ND		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
H any, leading to improve the cause. Enter UNDER! CAUSE (Disease or in that initiated events resulting in death) L.  PART II. Other signification of the cause of	AST  Icant condition  Fract  D TO MEDICAL	DUE TO (DR AS  C. DUE TO (OR AS  d. DUE TO (OR AS	but not resulting in	26. PL/OTINER:  1. (Nursing Home of 28c. INJURY WOF	MCE OF DEATH (CF	Part I. 24a. 1 Unheck only one) 6 Uniter (Spe	PERFORMED? YES 2 ND		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
H any, leading to improve the cause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Library 1. Other signification of the cause of t	icant condition  Trace  Trace  Trace	DUE TO (DR AS  C. DUE TO (OR AS  d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in  challed O	26. PLJ OTI SER:  (Nursing Home WOF M 1   Y	ACE OF DEATH (C)  5 □ Residence  HEY AT	Part I. 24a.  1 □  heck only one)  6 □ Other (Spe  28d. DESCRIB	PERFORMED?  YES 2 NND  city)  E HOW INJURY OCI	CURED	WERE AUTOPSY FINDING MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH!
If any, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Library (Death of the Cause of the initiated events resulting in death) Library (Death of the Cause of the	AST  Cleant condition  Course   DUE TO (DR AS  C.  DUE TO (OR AS  d.  DUE TO (OR AS  DUE	But not resulting in the state of the state	26. PLOTTIMER:  1. (Nursing Home WOF WOF 1	CCE OF DEATN (CF  5   Residence HTY AT HKY ES 2   ND	Part I. 24a.  1	city) E HOW INJURY OCI (Street and Number n, State)	CURED or Rural Ro	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
If any, leading to immicause. Enter UNDERI CAUSE (Disease or in that initiated events resulting in death) Library (Death of the Cause of the initiated events resulting in death) Library (Death of the Cause of the	AST  Icant condition  Fract  To MEDICAL  Pending investigation  Could not be determined  ERTIFYING PHYS  IEDICAL EXAMINI	DUE TO (DR AS  C. DUE TO (OR AS  d. DUE TO (OR A	But not resulting in the state of the state	26. PLOOTINER:  1. Nursing Home OF WOF M 1 VO Test, factory, office I at the time, date (	CCE OF DEATN (C/ 5 Residence HTY AT IK? ES 2 ND and place, and due ath occured at the	Part I. 24a.  1	city) E HOW INJURY OCI (Street and Number m, State)  and manner ee state lace, and due to the	CURED  or Rural Rolled.  ted.	WERE AUTOPSY FINDING MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
H any, leading to Imma cause. Enter UNDER CAUSE (Disease or It that Initiated events resulting in death) L.  PART II. Other signification of the control of	D TO MEDICAL  Pending investigation Could not be determined  ERTIFYING PHYS BEDICAL EXAMINITIE OF CERTIFIE  OF OF PERSON WITH	DUE TO (DR AS  C. DUE TO (OR AS  d. DUE TO (OR A	A CONSEQUENCE OF):  A CONSEQUENCE OF):  But not resulting in characteristics of the consequence of the conse	26. PLOOTI-SER:  1. Khursing Home OF 26c. INJU WOF 1   Yi rest, factory, office	CCE OF DEATN (CF  5 Residence  HY AT  KY  ES 2 ND  and place, and due  eth occured at the  29c. LICENSE NU  M D ~ D	Part I. 24a.  1	city) E HOW INJURY OCI  (Street and Number n, State)  and manner ee state  29d. DAT	cured  or Rural Ro  ted.  te cause(e)  E SIGNED (S. 2.2)	WERE AUTOPSY FINDING MARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  oute Number, end manner se stated.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

DHMH-16 Rev 1/89



9	2	1	4	6	2	
				_	40-00	

	REGISTRAR		CERT	IFICATE OF	DEATH	REG. NO.								
	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH K.	MANK				2. DATE OF DEATH MONTH DAY	Y YE	3. TIME OF DEATH						
						5 21	97	12:15 AM						
	4. SOCIAL SECURITY NUMBER 577-26-2641	5. SEX 1 ☐ M 2 📆 F	6. AGE (In yrs. last birthd	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. E	BIRTHPLACE (State or Foreign country)						
	9a. FACILITY NAME (If not institution, give s		01	95 CITY TOWN	OR LOCATION OF D	6-29-10	A. COUNTY	Md.						
OB	98. FACILITY NAME (If not institution, give street and number)  St. Agnes Hospital  Baltimore City  N/A													
5	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT		100	CITY, TOWN OR LOC										
DIRECTOR	200	timore		estview				10d. INSIDE CITY LIMITS?  1 YES 2 TNO						
1	10e. STREET AND NUMBER	VIIIOI C			of. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?						
FUNERAL	6106 Deerbrook	DA DA	1 timene	Ma	2122									
3	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13, WAS DE		NIC ORIGIN? (Specify Yea	or No - 114	RACE — American Indian,						
BY FI	1 Never Married 2 Married 3 XWidowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 NO	If yes, s		an, Puarto Rican, etc.)		Black, White, etc. Specify:						
	15. DECEDENT'S EDU	CATION	2.7	T'S USUAL OCCUPAT	ION	16b, KIND OF BUS		White						
	(Specify only highest grade	completed)	(Give kind	of work done during n	nost of working	IOD. KIND OF BUS	INESS/INDUST	NY .						
12	N / A	College (1-4 or 5 +		- + T										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	N/A	Secr	enary-I		ME (First, Middle, Malden S		ers Assoc.						
		220												
BE	James E. Top	ber.				C. Mulle								
2	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Route Number, City or Town								
	Henry J. Topp	er	1610	6 Deerb	rook Rd	-Baltimo	ore.	Md. 27228						
	20a. METHOD OF DISPOSITION  1 Description 2 Cremation 3 Ram	oval from State	20b. PLACE AND DA	TEOF DISPOSITION (/	lame of	DATE 20c. LOC	CATION — City	or Town, State						
	4 Donation 5 Other (Specify)		New Cat	hedral	Cemeter	vi 5-23-92	2 Ba	lto. Md.						
	21. SIGNATURE OF FUNERAL SERVICE LIC				ND ADDRESS OF FA			D4 l						
	GTruman Schusch 5151 Baltimore National Pike													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or reapiratory arrest,   Approximate													
	ahock, or heart failure.	Liet only one cau	se on eech line.		out of dying, auc	in all cardiac or reapir	etory arrest,	interval Between						
	iMMEDIATE CAUSE (Final disease or condition	C 0	150.2					Onset and Death						
	resulting in death)	a. Dur m	MOIDA OR AS A CONSEQUENCE	1793										
	V		NSA TEA											
S S	Sequentially list conditions,	W	OR AS A CONSEQUENCE											
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		STASTATIC		A OF	40107		i						
윤	CAUSE (Disease or injury		OR AS A CONSEQUENCE		100	COLOT								
E	that initieted events Due TO (OR AS A CONSEQUENCE OF): resulting in death) LAST													
8	d													
	PART II. Other significent condition	s contributing to	deeth but not reculting	ng in the underlyi	ng ceuse given in	Part I. 24s. WAS AN A		24b. WERE AUTOPSY FINDINGS						
CAL	14/00 ALBUMIA	iEMIA (	PROFOUND	)		PERFORM	7.5%	AMILABLE PRIOR TO COMPLETION OF CAUSE						
0	11 CHRUNIC R	CNAL TO	MLJRE			1 🗍 YES 2	- MU	OF DEATH?						
Σ			(0)	···		—		1 TYES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Chack only one)													
0	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch		_							
l ₹	1 TYES 2 NO 27. MANNER OF DEATH		ER/Outpetient 3 DO		me 5 - Residence									
급	1 Natural 5 Pending	28a. DATE OF (Month, Di	ny. Year) 28b.	INJURY W	JURY AT ORK?	28d. DEŞCRIBE HOW IN	JURY OCCURE	D						
B A	2 Accident Investigation				YES 2 NO									
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	building,	F INJURY — At home, fer atc. (Specify)	m, atreat, factory, offi	ce	28f. LOCATION (Street ar City or Town, State)	nd Number or R	ural Route Number,						
9	29a. CERTIFIER													
MP	(Check only					to the cause(a) and mann								
8	2 MEDICAL EXAMINE	H: On the basis of ex	tamination and/or investig	ation, in my opinion,	death occured at the	time, date and place, end	dua to the car	use(a) end manner as stated.						
BE	296. SIGNATURE AND TITLE OF CERTIFIES		mo		MOO C		29d. DATE SIG	INED (Month, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON WH	5 2 7												
-	Α	O COMPLETED CAUS	E OF DEATH (ITEM 27) (	ype, riiii)	0 -	TOMBO KANKONDE, STACKES ASPITAL								
	MUTOMBO K	(AN KOI	NDE 1	I HOWE	AOSPIT	2 c								

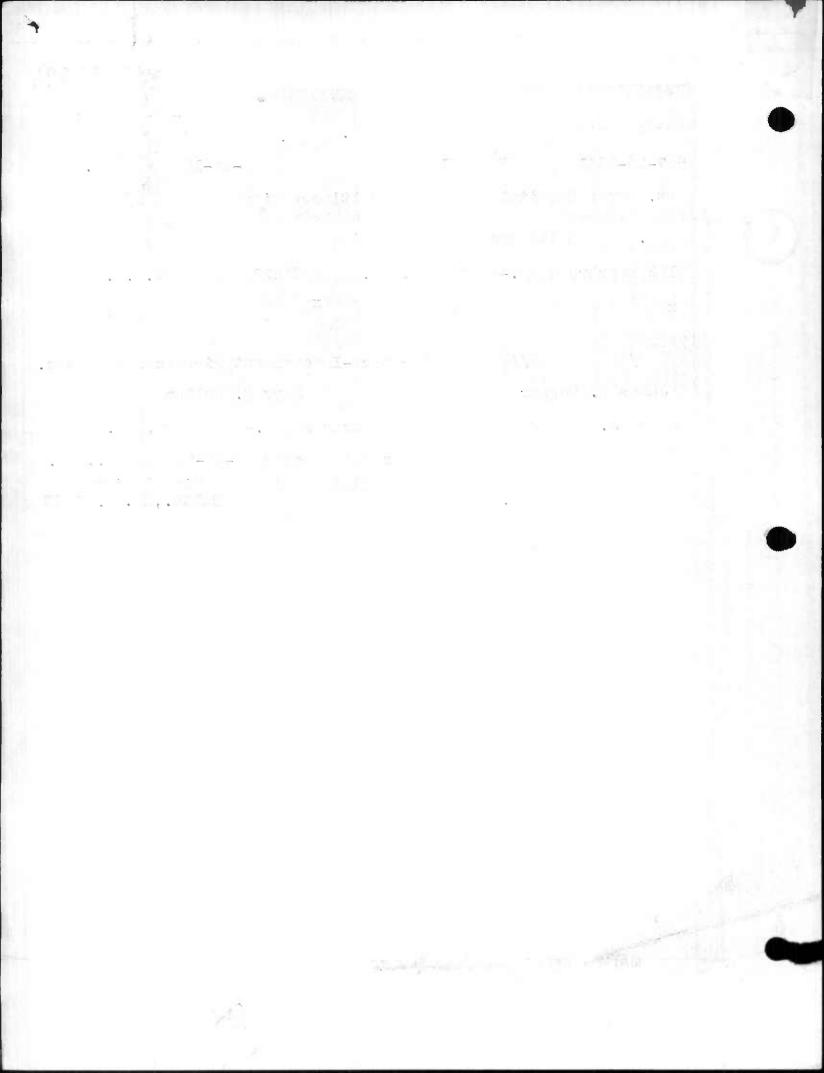
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IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MAY 27 1992 July Deviden Mandall

DHMH-16 Rev 1/89

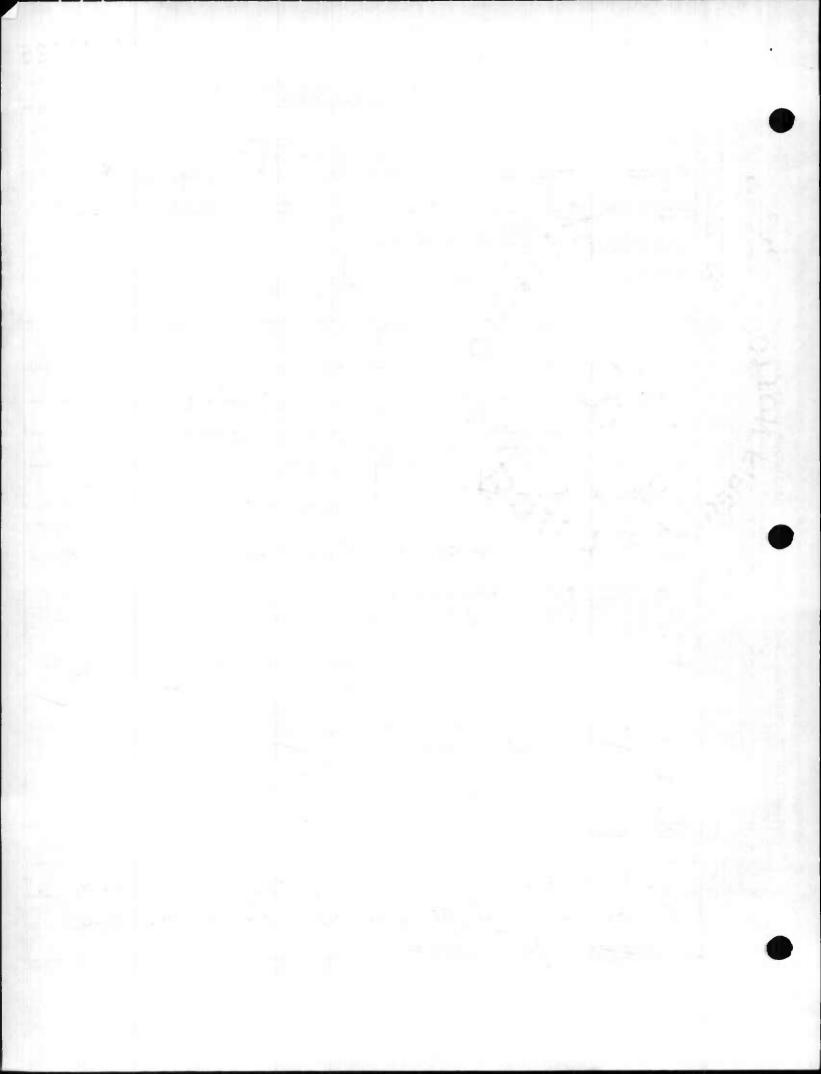


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	And the second of the last the last the second the seco
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	Marjorie E	Harr	S AGE (In yrs. le	est hirthday)	IF UNDER 1 Y	EAR IF UNDER 2		ATE OF BIRTH		YEAR	ACE (State or Fore
	217-26-3044	1 M 2 X F	62.			AYS HOURS	MIN.	Month, Day, Year)		Country)	
9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF D								_			
DIRECTOR	5 15910 Falls Road Sparks Baltimore								more	County	
EC	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 16									d. INSIDE CITY	
										1 [	LIMITS?
ERAL	100. STREET AND NUMBER 101. ZIP CODE 10g. CITIZE								N OF WHA	T COUNTRY?	
NE	15910 Falls Road					2.11.			USA	1	
BY FUN	11. MARITAL STATUS  1 Never Married 2XX Married  3 Widowed 4 Divorced	12. WAS DECEOEN FORCES? 1 IF YES, GIVE W	YES 3		If ye	S OECENDENT OF s, specify Cuben YES ZXNO	, Maxican, Pu	RIGIN? (Specify Ve erto Rican, atc.)	e or No — 14		American India
ETED	15. OECEDENT'S EC	DUCATION		DECEDENT'S U				16b. KINO OF BU	I SINESS/INDUS	STRY	White
	(Specify only highest gra-	College (1-4 or 5 +	- 10	Give kind of wo le. Do NOT use	ork done durir retired.)	ng most of working					
COMPL	12 years		H	lomemal	ker						
8	17. FATHER'S NAME (First, Middle, Last)							irst, Middle, Maiden	Surname)		7.5
H	Earl D. Lutz  19a. INFORMANT'S NAME (Type/Print)			at Manage	100000		a A. F				
2		is. Sr						Number, City or Tow MD 2		iode)	
	Mr. LeRoy N. Harris, Sr. 15910 Falls Rd. Sparks, MD 21152										
	20b. PLACE AND DATE of DISPOSITION (Name of the place)  10b Burlal 2 Coremation 3 Removal from State  20b. PLACE AND DATE of DISPOSITION (Name of the place)  20c. LOCATION — City or Town, State  2										D
	21. SIGNATURE OF FUNERAL SERVICE		22. NAME AND ADDRESS OF FACILITY								
	Loring Byers Funeral Directors, I 8728 Liberty Rd. Randallstown, M										
NOI	Sequentially list conditions,	b	(OR AS A CONSI			1 pan					
CATIO	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury	С.									
ERTIFI	that initiated events resulting in death) LAST	d.	DUE TO (OR AS A CONSEQUENCE OF):								
ш	resulting in death) CAST		PART II. Other significant conditions contributing to death but not re-								
0		one contributing to	death but not	resulting in	the under	fying ceuse gi	ven in Part	1. 24s. WAS AN			
0		one contributing to	death but not	resulting in	the under	fying ceuse gi	ven in Part	PERFO	RMED?	CO	MPLETION OF C
MEDICAL CEI		one contributing to	death but not	resulting in	the under	lying ceuse gi	ven in Part	I. 24s. WAS AN PERFOI	RMED?	CO OF	AILABLE PRIOR ' MPLETION OF C DEATH?
: MEDICAL C	PART II. Other significant condition	one contributing to	death but not	resulting in	the under	fying ceuse gl	ven in Part	PERFO	RMED?	CO OF	AILABLE PRIOR 1 MPLETION OF C DEATH?
: MEDICAL C	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	one contributing to	death but not			flying couse gi		PERFOI	RMED?	CO OF	ERE AUTOPSY FINALABLE PRIOR 1 MPLETION OF CO DEATH?  YES 2 5-M
SICIAN: MEDICAL C	PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	8. PLACE OF DE.	ATH (Check or	PERFOI  1 YES 2  illy one)  Other (Specify)	RMED?	CO OF 1 [	AILABLE PRIOR 1 MPLETION OF C DEATH?
PHYSICIAN: MEDICAL C	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 NEW TOTAL S Pending	HOSPITAL: 1   Inpetient 2   28a. DATE OF (Month, De	ER/Outpetlent		OTHER: 4   Nursing	88. PLACE OF DE	ATH (Check or Idenca 8 - 28d	PERFOI	RMED?	CO OF 1 [	AILABLE PRIOR 1 MPLETION OF G DEATH?
BY PHYSICIAN: MEDICAL C	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 NEWFAIL 5 Pending Investigation	HOSPITAL: 1   Inpetient 2   28a. DATE OF (Month, De	ER/Outpetlent INJURY ay, Year) FINJURY — At h	3 DOA 20b. TIME	OTHER: 4   Nursing OF 286 RY 1	Home 5 Nea	ATH (Check or Idenca 8 - 28d	PERFOI  1 YES 2  illy one)  Other (Specify)  DESCRIBE HOW I	INJURY OCCUI	OF 1 [	NLABLE PRIOR MPLETION OF CODEATH?  YES 2 4 4
TED BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 New York Street S	HOSPITAL: 1   Inpetient 2   28a. DATE OF (Month, De	ER/Outpetlent INJURY sy, Year)	3 DOA 20b. TIME	OTHER: 4   Nursing OF 286 RY 1	Home 5 Nea	ATH (Check or Idenca 8 - 28d	PERFOI  1 YES 2  Why one)  Other (Specify)  DESCRIBE HOW I	INJURY OCCUI	OF 1 [	NLABLE PRIOR MPLETION OF CODEATH?  YES 2 4 4
MPLETED BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 New 1 S Pending Investigation investigation of bedieventhed  29a. CERTIFIER Check only 1 CERTIFVING PHY	HOSPITAL: 1   Inpetiant 2   28a. DATE OF (Month, De ) 28e. PLACE Of building,	ER/Outpetient INJURY ny, 'bar', F INJURY — At hatc. (Specify) my knowledge, d	3 DOA 29b. TIME INJU	OTHER: 4   Nursing OF 286 RY   1 reet, factory,	Home 5 Pres WORK? YES 2 Office	ATH (Check or Idenca 8 28d NO 28f.	PERFOI  1 YES 2  Dither (Specify)  DESCRIBE HOW I  LOCATION (Street City or Town, State)	INJURY OCCUI	1 [ REO	NLABLE PRIOR MPLETION OF C DEATH?  YES 2 4-A
ETED BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER DEATH  1 Natural 5 Pending Investigation investigation determined  29a. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, De 28a. PLACE Of building.  SICIAN: To the bast of war	ER/Outpetient INJURY ny, 'bar', F INJURY — At hatc. (Specify) my knowledge, d	3 DOA 29b. TIME INJU	OTHER: 4   Nursing OF 286 RY   1 reet, factory,	Home 5 Interest Work?  YES 2 Office  date and place, to on, death occurse.	ATH (Check or Idenca 8 28d NO 28f.	PERFOI  1 YES 2  Dither (Specify)  DESCRIBE HOW I  LOCATION (Street City or Town, State)	INJURY OCCUI	REO REO Rural Route	NILBLE PRIOR MPLETION OF C DEATH?  YES 2 6-44
BE COMPLETED BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inpetient 2 28a. DATE OF (Month, De 28a. PLACE Of building.  SICIAN: To the bast of war	ER/Outpetient INJURY ny, 'bar', F INJURY — At hatc. (Specify) my knowledge, d	3 DOA 29b. TIME INJU	OTHER: 4   Nursing OF 286 RY   1 reet, factory,	Home 5 Interest Work?  YES 2 Office  date and place, to on, death occurse.	ATH (Check or Idence 8 28d NO 28f.	PERFOI  1 YES 2  Dither (Specify)  DESCRIBE HOW I  LOCATION (Street City or Town, State)	INJURY OCCUI	REO REO Rural Route	NLABLE PRIOR MPLETION OF C DEATH?  YES 2 6-4
E COMPLETED BY PHYSICIAN: MEDICAL C	PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Inpatient 2   28a. DATE OF (Month, De la la la la la la la la la la la la la	ER/Outpetient INJURY ny, Year)  F INJURY — At h stc. (Specify)  my knowledge, d samination and/or	3 DOA 28b. TIME INJU	OTHER: 4   Nursing OF 284 RY M 1 reet, factory, d at the time,	Home 5 Interest Work?  YES 2 Office  date and place, to on, death occurse.	ATH (Check or Idence 8 28d NO 28f.	PERFOI  1 YES 2  Dither (Specify)  DESCRIBE HOW I  LOCATION (Street City or Town, State)	INJURY OCCUI	REO REO Rural Route	NILBELE PRIOR MPLETION OF C DEATH?  YES 2 0-4  Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.



AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buna-transit permitter. The State Deut, of Health and Mental Hydiene prior to bunial, cremitoral.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

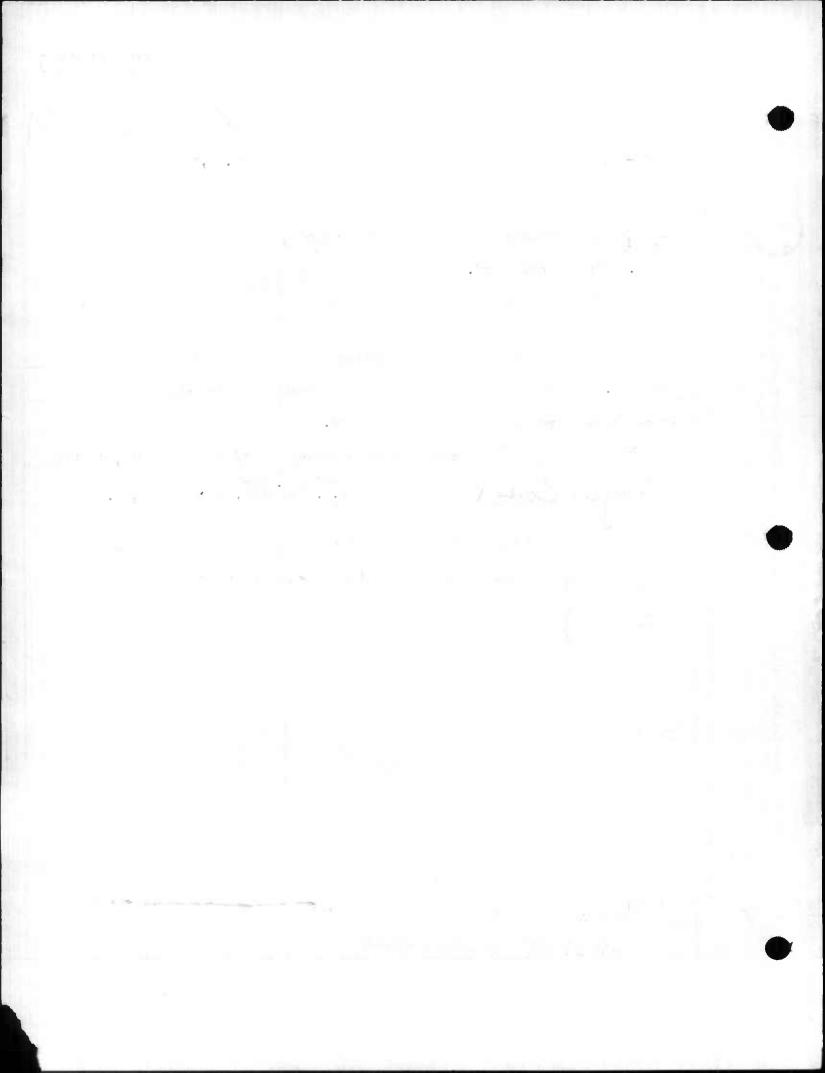
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	1 - STATE REGISTRAR	STATE OF N	MARYLAND C	/ DEPAI ERTIF	TMEN	T OF H	DEAT	AND	MENTA	L HYGIE			
	1. DECEOENT'S NAME (First, Middle, Last) Luella Irelat	n							2. DAT MON	E OP DEATH	DAY	GYEAR	3 TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 215-36-2719	5. SEX	The state of the s		7. DATE OF BIRTH (Month, Day, Year) Oct. 2,1910			1 Count	IPLACE (State or Foreign by) nsylvania				
OR	9a. FACILITY NAME (If not institution, give s  Montgomery G	Hospit	al	9b. CIT		Iney				9c. CO	Montgomery		
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCAT	TION				10d. INSIDE CITY		
L DI	Maryland Mont						Sprin				- Second		1 YES 2 NO
ERA	3367 S. Leisure	rd T_B	l .		101	209				10g. Cf		WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. AL	BMEO	13	If yes, sp	ENOENT O	F HISPAI	in, Puerto	IN? (Specify Y Rican, etc.)	es or No—	US. 14. RACI Black Spec	E — American Indian, k, White, etc.
	15. DECEDENT'S EDU (Specify only highest grade		16a, DI	ECEDENT'S	USUAL	OCCUPATION	ON	_	16	b. KIND OF B	USINESS/IN	IDUSTRY	WIII OG
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+	HA	Do NOT u	se retired.		ist of working	g					
OMP	12 17. FATHER'S NAME (First, Middle, Last)	4		Ho	mema	ker	18 MOTH	ED'S NA	ME (First	Middle, Meide	ome		
BE C	Otto W. Starl	s.						lla		Franc			
TO B	190. INFORMANT'S NAME (Type/Print)  190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Same as 10e.												
	20s. METHOD OF DISPOSITION 1 General 2 Greenation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE cometery, cre Metro	AND DATE	of DISPO	sition (Na	atory	7	OA 5		ocation -		wn, State Virginia
	21. SIONATURE OF FUNERAL SERVICE LIC	Sale	1			NAME AP	NO ADDRES	S OF FA	CILITY	er Fu			
	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, auch ea cerdlec or manager that only one cause on each line.							rdiec or rea	piratory a	rreat,	Approximate		
	disease or condition resulting in deeth)	MUL	TIPLE	E ORGAN System F						FA	HLU	RE	
-		REC	(OR AS A CONSE	OUENCE O	F):		·> B//s	(	a R	1		C	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	MULTIPLE ORGAN SYSTEM FAILURE ONSE AND DEAT TO (OR AS A CONSEQUENCE OF):  RECURRENT LEIO MY O SARCOMA OF  DUE TO (OR AS A CONSEQUENCE OF):  URINARY BLADDER										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF):											
- 1	PART II. Other significant condition	e contributing to	deeth but not	reculting	in the u	nderiying	Ceuse Q	iven in	Pert I.	24a, WAS A	N AUTOPSY	246	WERE AUTOPSY FINDINGS
DICA										PERFO	PRMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL											,		1 TES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF DE	ATH (Ch	eck only o	ne)			
YSI	1 TYES 2 NO	1   Inputient 2		7			e 5 🗆 Rec	eldence	S - Oth	er (Specify)			
ву Рн	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. OATE OF (Month, De		28b. TIN	IE OF JURY M		URY AT RK? (ES 2	NO	28d. DE	SCRIBE HOW	INJURY O	CURED	
E	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE Of building,	F INJURY — At ho etc. (Specify)	ome, farm,	atreet, fac	tory, office			281. LOI City	CATION (Street or Town, State	and Numbe	w or Rural F	loute Number,
COMPLET	29e. CERTIFIER 1 CERTIFYING PHYSION 2 MEDICAL EXAMINE	CIAN: To the best of											and manner as elected
BE CO	296. SIGNATURE AND TITLE OF CHARLES		and .	T	w		29c. LICE			61			(Month, Day, Year)
2	30. NAME-AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF OFATH ATE	M 270 (5-0-	Diet			24	V	V (3		5	10/72

OLNEY

MD

31. DATE FILEO (Month, Day,



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2s hours after death. Page 6 may be retained by the hospital or attending the strength of the strength of the funeral director, page 5 should be detached for use as the burned filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CI	ERTIFICA	IE OF	DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest) Wardell	Α.	TOH	NSON		2. DATE OF DEATH MONTH May 26,	1992 YEAR	3. TIME OF DEATH 6:00am M		
	4. SOCIAL SECURITY NUMBER 5. SEX 1/0 M 2 [	40		DER 1 YEAR S DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-24-2	Cour	HPLACE (Stelle or Foreign Hy)		
<u>چ</u>	6. FACILITY NAME (If not institution, give street and numb Maryland General		9b. CI	TY, TOWN O	Baltimo		9c. COUNTY OF	DEATH		
IKI	RESIDENCE OF DECEDENT									
DIRECTOR	10a. STATE 10b. COUNTY		Balto		TION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 50/ Dolphin St			10f	2120	(	10g. CITIZEN OF	WHAT COUNTRY?		
BY FUI	1 Never Married 2 Married FORCES	CEDENT EVER IN U.S. AR ? 1  YES 2 DIVE WAR OR DATES	SMED 1	If yes, spe		NIC ORIGIN? (Specify Yearn, Puerto Rican, atc.) y:		CE — American Indian, ck, White, atc.		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary(Secondary (0-12) College (1-	(G	ECEDENT'S USUAL live kind of work dor . Do NOT use retired	ne during mod d.)	ON st of working	16b. KIND OF BU	SINESS/INDUSTRY			
ž	Jei)		Labor	141						
BE CO	17. FATHER'S NAME (First, Middle, Lest) Howard Johnso	2			1 -	oni Ca	Hollie			
101	19a. INFORMANT'S NAME (Type/Print) 4 VODN'E MC Millian	19	6. MAILING ADDRE	Brod	KMen t	Poute Number, City or Tow	n, State, Zip Code)	21207		
	26. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal from Sta 4 Donation 8 Other (Specify)	ceme con cre	AND DATE OF DISP	OSITION (NA	WHC	529-92	CATION - City or T	Mostrus, Hd		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  AUGUST  A									
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such ea cerdiec or respiratory arrest, Approximeta									
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	e cause on each line	carcinon			g with met		Approximeta Interval Between Onaet and Death		
NO	Sequentially list conditions,	UE TO (OR AS A CONSE								
FICATI	cause. Enter UNDERLYING CAUSE (Disease or Injury	UE TO (OR AS A CONSE								
CERTIFICATION	that initiated events resulting in death) LAST	5E 10 (011 23 X 00113E)	ODENCE OF):							
MEDICAL (	PART II. Other significant conditions contributi	ng to death but not r	resulting in the	underlying	g ceuse given in	Part I. 24s. WAS AN PERFOR	RMED?	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO		
151										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			28 PI	ACE OF DEATH (C)	ack only one!				
밀	EXAMINER? HOSPITA	L: t 2 ER/Outpatient 3	ОТН		SACE OF BEATTIES.	ock orny one)				
\S			DOA 4 N	lursing Hom	e 5 🗆 Residenca	8 Other (Specify)				
ву РН		onth, Day, Year)	28b. TIME OF INJURY M		URY AT RK? 'ES 2 NO	28d. DESCRIBE HOW I	NJURY OCCURED			
8	3 Suicide 8 Could not be bu 4 Homicide detarmined	ACE OF INJURY — At he liding, etc. (Specify)	oma, tarm, street, f	actory, office		28f. LOCATION (Street : City or Town, State)		Ploute Number,		
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PRYSICIAN: To the I							(a) and manner as stated.		
ŭ										
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER PG 4				n/a	MBER	≥ 5/26	0 (Month, Day, Year)		
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETE	CAUSE OF DEATH (ITE								
	Walid Freij, M.D.  31. DATE FILED (Month, Day, Year)  32. REC	ISTRAR'S SIGNATURE	c/o Ma	rylar	nd Gener	al Hospita	1	į.		
	32. HEC	j.		D						
	MAY 27 1992	Julie Davids	A Mondage	3	-			DHMH-16 Rev 1/89		

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

10d. INSIDE CITY

1 YES 2 NO

4-00 AM

92

9c. COUNTY OF DEATH

10g. CITIZEN OF WHAT COUNTRY?

Pronter

MI

mo

Approximate

interval Betw

24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 TES 2 NO

29d. DATE SIGNED (Month, Day, Year

5

Onset and Death

AUR

SA

14. RACE — American Indian, Black, White, etc.

FOR STATE REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH exauder bhuson 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 2-18-0303 A 1 M 2 F YRS. 9a. FACILITY NAME (If not institution, give 96. CITY, TOWN OR LOCATION OF DEATH UNIVERSITY RESIDENCE OF DECEDENT DIRECTOR 13 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION M Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 501 OlphiN 2 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Pu 1 YES 2 NO Specify: BALTIMORE, MARYLAND 21215-002 1 Never Married 2 Married hours after death. Page 6 may be retained by the hospital or anneary the hours after death. Page 6 may be retained by the detached for use as the hours. IF YES, GIVE WAR OR DATES B 3 Widowed 4 Divorced 8-5-46 COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Driver once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Kichard JOHNSON 16 sephine BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 eNISE SCNNINGS DWINGS must be 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 28c. LOCATION - City or Town, Stata OATE Center A 1 to 4 Donation 8 Other (Specify) 5-28-8 NAT examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 1206 W. North C row ion, or removal. William Das Communit medical 23. PART i. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart fallure. List only one ŏ IMMEDIATE CAUSE (Finel completely fille the Netastati disease or condition C reaulting in death) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within traumatic event, BOX 68760, DUE TO (OR AS A CONSEQUENCE OF) After this certificate has been signed by the attending physician and corn death with the State Dept. of Heath and Mental Hygiene prior to burlal, is marked, or Hem 23 shows any injury, or other traumatic en CERTIFICATION Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): DIVISION OF VITAL RECORDS, P.O. that initiated events resulting in deeth) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY PERFORMED? YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Impatient 2 ER/Outpetient 3 DOA OTHER: 1 YES 2 NO 4 | Nursing Home 6 | Residence 8 (Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending Investigation М 1 YES 2 NO BY TO THE FUNERAL DIRECTOR: After be filed within 72 hours after deal IMPORTANT, It item 28 is m 3 Sulcide 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be determined 4 Homicide 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. THE HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGHATURE AND TITLE OF CERTIFIER BE Mb 2 30. NAME AND AODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) JETHS GREENZ ST Butt-KY KER 22 MD 0

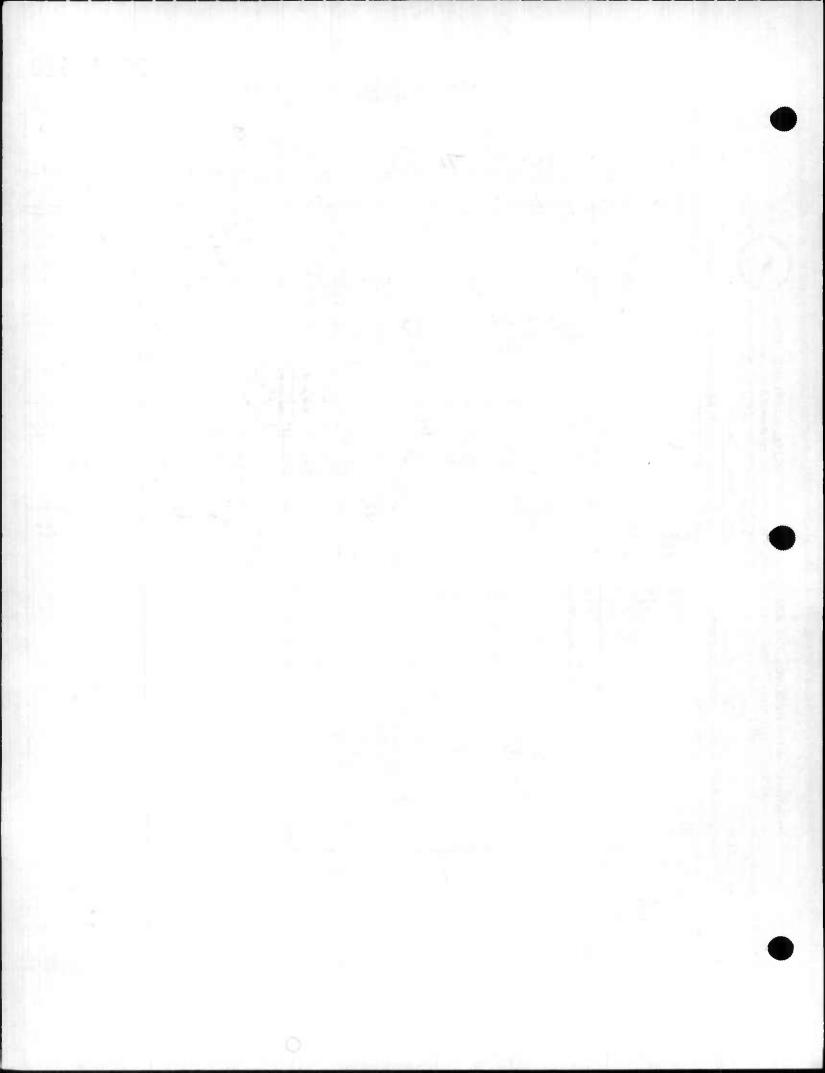
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

31. DATE FILED (Month, Day, Year)

1 -

**DHMH-18 Rev 1/89** 

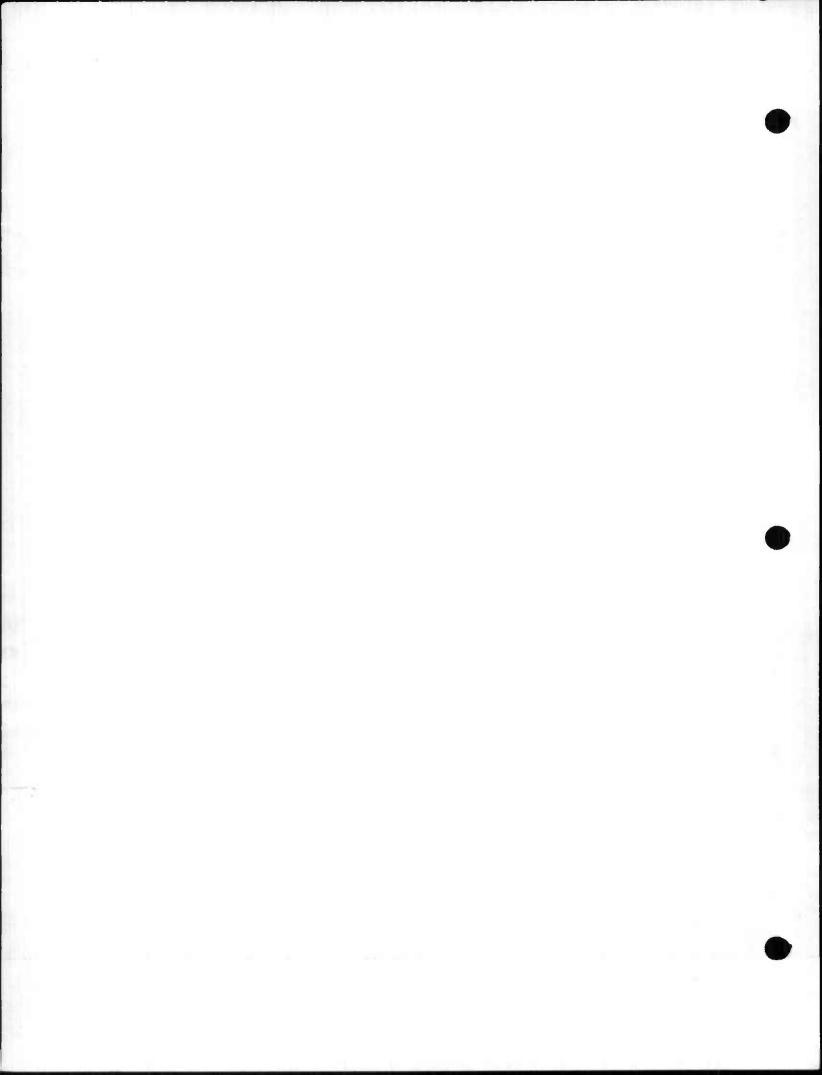
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DHMH-18 Rev 1/89

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO. 1 -

	TEGIOTIFAT			OLITIII	IOAIL	OI DE	AIII		HEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)	Elsie	E.		ating	-	,	2, DATE	OF DEATH	W.	YEAR	3. TIME OF DEATH	
	KEAIN	T 1	K.		9	上		5	20	92		5:25	M
_	4. SOCIAL SECURITY NUMBER	I V	6. AGE (In yrs		IF UNDER 1 1	EAR IF U	IDER 24 HRS.		OF BIRTH		8. BIRTI Count	HPLACE (State or Foreign	n
	216-18-4402	1 □ M 2X□XF	74	YRS.	anni Se Ci II		524	3	7 1		Mar	vland	
ا ي	Se. FACILITY NAME (If not institution, give :				9b. CITY, TO	OWN OR LOC	ATION OF D	EATH			NTY OF D		
DIMECTOR	St. Joseph's	Hospital	<u> </u>		Towson Bal						tim	ore	
	10a. STATE 10b. COUNT			10c. CIT	C. CITY, TOWN OR LOCATION						10d. INSIDE CIT		
5	Maryland B	altimore	2		ጥር	wson						LIMITS?	
LONEUAL	10e. STREET AND NUMBER				ODE		10g. CITIZEN OF WHAT COUR				_		
	300 Hendricks	on Lane				1204							
5	11. MARITAL STATUS	12. WAS DECEDENT			RMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year of						or No.— 14. RACE — American Indian, Black, White, atc.		
	1 Never Married 2 Married 3 🗹 Widowed 4 Divorced	FORCES? 1 [		MINO	If yes, specify Cuban, Mexican, Puerto Rican, atc.)  1 YES 2 NO Specify:							white, atc.	
												Didek	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a.	(Give kind of	work done dun	JPATION ing most of w	orking	16b.	KIND OF BUS	INESS/INC	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5+)			of work done during most of working T use retired.)								
	17. FATHER'S NAME (First, Middle, Lest)		M	achin	e Ope								
	Willie Weems								Aiddle, Maiden	Surname)			
	19a. INFORMANT'S NAME (Type/Print)			10h MAII INC	ADDRESS /S	Ha	ttie	Cha	apman oer, City or Town	0	0.10		_
:	Jacqueline We	ems					TOUR NUME	ATTO O	i, State, Zip	2000)	21204		
20a. METHOD OF DISPOSITION  1 © Burlei 2 Cremetion 3 Removel from State  20b. PLACE AND DATE OF DISPOSITION [Name of cemelery, cremetory or other place)  DATE 20c. LOCATION — City or Town, State  20c. PLACE AND DATE OF DISPOSITION [Name of cemelery, cremetory or other place)										and	_		
										wit, state			
i	21. SIGNATURE OF FUNERAL SERVICE LI	CBNS95/	TP LE	asanr.	22. NA	ME AND AD	RESS OF FA	CILITY				ryland	_
1	· secy	Houses			01.			,	]	l 701	MC	Culloh S	it.
	23. PART I. Enter the diseases, pr				Cha	tmar	-Har	rıs	F/H H	3alt	imo	re, Md21	21
	Sequentieily list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C		ISEQUENCE OF		locat	sin j						
	resulting in death) LAST	d,											
	PART ii. Other significent condition	ns contributing to d	leeth but no	ot resulting	In the unde	rlying ceu:	se given in	Part I.	24a, WAS AN		24b	. WERE AUTOPSY FINDIN	IGS
									PERFORI			AVAILABLE PRIOR TO COMPLETION OF CAUSE	E
												OF DEATH?	
ı	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PLACE O	F DEATH (C)	neck only on	e)				_
	1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 DOA	OTHER:	Home 5	Residence	8 🗆 Other	(Specify)				
	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day	NJURY (, Ybar)	28b. TIM INJ	E OF 28	c. INJURY A' WORK?	7			Specify) RIBE HOW INJURY OCCURED			
1	3 Suicide 8 Could not be determined	t home, farm, i	n, street, factory, office  281. LOCATION (Street and in City or Town, State)					nd Number	or Rural F	Route Number,	-5-		
29s. CERTIFIER (Check only one)  29s. CERTIFIER (Check only one)													
	296. SIGNATURE AND TITLE OF CERTIFIES	X Van	no			29c.	LICENSE NUI	MBER	,	29d. DATE	SIGNED	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE	OF DEATH (	ITEM 27) (Type,	Print)						1		_
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	'S SIGNATUR	E								-	
	MAY 27 16	362 Les	. Maril	72.	1.00								
			- A - A	10 4 B A 1 B B B B A 1									

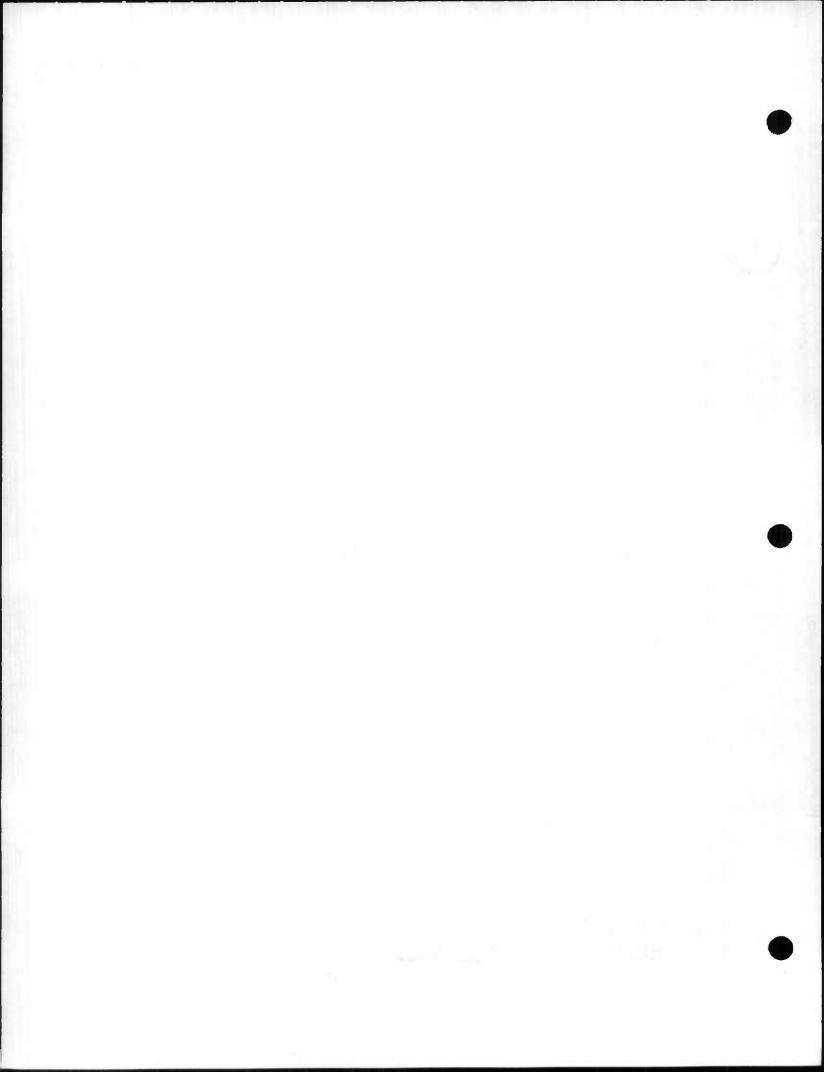


TO BE COMPLETED BY FUNERAL DIRECTOR

	TO THE MOSPITAL OR ALLENDING PRESIDENT: THE TWO THE TWO CENTRACITE DE EXECUTED WITHIN 24 HOURS after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	il 2	lely fi	natio	#
	d with	эпріе	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	even
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	ale	hysici	prio	T tr
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3	S	ned	the state of	9
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D.C.	F A	ERAI	1 Z	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. OECEDENT'S NAME (First	t, Middle, Last)						- DEATH		2. DATE OF DEATH			3. TIME OF DEATH
Charles	s A. K	ratz							5-24-		YEAR	M
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. les	t birthday)		R 1 YEAR	IF UNDER 2		7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
215-28-4590		1 M 2 □ F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 3-5-31		Country	altimore, Md
9a. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CIT	Y, TOWN	OR LOCATIO	N OF DE		9c. COUN	TY OF O	EATH
3424 Uptor	Road					Bal	timor	e			Balt	imore
10a. STATE	10b. COUNTY	1		10c. CIT	Y, TOWN	OR LOCAT	TION					10d, INSIDE CITY
MD.	Ва	altimore			Ba	ltim	ore			LIMITS?		
10e. STREET AND NUMBER							. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
3424 I	Jpton 1	Road					21	234		11	S.A.	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT OF	HISPAN	IIC ORIGIN? (Specify Yes	or No-	14. BACE	- American Indian
1 Never Married 2 X 3 Widowed 4 Divo		IF YES, GIVE W	MR OR DATES				2X NO		n, Puerto Rican, etc.)		Specif	, white, atc. y: White
15. DEC (Specify onl)	EDENT'S EOU	CATION completed)	18a. OE	CEDENT'S	USUAL C	CCUPATIO	ON ost of working		16b. KIND OF BUS	INESS/INOU	ISTRY	WILLE
Elementary/Secondary (C		College (1-4 or 5		Do NOT us	e retired.)	during mo	ist or wonding					
12th Grade			Fo	remar	1				Bethleh	em St	ee1	
17. FATHER'S NAME (First, M							18. MOTHE	R'S NAI	ME (First, Middle, Maiden			
Nelson		Z								lhelm		
19a. INFORMANT'S NAME (7	ype/Print)		198	. MAILING	ADDRES	S (Street a	nd Number o	r Rural F	Soute Number, City or Town			
Clara A.				3424	Up:	ton	Road	Bal	timore,Md.	-2123	4	
20a. METHOD OF OISPOSITI	ION on 3 🗆 Reme	oval from State	20b. PLACE A	NDDATEC	F DISPOS	SITION (Na				CATION — C		vn, Stata
4 Donation 5 Other	(Specify)						terv		5-27 Ba	lto.	Co.	Md.
21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE /	1				D AODRESS		CILITY	5 Bel		1.477
South	leen,	h . her	mhine		T(a)	nn C	M-i 1	100	, Inc. Bal			
23. PART I. Enter the di	iseases, or c	omplications that List only one cau	cauaad/tha de	nth. Do n	ot antai	the mo	de of dulp	TCL :	s cording or mont	LINOT	e , MD	Approximata
IMMEDIATE CAUSE (Findsease or condition resulting in death)  Sequentially list condition any, leading to immediate, leading to immediate. Enter UNDERLY!	dons, dilata	DUE TO	OR AS A CONSEC			ne	A	rce1	1			Onset and Death
CAUSE (Disease or Injuithet initiated eventa resulting in death) LAS		1	OR AS A CONSEC									
PART II. Other eignifice	nt condition	a contributing to	death but not re	esuiting i	n tha ur	ndarlying	cause giv	ren in i	Part I. 24s. WAS AN PERFORI	WED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL					26. PL	ACE OF OEA	TH (Che	ck only one)			
1 YES 2 NO		HOSPITAL:	ER/Outpatient 3		OTHER	₹:			8 Other (Specify)			
	Pending	28s. DATE OF (Month, Da	INJURY	28b. TIME	OF	28c. INJU	JRY AT		28d. DESCRIBE HOW IN	JURY OCCU	RED	
3 Suicide 8	rivestigation Could not be	28e. PLACE Of building,	INJURY — At hon	ne, farm, si			ES 2 🗌	NO	28f. LOCATION (Street as City or Town, State)	nd Number o	Rural Ro	ute Number,
4 Homicide	letarmined								on, or nown, order			
(Check only one) 2 MEDI	FYING PHYSIC	CIAN: To the beat of	my knowledge, dea	th occurre	d at the t	lme, data	and place, a	nd due t	to the cause(a) and mani	ner an stated		
		The second of all	and/or in	vestigation	i, iri my o	pinion, de	mtn occured	at the t	lme, data and placa, and	dua to the	cause(a)	and manner as stated.
296. SIGNATURE AND TITLE	<b>人</b> め	0.					29c. LICENS	NUMI	D) U	29d. DATE :	SIGNED (	Month Day, Year)
O. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	E OF DEATH (ITEM	27) (Type,	Print)						1	
6701	N. C	nAS ST	, 1	pi	7,	171	P	21	204	64	4	Coller 74
1. DATE FILED (Month, Day, )	1000	32. REGISTRAF	'S SIGNATURE		,							
MAL 61	1995	Girante	Addan-for	44								DHMH-16 Rev 1/86



60, BALTIMORE, MARYLAND 21215-0020 within 24 hours after death. Page 6 may be retained by the hospital or attending physician. mpletely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should

1

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MISTRAL APPENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE COMPLETE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached has deather the completely filled in by the funeral director, page 5 should be detached by	IMPORTANT I IIIm 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
24 hours	filled in b	the medi
ficate be executed within	physician and completely	her traumatic event, t
the death certi	the attending	Injury, or ot
requires that	been signed by	shows any
W: The law	State Dent	Item 23
NG PHYSICIA	fter this certi	marked, or
AN APPENDI	UNECTOR: A	16m 28 Is
THE MOSPITAL	THE PARENT	PORTANT
2	22	E

XX

-	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE	26	
1. 0	DECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH	VEAR	3. 1

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF I				TIME OF DEATH
	THOMA	KI	KEYE	5						MONTH	DAY		YEAR	1230 PH
	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF E	HTH		1	ACE (State or Foreign
	217033	5146	1 X M 2; F	8:	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De	0		Maryk Maryk	
	Se. FACILITY NAME (If not in	stitution, give str	et and number)			96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF I								
E	Good Sama	ritan t	lospital			Baltimore								
5	RESIDENCE OF DEC	EDENT												
DIRECTOR	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OF				10d. II			Dd. INSIDE CITY LIMITS?	
<u>-</u>	Maryland					Bali	time	re						YES 2 NO
₹ I	10e. STREET AND NUMBER						10	r. ZIP COD				10g. CITIZ	EN OF WHA	AT COUNTRY?
FUNERAL	2703 Baueri							21	21234					
	11. MARITAL STATUS  1 Never Married 2 V		12. WAS DECEDENT FORCES? 1	YES 2	ARMED					IC ORIGIN? (Se		or No-	14. RACE — Black, V	American Indian, Yhite, atc.
BY	3 Widowed 4 Divo		IF YES, GIVE W	AR OR DATES		1	☐ YE	2 X NO	Specify	:			Specify:	White
		EDENT'S EDUC		16a.	DECEDENT'S	USUAL OC	CUPATI	ON		16b. KIN	D OF BUSI	NESS/INDU	STRY	wille
COMPLETED	(Specify only Elementary/Secondary (0	y highest grade c	ompleted) College (1-4 or 5 +	,	(Give kind of life. Do NOT us	work done di se retired.)	uring m	ost of worldr	ng					
7	12	-			putu	Polic	e (	Commi	ssio	novi B	altir	nano	Citu	Police
Š	17. FATHER'S NAME (First, M	liddle, Last)								WE (First, Middle			Orchely	TOLCE
BE	John Keyes	5						Ko	ither	ine El	lizab	eth (	Vinte	rs
TO B	19a. INFORMANT'S NAME (7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			19b. MAILING	ADDRESS	(Street	and Number	or Rural A	loute Number, C	City or Town,	State, Zip (	Code)	170 E
F	Mark N. Wel	2sh			1214	Mapl	e l	.eaf	Ct.,	Cocke	usvil	lle.	MD :	21030
	20a. METHOD OF DISPOSITI	n 2 1 0	ral from State	20b. PLA	EAND DATE	OF DISPOSIT	TION /N	ame of				ATION — C		State
	4 ☐ Donation 5/2 Other	Specify) ent	ombment	Gar	crematory or o					5/23	Ove	erlea	, MD	
	21. SIGNATURE OF FUNERA	L SERVICE LICE	NSEE	. 4			22. NAME AND ADDRESS OF FACILITY ROBERT C. ALTENBURG FUNERAL HOME. INC.							THO
	1/4	evere	alter	too						d. E				
	23. PART . Enfer the di	Isaases, Dr CD	mplications that	caused the	daath. Do i	not anter t	ha m	oda of dy	ing, auch	as cardiac	or respire	atory arre	at,	Approximate
	IMMEDIATE CAUSE (Fin		at only one ceu	se on aach i	ine.									Onset and Death
	disease or condition resulting in death)	<b>+</b> .	MU	LTIS	STEM ORGAN FA						-11R	E		TILL WEELD
											-01			TWO WILL
Z	Sequentially list conditi	lone 6.	SE	PSI.	>		IWOWE						INOWER	
CERTIFICATION	If any, leading to immediates. Enter UNDERLY	diate						- 0	0.0		r		>	(1) N
S	CAUSE (Disease or Inju		DUE TO	OR AS A CON	SEQUENCE OF	on: HSTOPCASMUSIS ?						ONE MOUTH		
E	resulting in death) LAS	т .	IEY	-	Em	2								TWO WEEK
	Tive W off To read	0.				,								
MEDICAL	PART II. Other significe	nt conditions	contributing to	deeth but no	t resulting	In the und	leriyin	g ceuse g	given in F	Part t. 24a	WAS AN A			ERE AUTOPSY FINDINGS
ă	- (0)	4+								10	YES 2	NO	Of	OMPLETION OF CAUSE OEATH?
- 1										_	/	1	1	TYES 2 NO
Ž														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHER		LACE OF D	EATH (Che	ck only one)				
₹ ¥	1 YES 2 NO		1 D Inpatient 2 -		-		_		sidence (	8 Other (Spi				
	1 Natural 5	Pending	28e. DATE OF (Month, De		28b. TIM	JURY	W	JURY AT ORK?	1 40	28d, DESCRIE	BE HOW IN.	JURY OCCU	RED	
B	2 Contable	Investigation	28e. PLACE OF	IN.II.IDV At	home form	etraet tacto		YES 2	NO	254 1 0017101	M /Daniel and	4.00	0.10	
		Could not be determined	building, a	itc. (Specify)	rionie, tariti,	atreet, tacto	y, um			281. LOCATION		a Number o	r Hurili Houl	e Number,
3 Suicide 8 Could not be determined    281. LOCATION (Street and Number or Rural Route Number, City or Town, State)  292. CERTIFIER (Check only orre) 2 MEDICAL EXAMINER: On the basis of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as at														
					or investigation	ni, in my op								
8	29b. SIGNATURE AND TITLE	OF CERTIFIER	A se	(CA)				29c. LICE	NSE NUM	BER		29d. DATE	12 . 1	onth, Day, Year)
ဥ	30. NAME AND ADDRESS OF	PERSON WILL	COMPLETED CAUS	E OF DEATH #	TEN OD /T-	Deign*1		<u></u>				- 2	70	74
	REN A	-	MENA	C Z	CM 2/) (Type,	, mm)	0	1	-) 0	2112	10-5	100	12.	230
	31. DATE FILED (Month, Day,		MENA  32. REGISTRAF	2 SIGNATURI	016	OCH	K	MUL	N 13	5-47	4	2.17	14	627
	MAY 27		Julia De	widson-	Pandell								,	.
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- A E MONEY

BALTIMORE, MARYLAND 21203-314

TO BE COMPLETED BY FUNERAL DIRECTOR

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	ter this certingate has been signed by the attending physician and compieter, med in by the funeral director, page 5	ath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	ler.	ath	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

29a. CERTIFIER

WILLIAM

31. DATE FILED (Month, Day, Year)

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

- STATE REGISTRAR		C	ERTIF	ICATE	OF	DEA	TH		REG. N	0.			
1. DECEDENT'S NAME (First, Middle, Le.  Luong Tu L		·						2. DATE MONTH		6 19	92	3. 11	Denni Death
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDE	R 24 HRS,	7. DATE (Mont)	OF BIRTH		8. BIRT		E (State or Foreign
213-94-3891	1 🗆 M 2 💢 F	81	YRS.	WONTHS	UAYS	ноона	MIN.	Apr	. 18	1911		etna	am
9a. FACILITY NAME (If not institution, given by the second of the second	orial Hom	e			altin			EATH		9c. COU	NTY OF	DEATH	V.
10a, STATE 10b, COU			10c. CIT	Y, TOWN C	R LOCATIO	ON						10d.	INSIDE CITY
Maryland   1	N/A			Ba	altimo	ore						100	LIMITS? YES 2 NO
10e. STREET AND NUMBER					10f.	ZIP COD	E			10g. CIT	IZEN OF	WHAT	COUNTRY?
1918 Wilkens /	Avenue					21	1223					Vie	tnam
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X				cify Cub	an, Maxica	n, Puerto	f? (Specify ) Rican, atc.)	fes or No-			nerican indian, ia, etc. Asian
15. DECEDENT'S E		16a. D	ECEDENT'S	USUAL O	CCUPATIO	N		16b	KIND OF E	USINESS/IN	DUSTRY		
(Specify only highest grant Elementary/Secondary (0-12)	College (1-4 or 5	+)	Give kind of a e. Do NOT us	work done ( se retired.)	during mos	t of work	ing						
12		H	louse	wife					Hom	emak	er		
17. FATHER'S NAME (First, Middle, Last)									Middle, Maid				
Unknown by in	formant					U	nkn	own	by ir	forma	ant		
19a. INFORMANT'S NAME (Type/Print)									ber, City or T	own, State, Zi			
	Thai		1010	Will	one	AVE	. 5	Raltir		MD '	2122	3	
		20b. PLACE	OF DISPO						nore,	MD :			tota
20a. METHOD OF DISPOSITION  11 Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)		20b. PLACE	OF DISPO	SITION (Na	ime of cem	etery, cre	matory or	. 4	nore,	LOCATION -	City or	Town, S	
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 R 4 Donation 5 Other (Specify) 21. Signaturing Full RAL Service	amovai from Stata	20b. PLACE	OF DISPO	alle	y Me	etery, cre	ial (	Gard	nore,	Timor	City or	Town, S	
20a. METHOD OF DISPOSITION 15 Burial 2 Cremation 3 R 6 Donation 5 Other (Specify) 21. SIGNATURE OF PURPLAN.	amoval from Stata	20b. PLACE	OF DISPO	/alley	y Me	mor n ADDRI	matory or rial ( ess of FA litch	Garde	ens liedef	Timor	City or T	Town, S	laryland
20a. METHOD OF DISPOSITION 10 Burial 2 Cremation 3 R 4 Donation 5 Other (Specify) 21. SIGNATURE OF PUREAL SEPTICE  Martin D. L	amoval from Stata	20b. PLACE other p Dular	e of DISPO	/alley	y Me NAME ANI	emor D ADDRI D N-W	matory or ial ( ess of FA litch	Carde	ens liedef	Timor eld imoni	chy or inium	Town, S	laryland d. 21093
20a. METHOD OF DISPOSITION 1 © Burial 2 Cremation 3 R 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNCTION	amovel from State	20b. PLACE other property of the property of t	eeth. Do	/alley	y Me NAME ANI	emor D ADDRI D N-W	matory or ial ( ess of FA litch	Carde	ens liedef	Timor eld imoni	chy or inium	Town, S	aryland  2. 21093 Approximete Interval Between
20e. METHOD OF DISPOSITION	amoval from Stata  AWSON  or complications there. List only one care	20b. PLACE other p Dular Dular at ceused the duse on each lin	e of Disposition in the property of the proper	/alley	y Me NAME ANI	emor D ADDRI D N-W	matory or ial ( ess of FA litch	Carde	ens liedef	Timor eld imoni	chy or inium	Town, S	aryland  21093 Approximete
Martin D  23. PART J. Enter the disease, or condition  MMEDIATE CAUSE (Final disease or condition)	amovel from State  CANSEE  AWSON  or complications there. List only one can  a. Pac	20b. PLACE other p Dular Dular at ceused the duse on each lin	e of Disposition in the National Inches	/alley Le 1 not enter	y Me NAME ANI	emor D ADDRI D N-W	matory or ial ( ess of FA litch	Carde	ens liedef	Timor eld imoni	chy or inium	Town, S	1. 21093 Approximete Interval Between
20a. METHOD OF DISPOSITION    Serial 2   Cremation 3   R   Donetion 5   Other (Specify)    21. SIGNATURE OF PUBLISHED  Martin D  23. PART I. Enter the diseases, a shock, or heart fellur  IMMEDIATE CAUSE (Final disease or condition	amovel from State  CANSEE  AWSON  or complications there. List only one can  a. Pac	20b. PLACE other p Dular Dular at ceused the duse on each lin	e of Disposition in the National Inches	/alley Le 1 not enter	y Me NAME ANI	emor D ADDRI D N-W	matory or ial ( ess of FA litch	Carde	ens liedef	Timor eld imoni	chy or inium	Town, S	1. 21093 Approximete Interval Between
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Martin D.  23. PART J. Enter the diseases, o shock, or heart fellur immediate immediat	amoval from Stata  AWSON  or complications the re. List only one can be completed by the complete to the compl	20b. PLACE other p Dular Dular at ceused the duse on each lin	e of DISPO	/alley 22. Le 1 not enter	y Me NAME ANI	emor D ADDRI D N-W	matory or ial ( ess of FA litch adon	Carde	ens liedef	Timor eld imoni	chy or inium	Town, S	21093 Approximete Interval Between
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20a. METHOD OF DISPOSITION  13/2 Burlel 2 Cremation 3 R  4 Donelton 5 Other (Specify)  21. SIGNATURE FUNDAL SEPTICE  Martin D  23. PART J. Enter the diseases, shock, or heart fellur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. POLE TO DUE TO d.	20b. PLACE other p Dular	eeth. Do	/alley 22. Le 1 not enter	y Me NAME ANI O W the mod	emor D ADDRI D N Pa D n O N	matory or rial ( ess of FA litch adon ring, suc	Garde CILITY eII-W ia Ro	nore, 20c. ens liedef d., T	Timori Timoni eld Timoni	um,	Mc Mc	aryland  2. 21093 Approximate Interval Betwee Onset and Dear
20a. METHOD OF DISPOSITION  15/ Burlel 2   Cremation 3   R  4   Donetion 5   Other (Specify)  21. SIGNATURE FUNDAL SEPTICE  Martin D  23. PART I. Enter the diseases, shock, or heart fellur  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. POLE TO DUE TO d.	20b. PLACE other p Dular	eeth. Do	/alley 22. Le 1 not enter	y Me NAME ANI O W the mod	emor D ADDRI D N Pa D n O N	matory or rial ( ess of FA litch adon ring, suc	Garde CILITY eII-W ia Ro	nore, 20c. lens liedef d., T dlec or res	Timor eld imoni	um,	MO	21093 Approximete Interval Betwee Onset and Dear
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Martin D.  23. PART I. Enter the disease, shock, or heart fellut disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Pical disease or injury that initiated events resulting in death) LAST	a. POLE TO DUE TO d.	20b. PLACE other p Dular	eeth. Do	/alley 22. Le 1 not enter	y Me NAME ANI PMOO	emor D ADDRI D N Pa D n O N	matory or rial ( ess of FA litch adon ring, suc	Garde CILITY eII-W ia Ro	nore, 20c. lens liedef d., T dlec or res	Timor  Celd  Cimoni  ipiratory se	um,	MC MC MC MC MC MC MC MC MC MC MC MC MC M	Approximate Interval Betwee Onset and Dear Onset an
20a. METHOD OF DISPOSITION	amoval from Stata  AWSON  To complications the re. List only one cast  a. Pour To  b. DUE TO  c. DUE TO  d	20b. PLACE other p Dular	eeth. Do	/alley 22. Le 1 not enter	Me of cerm  y Me  NAME ANI  O W  the mod	emor D ADDRI D NO Para de of dy	matory or ial ( ess of FA litch adon ring, suc	Carde CILITY ell – Wia Ro	nore, 20c.   ens liedef d., T dlec or ret	Timor  Celd  Cimoni  ipiratory se	um,	MC MC MC MC MC MC MC MC MC MC MC MC MC M	Approximate Interval Betwee Onset and Deat Deat Onset and Deat Deat Deat Deat Deat Deat Deat Deat
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Martin D  23. PART I. Enter the diseases, o shock, or heart fellul immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions, it sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions, it sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	amoval from Stata  AWSON  or complications the re. List only one case  a. POLY  DUE TO  c. DUE TO  d. Iona contributing to  HOSPITAL: 1   inpatient 2    25e. DATE Of (Month, List)	20b. PLACE other p Dular	eeth. Do deeth.	A COTHEI	Me of cemy Me NAME ANI PMMO  O W. the mod  anderlying  28. PL. R: sing Home 26. NJU W.	D ADDRING OF OR OF O	given in	Part I.	24a. WAS. PERF 1 VES	Timorical display an autopsystem of the control of	um,	MC MC MC MC MC MC MC MC MC MC MC MC MC M	Approximate Interval Betwee Onset and Dear Dear Onset and Dear Dear Dear Dear Dear Dear Dear Dear

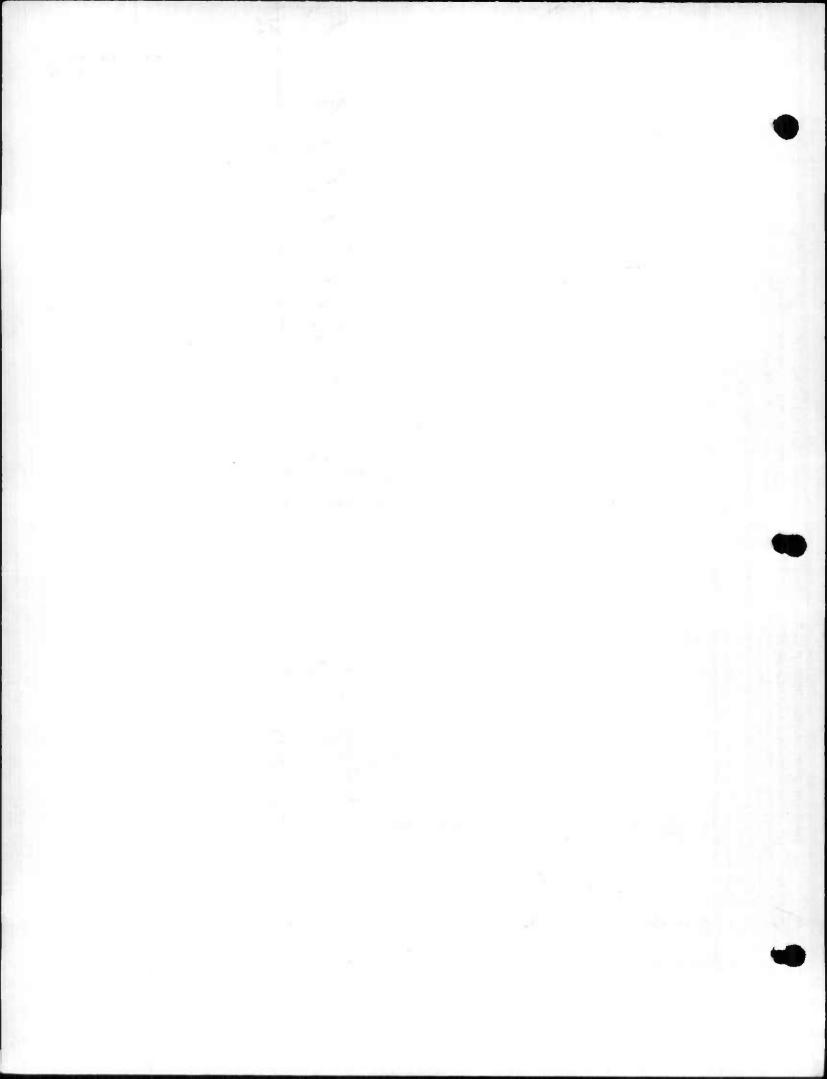
1 \_ CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and

3320

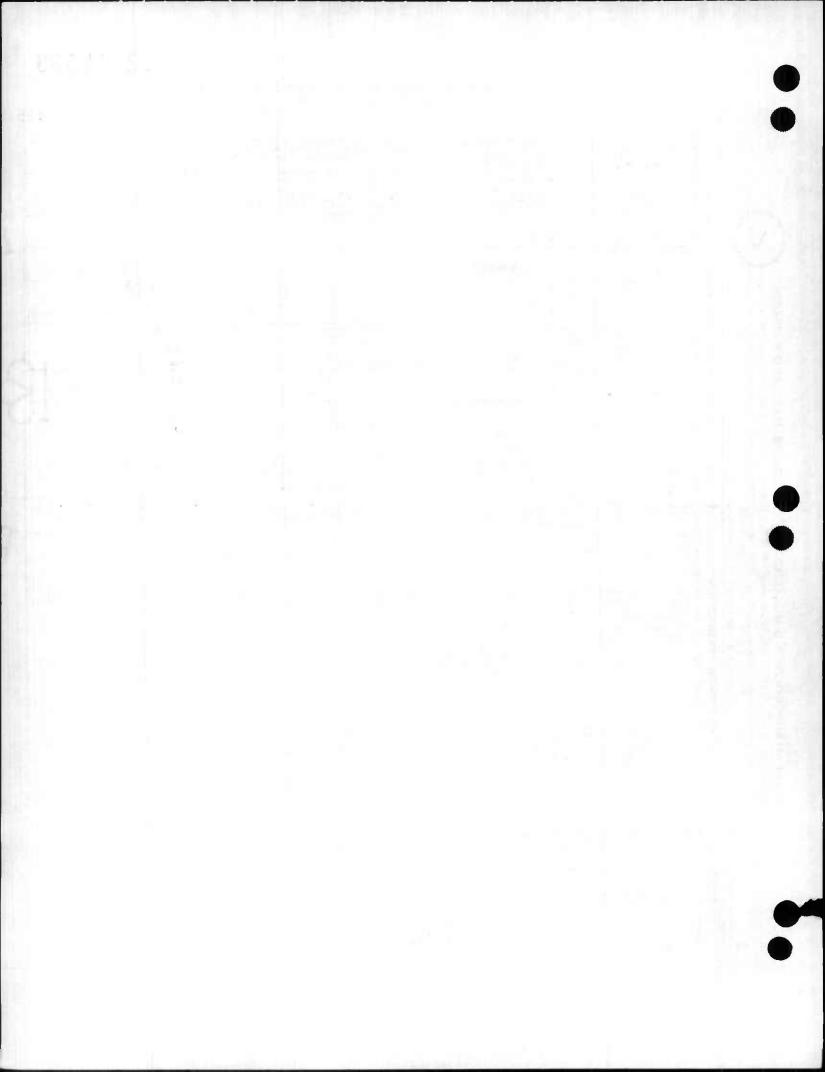
32. REGISTRAR'S SIGNATURE
992 Julia Mavidson

992

D3018 BENSON AVE - BAT



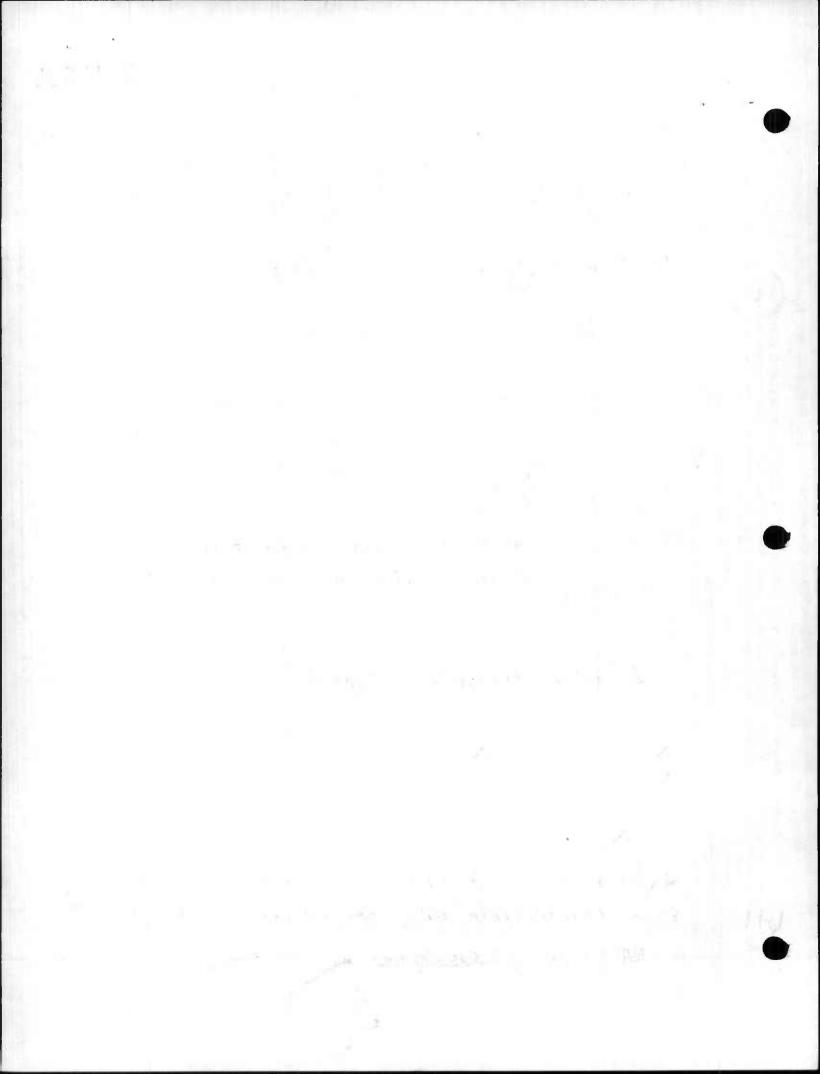
FOR 1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH AND	MENTAL HYGII					
1. DEPEDENT'S NAME (First, Middle	Logal			2. DATE OF DEATH	b/25/9,	2 3. TIME OF DEATH 3: 2 92 5:254 M			
4. SOCIAL SECURITY NUMBER 214-72-7890  99. FACILITY NAME (If not institution	1√□ M 2 □ F	35 YRS. MG	UNDER 1 YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	. 7. DATE OF BIRTH (Month, Day, Wear, 05/12/	57	BIRTHPLACE (State or Foreign Country) Virginia			
	Hospital		Baltimore (		oc. county of DEATH				
University RESIDENCE OF DECEDE 100. STATE 100. G Maryland	none		own on Location ltimore City	У		10d. INSIDE CITY LIMITS? 12 YES 2 NO			
100. STREET AND NUMBER 3307 Virg	inia Avenue		101. ZIP CODE 2121	5	United States				
11. MARITAL STATUS  Never Married 2 Marrie  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi 1 YES 2 NO Spec	can, Puerto Rican, etc.)	1.0	RACE — American Indian, Black, White, etc. Specify: fro—American			
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use re	done during most of working stred.)	CAL-SA	BUSINESS/INDUS	TRY			
12th grade 17. FATHER'S NAME (First, Middle, L James T. Lo		Geriatr	18. MOTHER'S N	Se Se Gibson	ton Mai	nor			
190. INFORMANT'S NAME (TypyPrin Julia Logan			DRESS (Street and Number or Rusa Virginia AV	al Route Number, City or					
20a, METHOD OF DISPOSITION  Durial 2 Cremation 3 [  Donation 5 Other (Specific	Ramoval from State	Ob PLACE AND DATE OF	ISPOSITION (Name of	DATE 20c	LOCATION CIN	or Town State			
Commetten   Comm									
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Respiratory Arrest)  OUE TO FOR AS A CONSEQUENCE OF:  Respiratory Arrest)  OUE TO FOR AS A CONSEQUENCE OF:  Respiratory Arrest)  OUE TO FOR AS A CONSEQUENCE OF:  Respiratory Arrest)  OUE TO FOR AS A CONSEQUENCE OF:  Respiratory Arrest)  OUE TO FOR AS A CONSEQUENCE OF:  C. DUE TO FOR AS A CONSEQUENCE OF:  OUE TO FOR AS A CONSEQUENCE OF:									
PART II. Other significant cor	ditions contributing to deeth	but not resulting in t	he underlying cause given i	PERF	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO			
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:	10	26. PLACE OF DEATH (C	Check only one)					
27. MANNER OF DEATN  1 Natural 5 Pendin		ripetient 3 DOA 4 (	☐ Nursing Nome 8 ☐ Rasidence F 28c, INJURY AT	8 Other (Specify) 28d. OEŞCRIBE NO	W INJURY OCCUR	RED			
2 Accident Investig 3 Suicide 5 Could r 4 Homicide determi	oot be 28e. PLACE OF INJU	RY — At home, farm, stree		281. LOCATION (Stre City or Town, Sta	N (Street and Number or Rural Route Number, vn, State)				
	PNYSICIAN: To the best of my kno					ovee(a) and manner as stated.			
29b. SIGNATURE AND TITLE OF CE			29c. LICENSE NO			GNED (Month, Day, Year)			
( LUCICOINI	0 1410					CHONI, Day, 1960)			
30. NAME AND ADDRESS OF PERSON			University	Homita	1	(month, buy, four)			



BALTIMORE, MARYLAND 21215

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be r	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be n
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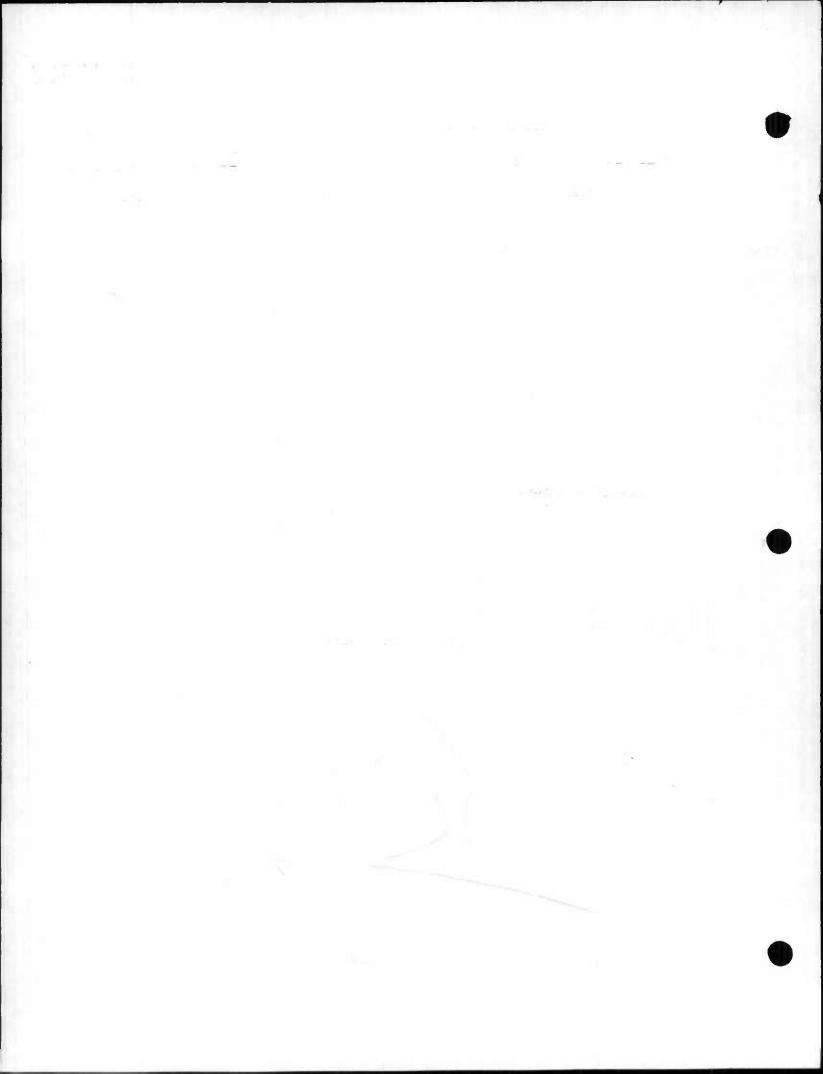
	1. DECEDENT'S NAME (Flot, Middle, Last)  2. DATE OF DEATH DAY YEAR  3. TIME  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. last birthday)  1 M 2 F  9a. FACILITY NAME (If not institution, give street and number)  9b. CUTY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH									
TOR	9a. FACILITY NAME (If not institution, give street and number)  COUL SAMANTIU  RESIDENCE OF DECEDENT	) B	TY, TOWN O	M LOCATION OF DE	ATH MA	Sc. COUNTY	OF DEATH COL			
DIRECTOR	10a. STATE 10b. COUNTY Baltimore	10c. CITY, TOWN	OR LOCAT	Rosedale			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	1223 Block Ave.		101. ZIP CODE			10g. CITIZEN OF				
8⊀	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE	2 NO If yes, specify Cuban, Ma			, Puerto Rican, etc.)	I. BACE — American Indian, Black, Whita, stc. Specify: White				
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)  1.2	Give kind of work done life. Do NOT use retired.  Electric	during mo.	NN st of working		Bethlehem Steel				
BE CO	17. FATHER'S NAME (First, Middle, Last) Gino I.azzeri				ne (First, Middle, Maiden h Dreucci					
10	19a. INFORMANT'S NAME (Type/Print) Anna M. I.azzeri	196. MAILING ADDRE	ss (Street a 3 Be)	nd Number or Rural R CK Ave. B	oute Number, City or Tow alto. MD	71, Stere, Zip Co 21237	ode)			
	20e. METHOD OF DISPOSITION  1 State   2 Cremetion   3 Removal from State   20b. PL   Commetted   4 Donation   5 Other (Specify)	ACE AND DATE OF DISPO ry, cremetory or other place HOLLY HI	SITION (Na 115			400	y or Town, Stata River, MD			
	21. SIGNATURE OF PUNERAL SERVICE LICENSEE		CVa	1 Home	Home					
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  1211 Chesaco Ave.  Approximate the mode of dying, such as cardiac or respiratory arrest, interpretation of the cause of dying, such as cardiac or respiratory arrest, interpretation of the mode of dying, such as cardiac or respiratory arrest, interpretation of dying, such as car									
MEDICAL	PART II. Other significant conditions contributing to death but diabeter Mellit	not reaulting in the u	Me	cause given in F	Pert I. 24a, WAS AN PERFOF	RMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO			
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	OTHE		ACE OF DEATH (Che	ck only one)		-			
Y PHYSICIAN:	1   YES 2   NO	28b. TIME OF INJURY	28c. INJ	JRY AT RK?		Other (Specify)  Bd. DESCRIBE HOW INJURY OCCURED				
TED BY	2 Accident Investigation 3 Suicide 8 Could not be detarmined 28a. PLACE OF INJURY — At home, term, street, factory, office 28f. LOCATION (Street and Number or Rural Route Investigation 28c. Clay or Town, State)  28a. PLACE OF INJURY — At home, term, street, factory, office 28f. LOCATION (Street and Number or Rural Route Investigation 28c. PLACE OF INJURY — At home, term, street, factory, office 28c. PLACE OF INJURY — At home, term									
COMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) and manner as stated.									
TO BE	291. SIGNATURE AND TITLE OF CERTIFIER	n		29c. LICENSE NUM	BER L L	29d. DATE S	IGNED (Month, Day, Year) - 26-92			
		20, BI	4671	MERE	, m	D 2	21237			
	31. DATE FILEO (Month, Dey, Year)  32. REGISTRAR'S SIGNATU  MAY 2.7 1992  Julia Suridan		1				DHMH-16 Rev 1/89			



DHMH-16 Rev 1/89

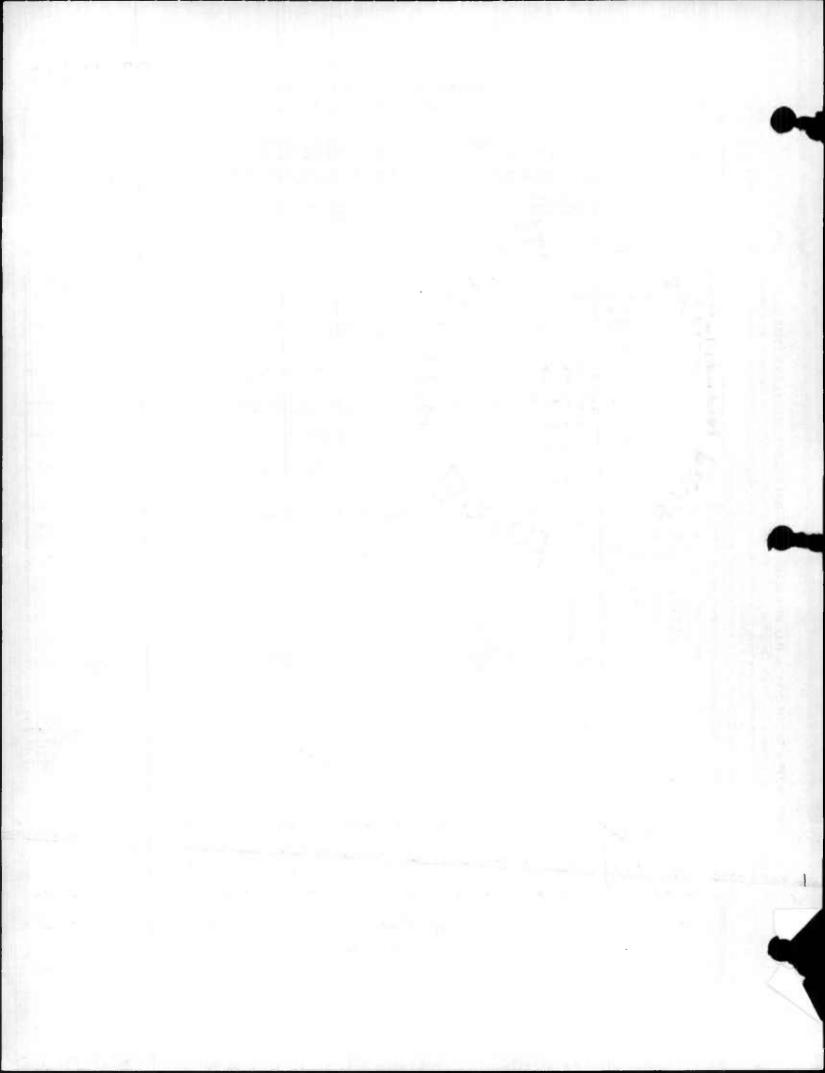
	, 2, 3 should	
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w be retained by the hospital or attending physician	page 5 should be detached for use as the burishmost perfet.	he applicated and stone
20e 6 m	director,	de manual
INSICANT. The law requires that the death certificate be executed within 24 hours after death. Po	ECTOR After this certificate has been signed by the athending physician and completely filled in by the fureral director, page 5 should be detached for use as the burishway of mir. Pages 1, 2, 3 should suffer but the State Dept. of Health and Memal Hygiens prior to burish, crempton, or removal.	ked or time 23 shows any injury or other transmitte event the medical eventues was the mention as seen
DING PH	Atter th death w	s marks
OR ATTEN		lam 28 k
<b>IDSPITAL</b>	THE FLINESFAL DIR Sed within 72 hour	ANT: If the
TO THE H	TO THE P	MPORT

		C	ERTIF	ICATE (	OF D	DEAT	Ή	MENIA	L HYGIE			
1. DECEDENT'S NAME (First, Middle, Last Lillian	Mary		Miller					MON	OF DEATH	Diffyr,	<b>◆</b> AR	3. TIME OF DEATH 9:15
4. SOCIAL SECURITY NUMBER 215-32-8118	S. SEX 6. AGE (In yrs. last birthday)   F UNDER 1 YEAR   IF UNDER 24 MRS. 7.				7.5	May 19 1992		PLACE (State or Foreign				
9s. FACILITY NAME (If not institution give	street and number)	7.4		96. CITY, TO			ON OF DE	ATH			NTY OF C	
RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	ITY		10c CIT	Y, TOWN OR L	OCATIO	N						The makes and
Maryland Ba		Towsor	1	IP CODE						10d. INSIDE CITY LIMITS? 1 YES 2X NO		
7919 Roldrew A	venue					2120				US		VHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	1 Never Married 2 Married FORCES? 1 YES 2					fy Cubar	F HISPAN , Maxicar Specify	1, Puerto	N? (Specify Ye Rican, etc.)		14. RACI Blac	American Indian, c, White, atc.
15. DECEDENT'S ED (Specify only highest grad	PUCATION de completed)	(	Give kind of	USUAL OCCUI	PATION a most	of working	,		. KIND OF BU			
Elementary/Secondary (0-12)	Elementary/Secondary (0-12) College (1-4 or 5+)								Finan Comme	cial M ercial	lana Cre	gement dit
17. FATHER'S NAME (First, Middle, Last)  John Thomas	Phillips				1				Middle, Maide			
19a. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRESS (Str	reet and	Number	or Rural R	Deli	ores (	ehrii	Code)	
John A. W. Bre	uning, Jr				(Street and Number or Rural Route Number, City or Town, State, Zip Code)  rew Avenue, Towson, Md. 21204							
20s. METHOD OF DISPOSITION  1 X Burlel 2 Cremetion 3 Rei 4 Donation 5 Other (Specify)	movel from State	cemetery, cr	AND DATE	OF DISPOSITION	N (Name	of		DAT	E 20c. L	OCATION —	City or To	wn, State
Belair Memorial Gardens 5/21/9 Belair, I  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Lemmon-Mitchell-Wiedefeld  10 W. Padonia Rd., Timonium												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury  DUE TO (OR AS A CONSEQUENCE OF):  SEVEL® ASCVII  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
resulting in death) LAST Old Comp Fx Theracic Spine  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							Part I.	24s. WAS AN PERFO	RMED?	240.	WERE AUTOPSY FINDS MINILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
		/	1					-				T YES 2 NO
NO MAN CASE DESCRIPTION OF MANAGES								all marks and	e)			
25. WAS CASE REFERENCE TO MEDICAL EXAMINERY 1. VES 2 X NO	HOSPITAL:	modern :	171004	QTHER:		E OF DE						
EXAMINERY 1   YES 2 X NO 27. MANNER OF DEATH	1 inpetient 2 i	NJUSY	280, TIME	OTHER: 4 X Nursing I	Home !	E [] Fiesi	idence (	☐ Othe	(Specify)	NJURY OCC	URED	
EXAMINERY  1 VES 2 NO  27. MANNER OF DEATH  1 Notural 5 Pending 2 Accident Investigation	1 ☐ Inpetient 2 ☐ 2fis. DATE OF I	NJUSTY X TOPO	280, TIME 196,0	OTHER: 4 X Numing I	Home I	E [] Fiesi	NO NO	28d. DES	CRIBE HOW			
EXAMINERY 1 VES 2 NO  27. MANNER OF DEATH 1 Notural 5 Pending	1 ☐ Inpetient 2 ☐ 28s. DATE OF I	NJUSY	280, TIME 196,0	OTHER: 4 X Numing I	Home I	AT	NO NO	28d. (365	-	and Number		oute Number
EXAMINERY  1 VES 2 NO  27. MANNER OF DEATH  1 Metural 2 Accident Investigation 2 Discide 6 Could not be datamined  28e. CERTIFIER 1 CERTIFYING FIXYS	1 Inpetient 2 Inpetient 2 In 28s. DATE OF (Month, De 28s. PLACE OF building, a	NULUSY ( 1965) INLUSTY — A Too AL (Spinory)	ome, form, s	OTHER: 4 Numbing 1 E OF 25c. JHY W 1 treet. factory. c	Home ( INJURY WORK) VES office	AT 2 []	NO NO	28d. DES	ATION (Street or Town, State)	and Number	or Runel R	
EXAMINERY  1 YES 2 NO  27. MANNER OF DEATH  1 Metural 5 Pending Investigation 2 Accident 2 Suicide 6 Could not be datarmined  28e. CERTIFIER 1 CERTIFYING PHYS	SICIAN: To the basis of au	NULUSY ( 1965) INLUSTY — A Too AL (Spinory)	ome, form, s	OTHER: 4 Numbing 1 E OF 25c. JHY W 1 treet. factory. c	Nome (	AT 2	NO NO	264. DES	ATION (Street or Ewe, State) se(s) and man and place, or	and Number oner se state oil due to the	or Aure/ Alexal Alexal Alexal Alexal Alexal Alexandria	



	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within "4 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cemation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	5	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Deat. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPC

	1 - STATE REGISTRAR	STATE OF N	IARYLAND /		TMENT OF			NTAL HYGIE REG. N		16	14636	
	1. DECEDENT'S NAME (First, Middle, Last)  Jeannette	Betts	Clenda	niel	Mille	r			19 19	992	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 167-12-7360	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR	-	MIN.	DATE OF BIRTH (Month, Day, Year) Une 6 1		Countr	IPLACE (State or Foreign	
TOR	9a. FACILITY NAME (If not institution, give 4038 Holly Kr RESIDENCE OF DECEDENT				9b. CITY, TOW	OR LOCATION		Arm		altin		
DIRECTOR	10a, STATE 10b, COUNT	n Itimore			, TOWN OR LO						10d. IHSIOE CITY LIMITS? 1 YES 2 XNO	
FUNERAL	6920 Donachie			212	39		10g. CIT	US	VHAT COUNTRY?			
BY FUA	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	TEVER IN U.S. AR YES 2 NAR OR DATES	MED IO	If yes,	ECENDENT OF specify Cuben,	Mexican, P	ORIGIN? (Specify ) uerto Rican, etc.)	fes or Ho—	14. RACE Black Speci	- American Indian, k, white, etc. hy: White		
COMPLETED	15. DECEOENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		) (G	ive kind of v Do NOT us	USUAL OCCUPA vork done during e retired.)	nost of working		16b. KIND OF B			Ret.Citize	
	17. FATHER'S HAME (First, Middle, Last) Paul Earl Clenda	niel			n Direc ervices	18. MOTHE		First, Middle, Melde udson		. 01	Net. Citize	
TO BE	19a. IHFORMANT'S HAME (Type/Print)  Douglas L. Mill	er						Number, City or R			21057	
	20s. METHOD OF CISPOSITION  1 Surfail 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of completely)  20c. LOCATION — City or Town, State											
	Martin D.	Lawson			Lem 10 W	mon-M Pado	itche nia F	ll-Wiede Rd., Tir	noniur	m, N	ld. 21093	
orum icalion	Martin D. Lawson  23. PART I. Enter the diseasea, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  OVALIBLE CAUSE (Final disease or condition resulting in death)  OVALIBLE CAUSE (Final disease or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):											
	PART II. Other aignificant condition	d	deeth but not n	eaulting i	n the underly	ng ceuae giv	ven in Pari	24a, WAS A PERFO	IN AUTOPSY DRMED? 2 HO	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetlent 3	□ DOA	26. OTHER: 4  Nursing He	PLACE OF DEA						
	27. MAHNER OF DEATH  1 Netural 5 Pending Investigation	26a. DATE OF I (Month, De	INJURY y, Year)	28b. TIMI	OF 28c. I	JURY AT ORK?	280	1. DESCRIBE HOW	INJURY OCC	CURED		
- 1	2 Accident Investigation 3 Suicide 6 Could not be distermined 26s. PLACE OF IHJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Humber or Rural Rou City or Town, State)									loute Humber,		
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS one) 2 MEDICAL EXAMINI 299. SIGNATURE AND TITLE OF CERTIFIE 30. HAME AND ADDRESS OF PERSON WITH	R VY V	emination and/or i	nvestigatio	n, in my opinion	death occured		, data and place, a	and due to th	e cause(s)	(Month, Day, Year)	
	31. DATE FILED (Morith, Day, 18MAY	2 732, REGISTRAP 2 1992	2 MM. A. SIGNATURE	evidson	-Ander	Chive.	sity	PKW	13	alf	1/2/3	



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the host	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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Francis C. Gri
31. DATE FILEO (Morith, Day, Year)

Grumbine, M.D. 6701.

32. REGISTRAR'S SIGNATURE

1002 Julia Buridson Andelle.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	FOR STATE REGISTRAR	STATE OF I	MARYLAND /				IEALTH AND DEATH	MENTA	AL HYGIEN REG. NO		92	14637
	1. DECEDENT'S NAME (First, Middle, Last) DIANA PALIN	IIRA M	EINEKE					2. DAT MON Ma	e of DEATH	1992	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 219-40-3089	5. SEX	6. AGE (In yrs. les 50	st birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7 DAT	7. DATE OF BIRTH (Month, Day, Wear) April 19,194		Count	1 5:30 A. WHILLIAGE (State or Foreign my) (Caryland
TOR	99. FACILITY NAME (If not institution, give s  1006 Addock RO RESIDENCE OF DECEDENT					y, town of	DEATH DICE					
FUNERAL DIRECTOR	2	timore		10c. CIT		or Local						10d. INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	100. STREET AND NUMBER  1006 Adcock Road					101	21093				S.A.	WHAT COUNTRY?
BY	11. MARITAL STATUS  1. Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES				13.	If yes, sp	ENDENT OF NISPA ecify Cuban, Maxie 2 NO Spec	can, Puarto	IN7 (Specify Yes Rican, etc.)	or No—	14. RACI Blac Spec	E — American Indian, k, Whita, atc.
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(G life		work done se retired.;	during mo	on est of working crator		Sheppai			Hospital
BE COM	17. FATHER'S NAME (First, Middle, Last) Harold W.	Mėineke					16. MOTNER'S N	AME (First,	Middle, Malden			
10	19a. INFORMANT'S NAME (Type/Print)  Mrs Palmira K. Meineke  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  Same As #10											
	20a. METNOD OF DISPOSITION  1											
	Nallace S. Brook, 2. Ruck Towson Funeral Home, Inc. 1050 York Road, Towson, Md. 21204										04	
	23. PART i. Enter the disesses, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, abock, or heart fellure. Liet entry one cause on each line.  Approximate interval Between										Approximate interval Between Onset and Death	
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSE	DUENCE O	14 )	-	fures,	+ (				
CERT	reaulting in death) LAST	d.										1
: MEDICAL	PART II. Other significent condition	s contributing to	deeth but not i	resulting	in the u	nderiying	g ceuse given i	n Pert i.	24a. WAS AN PERFOR 1 TYES 2	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DEATH (C	Check only o	one)			
	1 VES 2 NO  27. MANNER OF DEATH  1 Matural 5 Pending	20a. DATE OF (Month, D	INJURY	20b. TIM		20c. INJ WO	e 5 Residence URY AT RK? /ES 2 NO		er (Specify) SCRIBE NOW I	NJURY OC	CURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	F INJURY — At he atc. (Specify)	l eme, farm,	atreet, tec			26t. LO	CATION (Street in a Town, State)	and Number	or Flural F	Route Number,	
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 MEDICAL EXAMINE											i) and manner as stated.
O BE C	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place,  299_SIGNATURE AND TITLE OF CERTIFIER  290_LICENSE NUMBER  ()-7.0637								7	29d. OATE SIGNED (Month, Day, Year)  5 26-67		

6701 North Charles Street, Towson, Md.

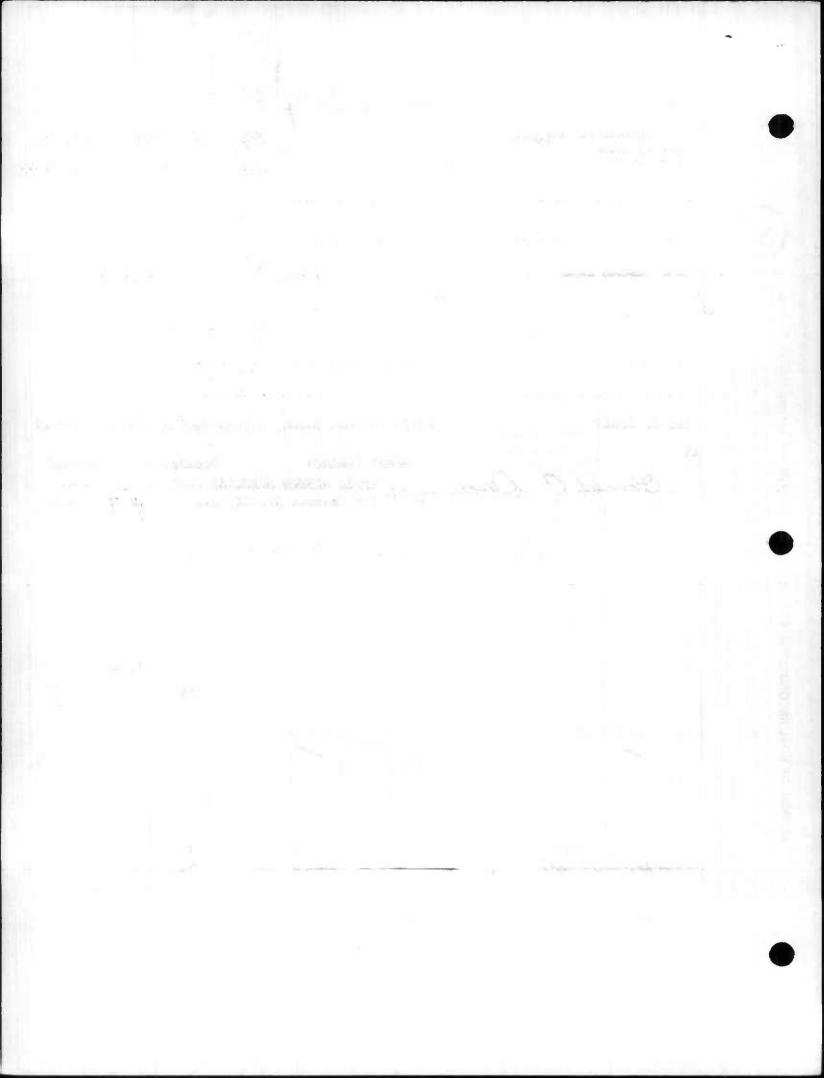
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within any after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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#6,7,FilmG688 6/3/92 kam
FOR STATE OF MARYL

1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CERTIF								
Marsha E. Mo	hhatt				2. DATE OF DEAT		992	3. TIME OF DEATH 4:54 P		
4. SOCIAL SECURITY NUMBER	6. SEX 6. AG	E (In yrs. lest birthday) 52 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, You June 20	1010	8. BIRTHE	LACE (State or Foreign		
98. FACILITY NAME (If not institution, give stre 10303 CONOVER Driv	set and number)			or Location of Di		9c. COL	inty of DE	ATH		
10a. STATE 10b. COUNTY							10d. INSIDE CIT LIMITS? XX YES 2			
100. STREET AND NUMBER 3137 Memory Lane			11	20904	TE .		U. S.	N OF WHAT COUNTRY?		
11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4XX Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S ZINO	If yes, s	CENDENT OF HISPAI pecify Cuban, Mexica S 2 X NO Specif	n, Puerto Rican, etc	Yea or No-	14. RACE Black, Specifi	- American Indian, White, etc.		
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 1 2 Years	ATION completed) College (1-4 or 5+)	(Give kind of life. Do NOT u	usual occupat work done during in see retired.) ter Tech	nost of working		BUSINESS/IN	DUSTRY			
17. FATHER'S NAME (First, Middle, Last) Abraham Joseph Neu	wman.				ME (First, Middle, Me S. Kessle					
190. INFORMANT'S NAME (Type/Print) Lee F. Zemil				and Number or Rural  T Drive,				yland 209		
20s. METHOD OF DISPOSITION XIX Buriel 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State	20b. PLACE OF DISPO other place)	sition (Name of a			LOCATION -		m, State Maryland		
23. PART 1. Enter the disease, or coahock, or heert fallure. Limited disease or condition resulting in death)	omplications that cause on Breast	Carcin	2 232 Conot enter the m		TREET, N.	W, WA:	SHING			
23. PART I. Enter the diseases, or conduction in the cause of the caus	Due to (or A)	sed the desth. Do n each line.	2 232 Conot enter the m	ARROLL S'	TREET, N.	W, WA:	SHING	Approximate Interval Betw		
23. PART I. Enter the diseases, or conshock, or heert failure. Limited in the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AL	S A CONSEQUENCE C	2 232 Conot enter the m	ARROLL ST	TREET, N. has cerdlec or rule test tas	W, WA:	SHING rrest,	Approximate Interval Betwoonset and De V C Y		
23. PART I. Enter the diseases, or conshock, or heert failure. Limited and the sease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR ALL  CONTRIBUTION OF ALL  DUE TO (OR ALL  DUE TO (O	sed the death. Done each line.  CA I'C I M S A CONSEQUENCE CO S A CONSEQUENCE CO S A CONSEQUENCE CO The but not resulting	2 232 Conot enter the m	ARROLL ST	Part I. 24a. WA	W. WA. Despiratory as  S AN AUTOPSY REFORMED?	SHING rrest,	Approximate Interval Betwoonset and De Conset and De		
23. PART I. Enter the diseases, or conshock, or heert failure. Limited and the sease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	DUE TO (OR ALL CONTRIBUTION OF ALL CONTRIBUTIO	sed the death. Done each line.  CA PC   Management of the second of the	2 232 Conot enter the management of the manageme	ARROLL S' ode of dying, auc  of the state of Death (Cr  ome 5-E Residence	Part I. 24a. WAPE  1 YI  heck only one)  6 Other (Specify	S AN AUTOPSYRFORMED?	SHING rrest,	Approximate Interval Betwoonset and De Conset and De		
23. PART I. Enter the diseases, or conshock, or heert failure. Limited and the sease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR ALL  CONTRIBUTION TO (OR ALL  DUE T	S A CONSEQUENCE COS A CONSEQUE	2 2 32 Conot enter the manual properties of the state of	ARROLL STORE AND AND AND AND AND AND AND AND AND AND	Part I. 24a. WA	S AN AUTOPSYRFORMED?	SHING rrest,	Approximate Interval Betwoonset and De Conset and De		
23. PART I. Enter the diseases, or conshock, or heert failure. Limited and the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR ALL  CONTRIBUTION TO (OR ALL  DUE T	S A CONSEQUENCE CO	2 2 32 Conot enter the manual properties of the state of	ARROLL STORE AND AND AND AND AND AND AND AND AND AND	Part I. 24a. WAPE  1 YI  heck only one)  6 Other (Specify	S AN AUTOPSY PRORMED? ES 2/12/ NO	SHING rrest,	Approximate Interval Betwoonset and Double Town Completion of Cause of Death?		
23. PART I. Enter the diseases, or conshock, or heert failure. Limited in the conditions of the cause or conditions of the cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death)  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation of Suicide 5 Could not be	DUE TO (OR AS  DUE TO	Dutpetient 3 DOA	2 2 32 Conot enter the modern the	ARROLL S' ode of dying, auc od	Part I. 24a. WAPE    Part I. 24a. WAPE   1   YII   28d. OESCRIBE H   28f. LOCATION (S. City or Town,)	S AN AUTOPSY POPMED? ES 2/2/NO	SHING rrest,  24b.	Approximate Interval Betwoonset and De V V V V V V V V V V V V V V V V V V		
23. PART I. Enter the diseases, or conshock, or heert failure. Limited and the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO  27. MANNER OF OEATH  1   Natural 5   Pending investigation   Pending inve	DUE TO (OR A:  DUE TO	sed the death. Done each line.  CA /C/ M S A CONSEQUENCE C S A CONSEQUENCE C S A CONSEQUENCE C The but not resulting  Dutpatient 3 □ DOA TY 28b. Till IN  JETY — At home, farm,  poecify)  nowledge, death occur atton end/or investigati	2 2 32 Conot enter the management of the managem	ARROLL S' ode of dying, auc od	Part I. 24a. WAPE  Part I. 24a. WAPE  1 VI  28d. OESCRIBE H  28f. LOCATION (S. City or Rown, strength of the cause(a) and a time, date and place  MBER	S AN AUTOPSY RFORMED? S 2 NO  OW INJURY Or  reset and Numb  I manner as at e, and due to	SHING Treat,  24b.  CCURED er or Rural R inted. the cause(s)	Approximate Interval Betwoonset and De V V V V V V V V V V V V V V V V V V		



BALTIMORE, MARYLAND 21215-0020 BOX 68760, burial-tra

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iours after death. Page 6 may be retained by the hospital or attending physician

the funeral director, page 5 should be detached for

filled in by

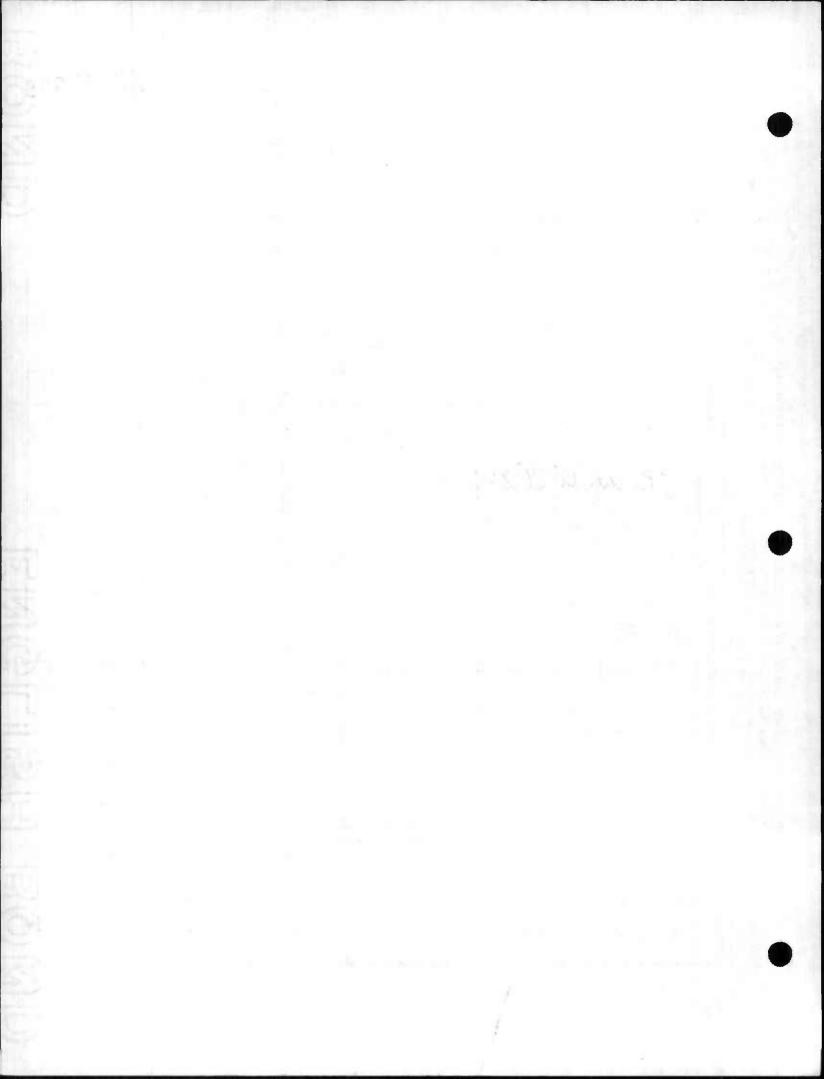
executed within

DIVISION OF VITAL RECORDS, P.O.

OR ATTENDING PHYSICIAN: The law

After t

DHMH-16 Rev t/89



1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

_					10/116		0			HEG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  MYRTLE E		DECUM						2. DATE OF	DEATH 201	7 _	GYEAR :	. TIME OF DEATH
	4 SOCIAL SECURITY NUMBER										z ,		11:20A
		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDE HOURS	R 24 HRS. MIN.	7. DATE OF	BIRTH	1002	8. BIRTHPI	ACE (State or Foreign RYLAND
	216-46-3096	***	90	THS.						-2/			
œ	9s. FACILITY NAME (If not institution, give				9b. CITY	, TOWN		ION OF DE		9c. COUNTY OF DEATH			
ᅙ	G.B.M.C 6701 N	. CHARL	ES STR	EET			TON	SON		BALTIMORE			ORE
DIRECTOR	10a. STATE 10b. COUNT	гү		10c. CIT	Y, TOWN	OR LOCAT	FION					1	Od. INSIDE CITY
8	MD.	Balto.		- 5	Monkton							١,	LIMITS?
4	10e. STREET AND NUMBER					101. ZIP COQE					10g. CITI		AT COUNTRY?
ER	P.O.	Box 357			21111						100	U.S	.A.
FUNERAL	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES?  1 YES 2 NO					WAS DEC	ENDENT	OF NISPA	NIC ORIGIN? (	Specify Yes	or No-		- American Indian, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced		MAR OR DATES	40				an, Mexica Specify	n, Puarlo Ric y:	en, etc.)		Specify:	
	A												White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad		16a. DE	CEDENT'S	Work done ( se retired.)	CCUPATIO	ON ist of world	ing	16b. K	IND OF BUS	SINESS/IND	USTRY	
اچ	Elementary/Secondary (0-12)	College (1-4 or 5	+)						ı				
M	17. FATHER'S NAME (First, Middle, Last)			Hon	nemak	er			ME (First, Mid		Home		
							18. MOI			,			
BE	Charles B:	randau	10	- MAILING	ADDRESS	P /Ptm et e	and Marie 5		ie Route Number,				_
2		1- 1		o. molLine					rioute Number,	City or lowi	n, Stere, Zip	Code)	
	Holliday H. Obr		20b. PLACE	UDDATE			as	LUe_	DATE	T 200 LO	CATION	City or Town	04-4-
	1 Burial 2 Cremation 3 Ram 4 Donation & Other (Specify)	noval from State	Cemetery, cre	matory or o	ther place)				1				
	21. SIGNATURE OF JUNERAL SERVICE U	GENEE /	T John	arne					5/27/9	Z Ba	arto.	Md.	
	1050 York Rd. 21204											1204	
$\rightarrow$	/ Mala L XHC	woor	Ju.		Ru	ck !	Cows	on Fi	neral	Home	. In	c.	
	23. PART I. Enter the diseases, or ahock, or heart failure.	List only one cer	at caused the de use on each line	ath. Do	not anter	tha mo	da of dy	ring, auc	h as cardia	c or reapi	ratory arn	eat,	Approximata interval Between
	IMMEDIATE CAUSE (Finel disease or condition			_									Onset and Death
	reaulting in death)	a	RESP			AR	RES	Ľ					-
		502 10				מיזיח	ים ע	TCFZ	CF				
CERTIFICATION	Sequentially list conditions,  Due to (OR AS A CONSEQUENCE OF):												
¥	If any, leading to immediate cause. Enter UNDERLYING												į
F	CAUSE (Disease or Injury that initiated evants	DUE TO	(OR AS A CONSE	DUENCE O	F):								
F	resulting in death) LAST	d											
	PART II. Other significant condition	ne contributing to	death but not a	o avitin a	in the un	ed a ed a des		-1 1-	Bert In				
EDICAL	A.D.	5 house	1			ideriyini	g cause	given in	Pan I. 2	PERFOR		A	ERE AUTOPSY FINDINGS VAILABLE PRIOR TO
ă	0.4)	- Venue	- 00	ea		_			— l¹	☐ YES 2	☐ NO		OMPLETION OF CAUSE F DEATN?
Σ		-							— I			1	YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL	1				00.54	105.05.0						
2	EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER	₹:			eck only one)				
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF		28b. TIM		28c. INJ		esidence	6 Other (S		A ILIBY OCC	TIRED	
	1 Natural 5 Pending	(Month, L	Day, Year)	IN.	URY M	WO	RK?	□ND	EVU. DEVOI	IIDE NON II	100111 000	ONED	
BY	2 Accident Investigation 3 Suicide & Could not be	26e. PLACE C	OF INJURY At ho	me, farm,	street, fact	ory, offic		_	281. LOCATI	ON (Street a	and Number	or Rural Rou	ite Number
쁘	4 Homicide 6 Could not be	building,	etc. (Specify)						City or	Town, State)			,
COMPLETED	29a. CERTIFIER	CIAN: To the best of	l en browleden de	-44									
₹ I	(Check only one) 1 CERTIFYING PHYS												-4
8			TABLETON ENGLOS	iivootigatit		prinon, d	eath occu	red at the	time, data an	o piaca, an	d dua to the	e cause(a) a	nd manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	7,0	100				29c. LIC	ENSE NUA	MBER	, ]	29d. DATE	SIGNED (A	fonth, Day, Year)
2	7. Helle	NO COURT STATE	IVV		-10.00			12	TY		7 5	- 27	-) -
	30. NAME AND ADDRESS OF PERSON WI		SE OF DEATN (ITE										
	Hunter E. Wilson 31. DATE FILED (Month, Day, Year)		M D	4	Wes	t Ur	nive	sity	y Pkwy	-	212	18	

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

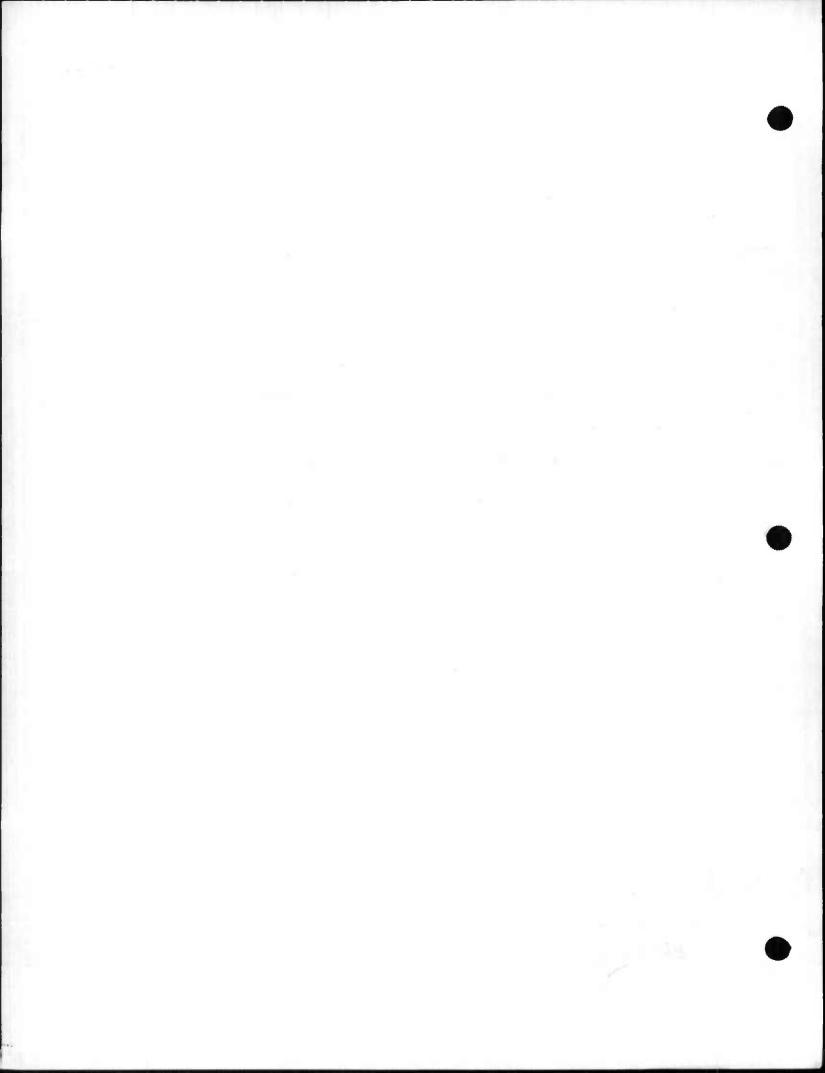
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

nit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

31. DATE FILED (Month, Day, Year) MAY 27 1992

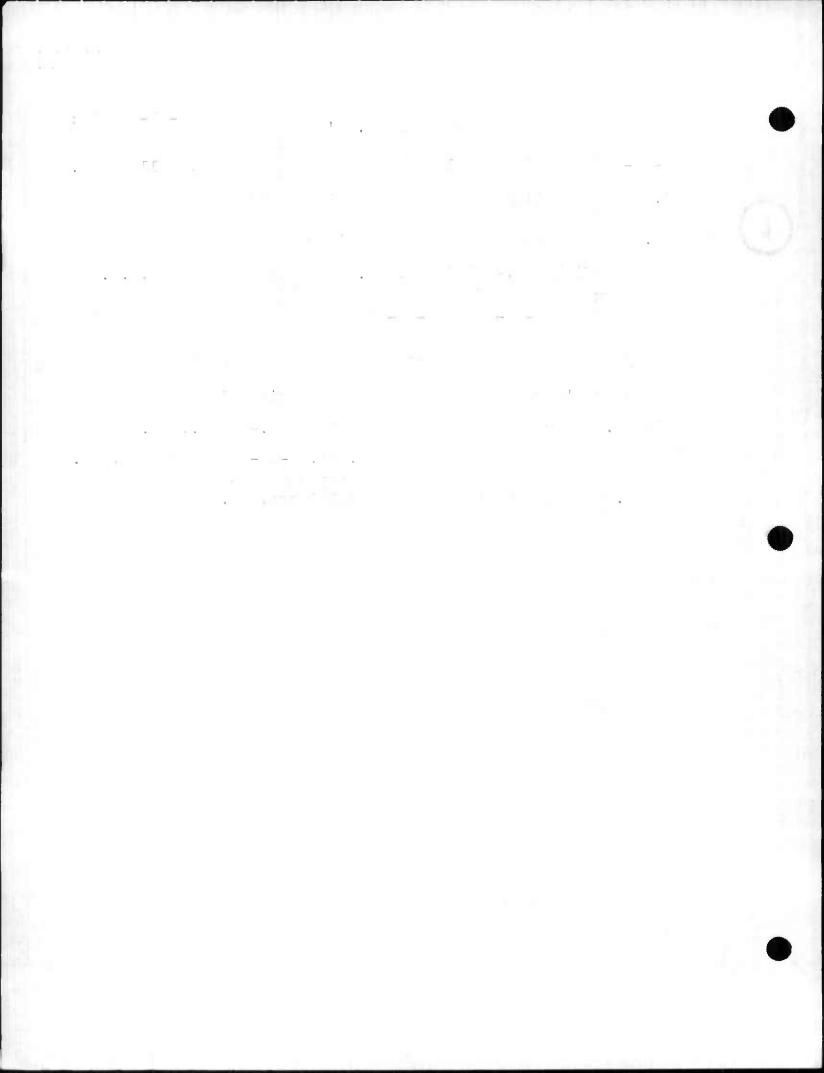
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OUDS, F.O. BOA 66/60,	s that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending ph	ned by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu lith and Mental Hygiene prior to burial, cremation, or removal.

(	L	Fages .	
BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physician.	by filled in by the funeral director, page 5 should be detached for use as the burial-transit atlon, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTING	MENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENI REG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)	170 R-R-19	MORRIS	N. O'HARA	2. DATE OF DEATH DA	-21-92	17.25 M			
	4. SOCIAL SECURITY NUMBER  214-30-7466  9a. FACILITY NAME (If not Institution, give	1 DAM 2 DF	YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	(Month, Dey, Year) Country) May 10, 1911 Md.					
TOR	St. Agnes Hos				ltimore City N/A					
DIRECTOR	10a. STATE 10b. COUNT	v N/A		own or Location Ral timore		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
FUNERAL	10e. STREET AND NUMBER  5424 Masefiel  11. MARITAL STATUS	d Rd -Bald		101. ZIP CODE  1d. 27 229	1	U.S.				
B≺	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 X YES	2 NO	13, WAS DECENDENT OF NISP If yes, specify Cuben, Mexi 1 YES 2 KNO Spe	can, Puerto Rican, etc.)	or No- 14. RACE Black, Specify				
COMPLETED	15. DECEDENT'S EDU. (Specify only highest grade Elementary/Secondery (0-12)	JCATION e completed) College (1-4 or 5 +)	life. Do NOT use re	done during most of working tired.)	16b. KIND OF BUS	INESS/INDUSTRY	.20			
<u>S</u>	17. FATHER'S NAME (First, Middle, Lest)		Retired		Westir NAME (First, Middle, Maiden S	ghouse Sumame)				
BE	Timothy O'H	ara		Mari	e Neiman					
2	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street and Number or Run		, State, Zip Code)				
	Edith M. O'Ha			asefield Ro		Md. 21	229			
	1 Buriel 2 Cremation 3 Rem 4 Doriation 6 Other (Specify)	ioval from State Ge	metery, cremetory or other	PK. Cem. 5-2	DATE 20c. LOC	ation - city or Tow				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	orrane	22. NAME AND ADDRESS OF	ACILITY					
	G. Truma	n Schwab			imore Nat		ike			
HILLAIION	shock, or hast failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	CONSEQUENCE OF):						
PRISICIAN: MEDICAL CE	PART II. Other significant condition	s contributing to death i	out not resulting in t	ne undarlying cause given i	Part I. 24e. WAS AN A PERFORM	NO C	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO			
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	26. PLACE OF DEATH (C	Check only one)					
BY PHTS	1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)		Nursing Home 5 Residence	6 Other (Specify)  26d. DESCRIBE NOW IN.	JURY OCCURED				
100	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	f — Al home, farm, stree cify)	t, factory, office	281. LOCATION (Street an City or Town, State)	LOCATION (Street and Number or Rural Floute Number, City or Town, State)				
COMPLEIED				the time, data and place, and do my opinion, death occured at the			ind menner as stated.			
IO BE	296. SIGNATURE AND TITLE OF CERTIFIED	digs.		29c. LICENSE N	JMBER	29d. DATE SIGNED (A	Aorith, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WH	900 CAT	ON AVI		BALI	TIMOF	RE			
	31. DAY 2.7 1992	32. REGISTRAR'S SIGN	ATURE STATES							



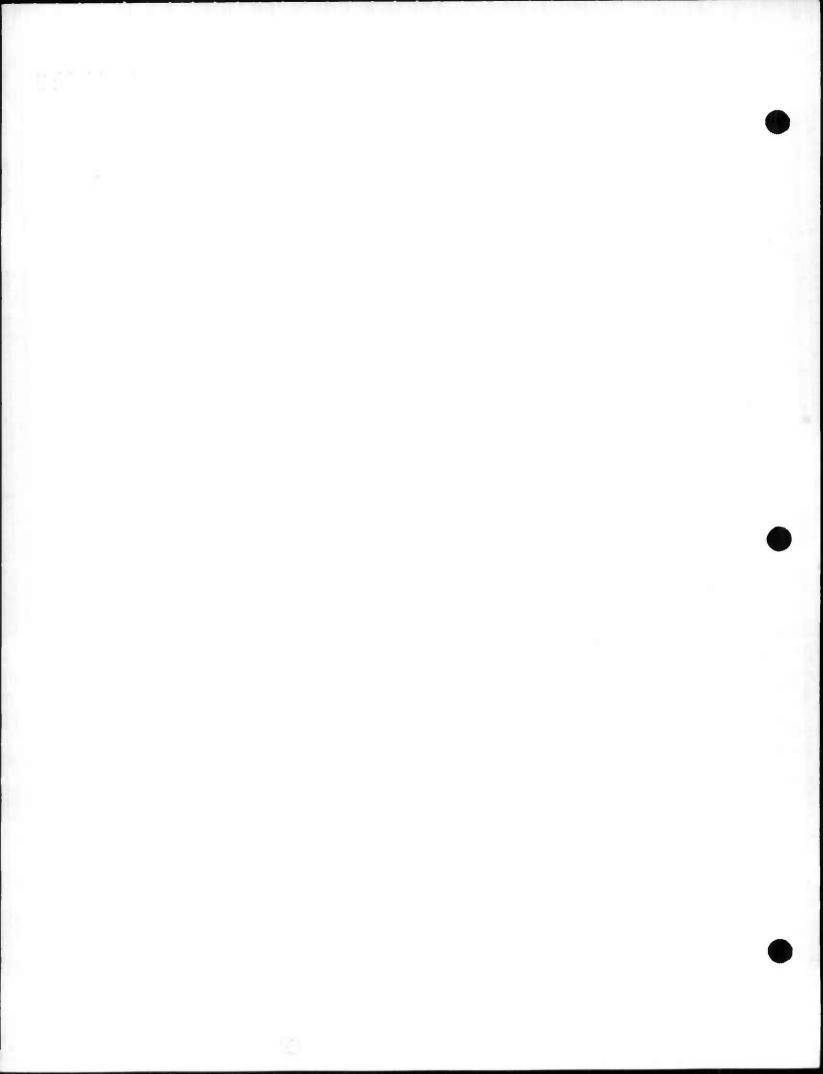
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LAND 21203-3146	y the hospital or atterned in the case. Be detached for use	at once.
BALTIMORE, MARYLAND 21203 9146	ter death. Page 6 may be retained by the funeral director, page 5 should by wal	al examiner must be notified a
	ufficate be executed within Zamours aft physician and completely filled in by non-prior to hurial cremation or remove	her traumatic event, the medica
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	The law requires that the death certi- ate has been signed by the attending page have of Health and Mental Hurian	lem 23 shows any injury, or off
DIVISION OF VI	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 years after death. Page 6 may be retained by the hospital or after TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	4 4	1

							92	14642				
	1 - STATE REGISTRAR	STATE OF MARYLANI		TMENT OF		MENTAL HYGIENE REG. NO.						
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH				
	WILLIAM STANT		s. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	May 24	1 1992	3:00 P M				
	212-03-2561	1 M 2 F	s. lest birthday) YRS.	MONTHS DAYS	HOURS MIN.	June 23, 18	owa					
	9a. FACILITY NAME (If not institution, give str	eet and number)	'	9b. CITY, TOWN	OR LOCATION OF DE		9c. COUNTY OF	DEATH				
S	407 Russell Ave	nue		Gaith	ersburg		Montgomery					
DIRECTOR	RESIDENCE OF DECEDENT  10e, STATE 10b, COUNTY		10c. CITY	Y, TOWN OR LOCA			10d. INSIDE CITY LIMITS?					
E	Maryland Montg	omery	G	aithers	burg		1 X YES 2 N					
	10e. STREET AND NUMBER				of. ZIP CODE		F WHAT COUNTRY?					
E.	407 Russell Ave	Mund Bldg.	#304		20877		TTS	SA				
FUNERAL	11, MARITAL STATUS	12. WAS DECEDENT EVER IN U.S	S. ARMED	13. WAS DE	CENDENT OF HISPAI	NIC ORIGIN? (Specify Yes		ACE — American Indian, ack, White, atc.				
BY FL	1 Never Married 2 Married	FORCES? 1 YES 1 IF YES, GIVE WAR OR DATES W.W. I	. *NO	If yes, s	pecify Cuben, Mexica S 2 XNO Specifi	n, Pue⊓o Rican, etc.)	1000	eck, White, etc. ectly: White				
	15. DECEDENT'S EDUC	CATION 184	. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BUS	INESS/INDUSTRY					
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)		(Give kind of ville). Do NOT us	vork done during n e retired.)	ost of working							
7	12	_	Enginee	יין		Steel (	Company					
N	17. FATHER'S NAME (First, Middle, Last)		-11621100	-	18. MOTHER'S NA	ME (First, Middle, Meiden	Surname)					
	William Jonathan	Rooves			Lily S	mi +h						
BE	19e. INFORMANT'S NAME (Type/Print)	100000	19b. MAILING	ADDRESS (Street		Route Number, City or Town	, State, Zip Code)					
2	Mary Frances Pac	kand				Rd. Easton		and 21601				
	20a. METHOD OF DISPOSITION				TSTAILU emetery, cremetory or		CATION - City or					
	1 Burial 2 X Cremation 3 Ramo	oval from Stata oth	her place)									
	4 Donation 5 Dother (Specify) Metropolitan Crematory Alexandria, Virginia 21. SIGNATURE OF FUNERAL SERVICE LICENSEE											
	8	0.		MURI	EL H. BA	RBER FUNER	AL HOME					
	Loyu.	Darles				8, LAYTONSV		20882				
	23. PART I. Enter the diapases, or c ahock, or heart failure. I	omplications that caused th List only one cause on each		not antar tha m	ode of dying, suc	h as cardiac or respi	ratory arrest,	Approximata intarval Batween				
	IMMEDIATE CAUSE (Final		Onset and Death									
	disease or condition resulting in death)  a. VININCLULARY											
		DUE TO (OR AS A CO	INSEQUENCE OF	F):		1	8					
N	Sequentially list conditions,	disease or condition resulting in death)  a. VM/NCLUCY  DUE TO (OR AS A CONSEQUENCE OF):  Conditions  b. Possible full tracks										
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS-A CO	INSEQUENCE OF	F):				i				
2	CAUSE (Disease or injury	DUE TO (OR AS A CO	MISEOUENCE O	<b>5</b> .								
Ë	that initiated events reaulting in death) LAST	DUE TO (OR AS A CO	INSECUENCE OF	r):				į				
CER		J										
	PART II. Other significant condition	a contributing to death but	not resulting	in the underly	ng cause given in	Part I. 24a. WAS AN		46. WERE AUTOPSY FINDINGS				
MEDICAL	Cerebro	double	- De	de	e -5	PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
ED						1 163 2		OF DEATH?  1  YES 2 NO				
	-					—		1 123 2 10				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C)	heck only one)	-					
2	EXAMINER?	HOSPITAL:		OTHER:								
ΥS	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 9 Residence 8 Other (Specify)											
	1 Natural 5 Pending	NHER OF DEATH  28a. DATE OF INJURY (Month, Dey, Year)  Matural 5 Pending  28b. TIME OF INJURY WORK?  M 1 YES 2 NO										
BY	2 Accident Investigation	- d M b 0	and Oranda Albamban									
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)		acreet, ractory, of	TUB	28f. LOCATION (Street in City or Town, State)	ura number or Hui	er noute Humber,				
PL	Crieck only	CIAN: To the best of my knowledge	ge, death occurr	red at the time, de	ta and place, and du	a to the cause(a) and mar	nner as stated.					
COMPLETED	ana'	R: On the basis of examination ar	nd/or investigation	on, in my opinion	death occured at the	e time, date and place, an	d due to the cau	se(s) and manner se stated.				
D III	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NU	IMBER	29d. DATE SIGN	NED (Month, Day, Year)				
0	Posses X	Themselfe .	mo		7730	21	1 5	125792				
2	30. NAME AND ADDRESS OF PERSON WH			a. Print)	1100							

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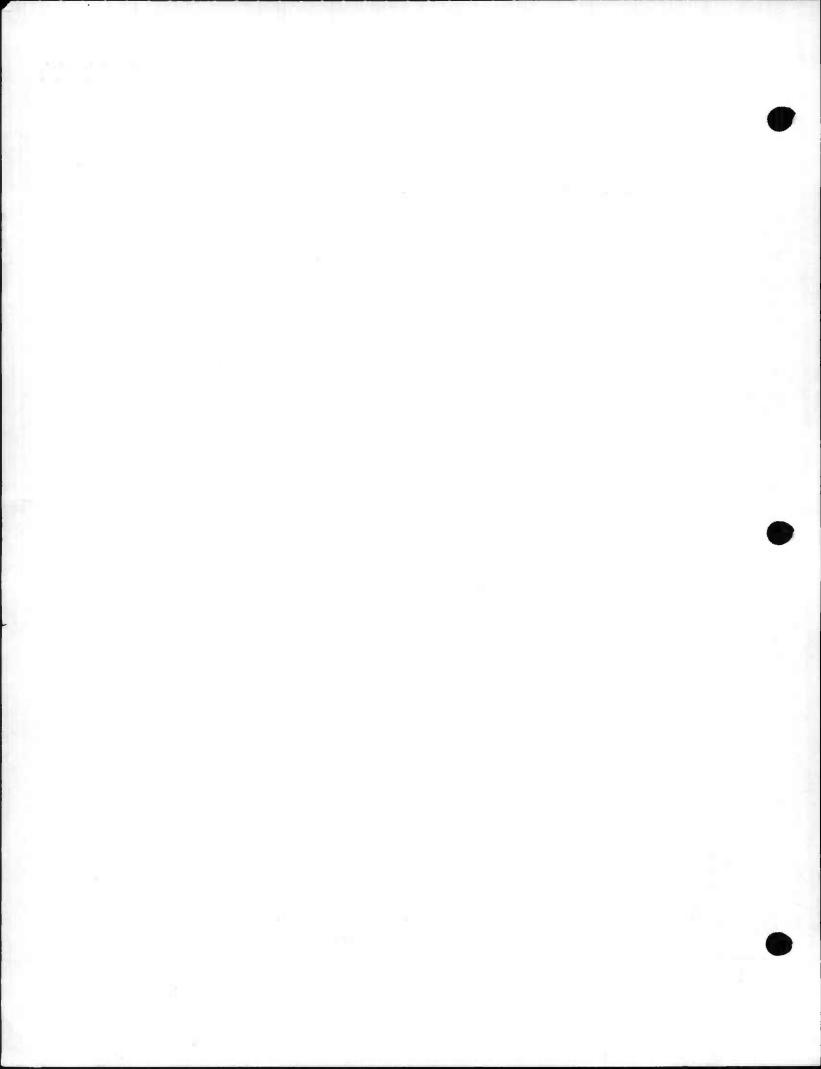
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit mental control of the state o	be need within 72 notes after open, with the State Dept. or regain and wental hygiene prior to burnal, cremation, or removal.  IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ā	THE HOSPITAL OR	O THE FUNERAL DIR	APORTANT: It iter

	1 - STATE REGISTRAR	STATE OF N			ICATE OF			NTAL HYGIEN REG. NO	_		
	1. DECEDENT'S NAME (First, Middle, Last)						2	. DATE OF DEATH			3. TIME OF OEATH
	Samuel		R.		Serio		- 1	May 25	AY 1	992	12:300 m
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 YEAR	IF UNDER	24 HRS. 7.	DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign)
1 1	201-09-6714	1 XM 2 ☐ F	74	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) uly 28 19	18	S.	" Carolina
_	9e. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY, TOWN	OR LOCATI			v -	NTY OF D	
DIRECTOR	Liberty Medical	Center			Balt	imor	e			_	
<u>입</u>	10e. STATE 10b. COUNT			10c CIT	Y, TOWN OR LOCA	TION					
18	Maryland Balti	more									10d. INSIDE CITY LIMITS?
	40. CYPETY AND MINARCE								175N OF W	1 YES 2 NO	
8	2 Vintage Court A to D									MAI COUNTRY?	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	FVER IN IIS AD	MED	13. WAS DE			ORIGIN? (Specify Yes		USA	- American Indian
BY F	1 Never Merried 2 Merried	FORCES? 1 IF YES, GIVE W	YES 2 X	10	If yes, s	ocify Cuba S 2 NO	n, Mexicen, P	uerto Rican, atc.)		Black	— American Indian, , White, atc.
	3 Wildowed 4 Divorced					-X				Ороси	<sup>y:</sup> White
	15. DECEDENT'S EDU (Specify only highest grade	completed)	(Gi	CEDENT'S ve kind of a Do NOT us	USUAL OCCUPATI work done during m	ON ost of workin	g	16b. KIND OF BU	SINESS/INI	DUSTRY	
I I	Elementery/Secondary (0-12)	College (1-4 or 5+	)		ice Cler	k		Dwe	duce		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		•	-	ice ciei		(EDIC MANE				
	Salvatore A.	Serio					Sara :	(First, Middle, Meiden Serio	Surneme)		
BE (	19e. INFORMANT'S NAME (Type/Print)		198	. MAILING	ADDRESS (Street			e Number, City or Tow	n State 7h	Codel	
2	Anthony Joseph	Serio									le, Md.2103
	20e. METHOD OF DISPOSITION 1 1 By Burlet 2 Cremetion 3 Rem	own from State	20b. PLACE	NDDATE	DE DISPOSITION /A/	eme of		0175 200 10	CATION	Ott T-	- 0.
	4 Donation 5 Other (Specify)		New	Cat	nedral (	Cemet	ery 5	/29/92 B	altim	ore.	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSKE	rel-		1 22. NAME A	ND ADDRES	S OF FACILIT	I-Wiedefe			
	Bryan W. C	lary	1	)						LIM	Md. 21093
	23. PART I. Enter the diseases, or o	omplications that	caused the da	ath. Do r	ot enter tha me	de of dyl	ng, such se	cardiec or respi	ratory an	raet.	Approximate
	shock, or heart failure.	List only one caud	e on each line	1- /				,	,	,	Interval Between Onset and Death
	disease or condition a. Myocarda INFarction										
	DUE TO (OH) AS A CONSEQUENCE OF):										
NO N	Sequentially list conditions. In Uncatable Diabetes										
E I	If any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury  C										
Ĕ	CAUSE (Diseese or injury that initieted events	DUE TO (	OR AS A CONSEC	UENCE OF	):	CUG					
CERTIFICATION	resulting in daeth) LAST	Se Se	2515								
2	PART II. Other significant condition	s contributing to	feeth but not re	aultino I	n the underlyin	2 001100 0	luce to Day				
ICAL			-uudi but not n	reunting i	ii tile dilderiyiii	g cause g	iven in Pen	t I. 24s. WAS AN PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION OF CAUSE
MED								1 TYES 2	HO NO		OF DEATH?
Σ.											1 YES 2 -10
N N	25. WAS CASE REFERRED TO MEDICAL				26 Pi	ACE OF DE	ATH (Check o	note and			
Sic	EXAMINER?	HOSPITAL:	ER/Outpetient 3	DOA	OTHER:						
PHYSICIAN:	27. MANNER OF OEATH	28s. OATE OF I	NJURY	28b. TIMI	OF 28c. IN.	URY AT		J. OESCRIBE HOW II	JURY OCC	URED	
BY	1 Natural 5 Pending 2 Accident Investigation	(Month, De	, 1007)	INJ		PRK? YES 2 [	NO				
8	3 Suicide 8 Could not be	26e. PLACE OF building, e	INJURY — At hore	ne, ferm, s	treet, fectory, offic		281	LOCATION (Street e City or Town, State)	nd Number	or Aural Ro	oute Number,
	4 Homicide datarmined							Only or lown, State)			
릴	29e. CERTIFIER (Check only one)	CIAN: To the best of r	ny knowledge, des	th occurre	d at the time, date	end place,	end due to th	ne ceuse(s) and men	ner ee atut	ed.	
COMPLET	2 MEDICAL EXAMINE	R: On the beele of ext	imination end/or in	rvestigation	n, in my opinion, d	eath occure	d at the time	, date end place, and	due to the	e ceuse(e)	end manner es stated,
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1				29c. LICE	NSE NUMBER		29d. OATI	SIGNED (	Month, Day, Year)
of l	Ilranco d.	dark					372	33	•	5-6	25-92
- 1	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM	27) (Туре,	Print)	_1		1-0			0.0.
-	31. DATE FILED (Month, Day, Year)	In ordina	DINL	>	MDE	7 15	7 1	Louder	Ca	NT	Cr. Deltine.
	All Ald as an	32. REGISTRAR	3 SIGNATURE		1.0						
	MAY 27	1992 A	ha Savida	1-1/2	de Ha						
	*	0	1460								DHMH-18 Rev 1/89



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

,	1. DECEDENT'S NAME (First, Middle, Last)  JAMES THOMAS SMITH  2. DATE OF DEATH MONTH 05 2 3 AV 1992 YEAR 9:05P												
									05 23 1992			9:05P	
4. SOCIAL SECURITY NUM		5. SEX 1 [XM 2 ] F	6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH F INDER 24 HRS. 7. DATE OF BIRTH OF DAYS HOURS MIN. (Month Days)			7. DATE OF BIRTH (Mornt Day, Year)	1903  8. BIRTHPLACE (State or Forei						
Se. FACILITY NAME (If not in	nstitution, give st	treet and number)			9b. CITY	, TOWN	DR LOCATI	ION OF DE			M.E	ARYLAND	
	G.B.M.C., 6701 N. CHARLES ST.					96. CITY, TOWN OR LOCATION OF DEATH $TOWSON$					9c. COUNTY OF DEATH  BALTIMORE		
RESIDENCE OF DE	40h COURTE	,		100 CI7	v mount	DB 1 004	TION!						
G.B.M.C.  RESIDENCE OF DECIDAL STATE  MARYLAND	TTTMORE					LUTHERVILLE					10d. INSIDE CITY LIMITS?  15 TYPES 2 NO		
10e. STREET AND NUMBER	10e. STREET AND NUMBER						. ZIP COD	E		10g. CITIZEN OF WHAT COUNTRY?			
1423 BELL	1423 BELLONA AVE						2109	3		USA			
3 Widowed 4 Dive	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 25 IF YES, GIVE WAR OR DATES					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yea, specify Cuban, Maxican, Puerto Rican, etc.)  1 ☐ YES ※☐XNO Specify:							
15, DEC	EDENT'S EDUC	CATION completed	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON .		16b. KIND OF BUS	INESS/INC	DUSTRY		
	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)					(Give kind of work done during most of working life. Do NOT use retired.)  neral Laborer							
17. FATHER'S NAME (First, A	fiddle, Last)			16. MOTHER'S NAME (First, Middle, Maiden Surname)						Sumame)	)		
Thomas	Smi	th					Ma		Muse				
IN INFORMANT'S NAME (			11				nd Numbe	r or Rural A		n, State, Zip	Gode)	21093	
TOOL DILL								Aven				21093 Maryland	
20a, METHOD OF DISPOSIT  1 Denial 2 Crematic  4 Donation 5 Other	n 3 🗆 Remo	oval from State	20b. PLACE cemetery, cr	AND DATE	of Dispos	SITION (No	me of	. 5	1/28/92		City or Ton		
21. SIGNATURE OF FUNERA	L SERVICE LIC		iuu Lai	тех	22.	NAME A	Mem d addre	OF FAC	L Gat 1	1mo	nium	ulloh St	
· dere	Chatman-Harris F/H Baltimore,												
if sny, leading to imme ceuse. Enter UNDERLY CAUSE (Disesse or Inju- that initiated events													
resulting in death) LAS	' (	A HYPO	GLYCEM	1A									
PERFORMED? AVAIL  1 YES 2 NO OF DE									WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO				
25. WAS CASE REFERRED T	O MEDICAL					26. PL	ACE OF D	EATH (Che	ck only one)				
EXAMINER?		HOSPITAL:	ER/Outpetlant	3 D DOA	OTHER 4 Nur	R:							
27. MANNER OF DEATH	27. MANNER OF DEATH  1 Netural 5 Pending (Month, Day, Year  2 Accident Investigation  3 Suicide 6 Could not be				28b. TIME OF 18c. INJURY AT 28d. DESCRIBE HOW INJURY WORK?				JURY OC	JRY OCCURED			
2 Accident 3 Suicide 6					RY — At home, ferm, street, factory, offic					t and Number or Rural Route Number,			
4 Homicide  29a. CERTIFIER (Check only 1 CERT	determined	CIAN: To the best of	my knowledge, d						City or Town, State) to the cause(a) and men	ner as stat	led.		
296. SIGNATURE AND TITLE	OF CERTIFIER	1.100					29c. LICI	ENSE NUM	BER	29d. DAT	E SIGNED	Month, Day (Mar)	
30. NAME AND ADDRESS O		M (UL)	fmy	M 07 (7	Order		1)	341	84	<b>)</b>	5/	4/92	
RAYMOND	A. M	2EMD	PA.	7.80	170	rk	RS:	#30	o Towso.	N. V	u)	21204	
31. DATE FILED (Month, Day,	MAY 2	7 1992	R'S SIGNATURE	widson	Rand	رداله							

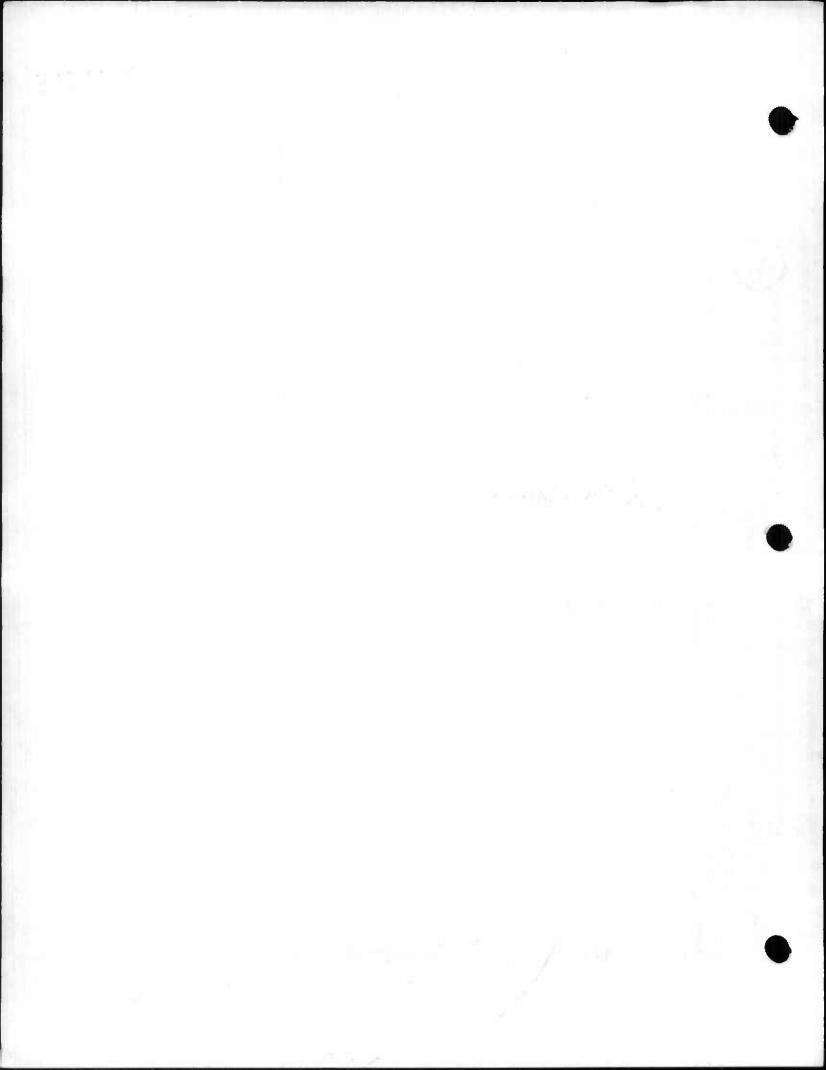


						2. DATE O	F DEATH			3. TIME OF DEATH
Maxine Bro	พท	Ç	treat			05	21		92	9:20 A
		GE (In yrs. last birth		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		8. BIRTHE	PLACE (State or Foreign
137 22 5786	1 M 2 DE	64 vi	RS. MONTHS	DAYS	HOURS MIN.		19,1	927	Country	w Jersey
9a. FACILITY NAME (If not institution, give street	et and number)		9b. CIT	TY, TOWN O	R LOCATION OF D		13,1		NTY OF DE	
Route 589 & Ocean	Parkway		J	Berli	n			Wor	ceste	er
10e. STATE 10b. COUNTY		100	CITY, TOWN	OR LOCAT	ION					10d. INSIDE CITY
Md Worces	ter		Berlin							LIMITS?
10s. STREET AND NUMBER					ZIP CODE			10g. CITI	ZEN OF W	HAT COUNTRY?
4 Sloop Lane, 290	4 Ocean I	Pines		2	1811			US	SA	
	2. WAS DECEDENT EVE FORCES? 1 Y	R IN U.S. ARMED	13	. WAS DEC	ENDENT OF HISPA	NIC ORIGIN?	(Specify Yea	or No	14. RACE	- American Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR O	R DATES		1 TYES	2 NO Specif		en, etc.)		Specify	White, etc.
15. DECEDENT'S EDUCAT (Specify only highest grade con	TION moletarii	16a. DECEDE	NT'S USUAL	OCCUPATIO	N of selection	16b. K	IND OF BUS	INESS/INC	USTRY	
	College (1-4 or 5+)	Iffe. Do N	d of work done OT use retired.	)	st or working					
	6	Teac	her			В	altimo	ore (	Count	tv
17. FATHER'S NAME (First, Middle, Last)		1 1			18. MOTHER'S NA					7
Raymond Brown					Noriena	Sim	nerma	n		
19a. INFORMANT'S NAME (Type/Print)					nd Number or Rural	Route Number	City or Town	o, State, Zip	Code)	
Clifton Elliott Str	eat	290	4 Oce	an, F	ines, B	erlin,	Md:	218	B11	
20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Remova  4 Donation 5 Other (Specify)	al from State	20b. PLACE AND D	ATEOF DISPO	SITION (Na	ark 5/	DATE 25/92	20c. LO	CATION —	City or Tow	vn, State
21. SIGNATURE OF FUNERAL SERVICE LICEN	ISEE	Juliset	22	. NAME AN	D ADDRESS OF FA					J U
M. Sux Bu	ulage				illiams S	D				1 Home 21811
Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING		AS A CONSEQUEN								
CAUSE (Disease or Injury that Initiated events										i
	contributing to deat	h but not result	ing in the u	ındariying	cause given in		4a. WAS AN PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUS
that initiated events resulting in desth) LAST	contributing to deat	h but not result	ing in the u	ındariying	cause given in			MED?		AVAILABLE PRIOR TO
PART II. Other significant conditions of	contributing to deat	h but not reault	ing in the u			_ S	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significant conditions of the con	OSPITAL:		OTHE	26. PL	ACE OF DEATH (Ch	eck only one)	PERFOR	MED?	-	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other significant conditions of the con	IOSPITAL:	Outpetient 3 🗆 Di	OTHE	25. PL ER: ursing Home	ACE OF DEATH (Ch	eck only one)	PERFOR	MED?	reet	AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
that Initiated events resulting in desth) LAST  DART II. Other significant conditions of the conditio	HOSPITAL:   Inpatient 2   ERVC	Outpetient 3 DR	OTHE OF INJURY	25. PL ER: ursing Home 28c. INJE	ACE OF DEATH (Ch	eck only one) 8  Other (: 28d. DESCI	PERFOR	NO NO STI	ceet	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATHY
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Naturel 5 Pending Investigation	HOSPITAL:   Inpetient 2   ERV 28s. DATE OF INJU (Month, Day, Ver 05 21 19	Dutpatient 3 Do	OTHE OF INJURY	26. PL. FR: Irising Home 28c. INJE WOI 1  Y	ACE OF DEATH (Ch 5 G Residence JRP AT RK? ES 2 M NO	eck only one)  8 other (  28d. DESCI	PERFOR	Str	reet	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
that Initiated events resulting in desth) LAST  PART II. Other significant conditions of the conditio	HOSPITAL: Inpatient 2 ERVC  28a. DATE OF INJU  (Month, Day, Yee  05 21 19  28e. PLACE OF INJU building, atc. (3)	Dulpatient 3 Dulpa	OTHE OF INJURY	26. PL. FR: Irising Home 28c. INJE WOI 1  Y	ACE OF DEATH (Ch 5 G Residence JRP AT RK? ES 2 M NO	eck only one)  8  Other (  28d. DESCI  281. LOCAT  City or	PERFOR VES 2  Specify) OI RIBE HOW IF	MED?  NO  Str.  Bury occurry o	ceet Cureo  /truc	AMARABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  SPEES 2 NO  Kimpact  Lufe Number,
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?    Manual Conditions of the conditions o	HOSPITAL:    Inpetient 2   ER/U   28a. DATE OF INJU   (Month, Day, Ye   05 21 19   28a. PLACE OF INJ   building, stc. ()	Dulpatient 3 DA  Dulpatient 3 DA  28b  92 9  JRY — At home, ta	OTHE OF INJURY: 15A M	26. PL R: ursing Home 26c. INJE WO 1 □ Y ctory, offica	ACE OF DEATH (Ch o 5   Residence IRY AT RK? ES 2 M NO	eck only one)  8 other (can be seed of the can be s	PERFOR  VES 2  Specify) OI  RIBE HOW II  ON (Street a Town, State)  589 &	n str	ceet  CURED  / truc  or Rural Re	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2 No  27. MANNER OF DEATH  1 Neturel 5 Pending Investigation   1 Neturel 5 University   1 Netur	HOSPITAL:   Inpatient 2   ERVC   28a DATE OF INJU (Month, Day, Ye.   05   21   19   28e PLACE OF INJU building, atc. ()   On S	Dulpatient 3 DX RY 28b 19 2 9 JRY — At home, ta Specify treet nowledge, death or	OTHE 4 Nu. TIME OF INJURY: 15A M Trm, street, factourred at the	26. PL FR: uraing Hom 28c. INJI 1	ACE OF DEATH (Ch	eck only one)  8 % Other (2  2ed. DESCI Driver  2et. Locar City or  Roue  to the cause	PERFOR  VES 2  Specify) OI  RIBE HOW IR  In 3  ION (Street a flown, State)  589 & (a) and man	MED?  NO  Str.  NJURY OCC.  OCC.  OCC.	reet CURED  Truc or Rural Rc an Pa	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  APPES 2 NO  Kimpact  Jule Number,  AIR KWAY
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Naturel 5 Pending Investigation 1  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF CERTIFIER	AOSPITAL:    Inpetient 2   ERVC     28a. DATE OF INJUI   28a. DATE OF INJUI   28b. PLACE OF INJUI   28b. PLACE OF INJUI   building, atc. ()   On S	Dutpetient 3 Do RY 28b 192 9 197 At home, te Specify) treet nowledge, death or ation and/or investi  DEATH (ITEM 27)	OTHE A Nu. TIME OF INJURY 15A M Irm, street, factorized at the ligation, in my	26. PL FR: raing Home 28c. INJ WOO 1 U Y ctory, offica	ACE OF DEATH (Ch  5 GResidence  187 AT  187 AT  188 2 NO  and place, and due  ath occured at the  29c. LICENSE NUI	eck only one)  8% Other (1)  28d. DESCI  Driver  28t. Locar  City or  Rouse  time, data as  #BER	PERFORE YES 2  Specify) OI RIBE HOW II  IN 6 FOWN, State) 589 & (a) and manud placa, and	Str. Str. Surry occ Suto/ OCe Oce Oner as stat d due to the	Ceet CURED  Truc or Rural Re an Pa  ed. e cause(s) E SIGNED (	AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH?  VES 2 NO  K IMPACT  JULE Number,  LICKWAY  and manner as stated  Month, Day, Year)

BALTIMORE, MARYLAND 21215-002 TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

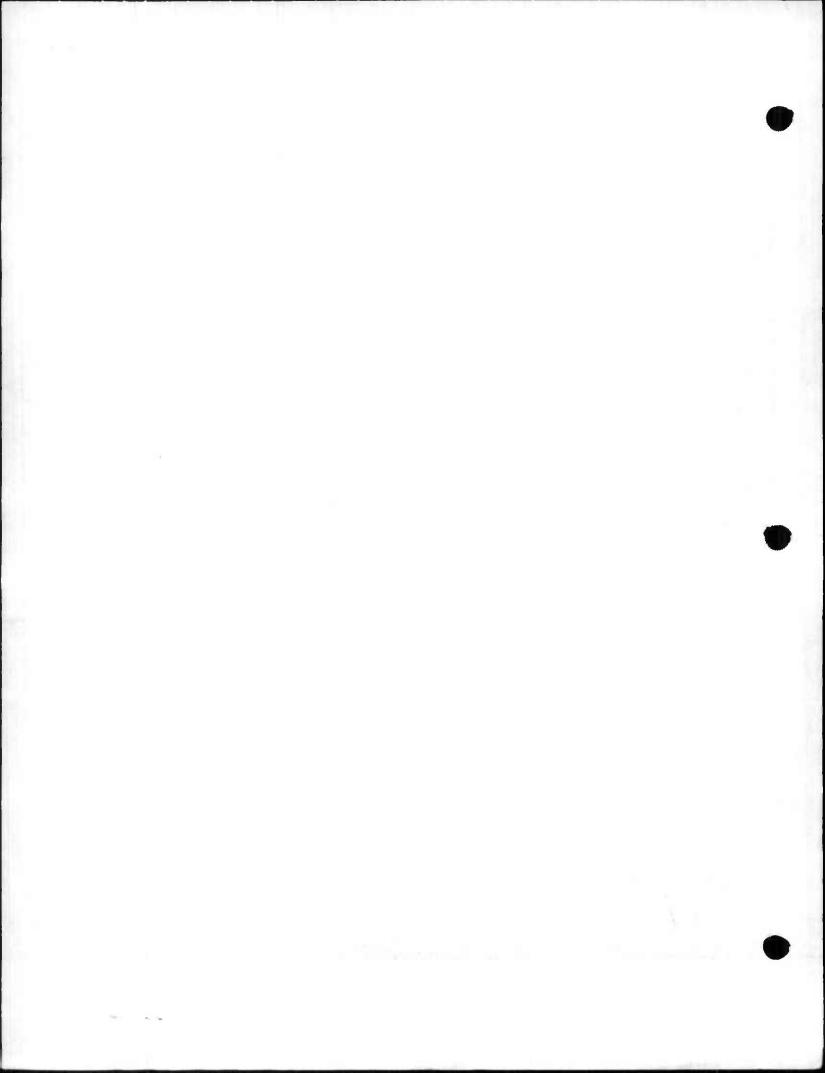


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BOX 68760,	sate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending p
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DIVISION OF VITAL RECORDS, P.O. B

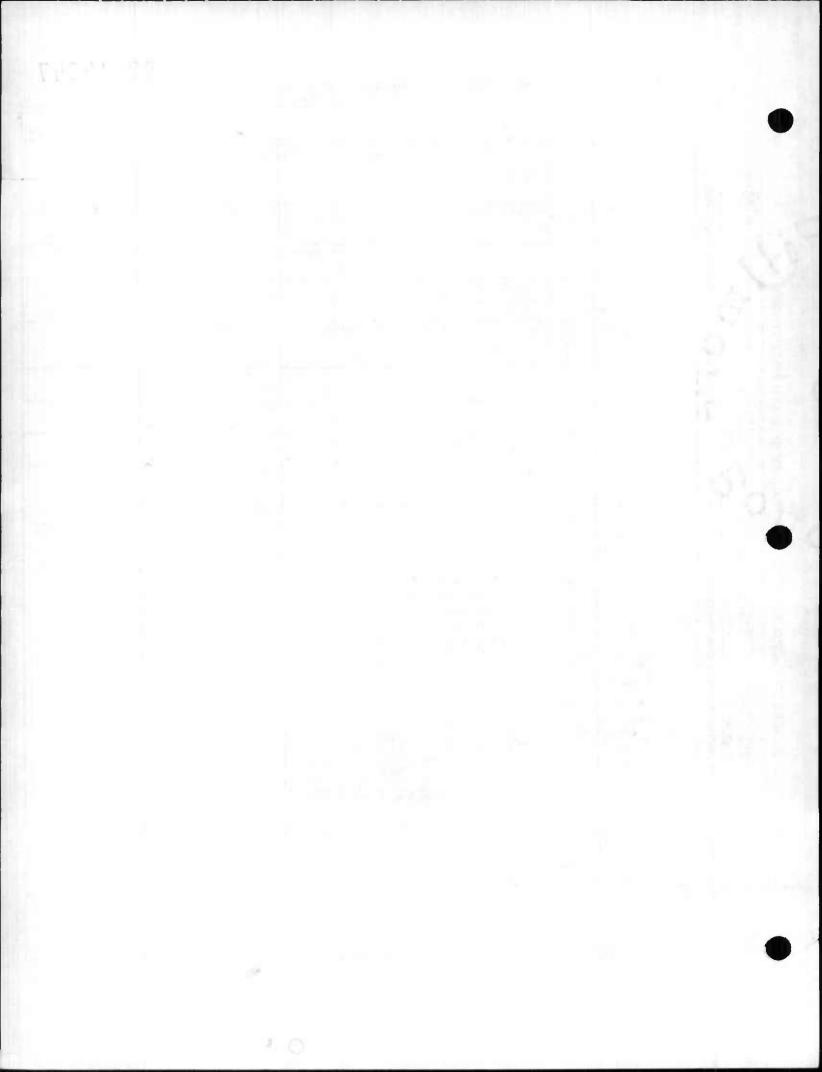
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examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
he funeral director, page 5 should be detached for use as the burial-trail	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trail
er death. Page 6 may be retained by the hospital or attending physician	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flowrs after death. Page 6 may be retained by the hospital or attending physician
0.400 (1.10 C) 1.10 C)	

	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEA		ENTAL HYGIE		
1000	1. DECEDENT'S NAME (First, Middle, La. Shi	rley LOUISI	Sm	ith		2. DATE OF DEATH MONTH May 23,	1992 Y	3. TIME OF DEATN 3:19 P M
	4. SOCIAL SECURITY NUMBER  212-32-1841  9a. FACILITY NAME (If not institution, give	5. SEX  1 M 2 F  4 street and number)	E (In yrs. leet birthdey) II	b. CITY, TOWN OR L	UNDER 24 HRS. DURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 6-01-193	4	BIRTNPLACE (State or Foreign Country) BALTO. MD.
DIRECTOR	Maryland Gener RESIDENCE OF DECEDENT 108. STATE 106. COU	al Hospital		Baltimon	e City			10d. INSIDE CITY LIMITS?
	MD.  100. STREET AND NUMBER  175 SOUTH ROSS	unii cadrea		BALTIMOF 101. 211	21229			1 💢 YES 2 🗌 NO
BY FUNERAL	17.5 SOUTH ROSS  11. MARITAL STATUS  1 Never Married 2 Married  3 M Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	S 2 NO	If yes, specify	ENT OF NISPANIC	ORIGIN? (Specify Y Puerto Rican, etc.)	USA be or No — 14	. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15, DECEDENT'S E (Specify only highest pri Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	18e. DECEDENT'S US (Give kind of won life. Do NOT use in	k done during most of etired.)	working	16b. KIND OF B	USINESS/INDUS	BLACK TRY
R	17. FATHER'S NAME (First, Middle, Lest)  LAWRENCE SMITH  198. INFORMANT'S NAME (Type/Print)	(		16	REVER N	E (First, Middle, Maide EWMAN ute Number, City or R		ocie)
0	HAROLD SMITH  20s. METHOD OF DISPOSITION 1 [XBurlel 2 ] Cremetton 3   Ro	emoval from State	1734	NORTH MO	NROE ST	BALTIM DATE 20c. L	ORE, ME	) . 21217 y or Town, State
	4 Donetion 5 Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE		MT. ZION	JOSEPH		N JR. FU	NERAL H	ORE, MD. HOME, P.A. 223; P.O. BOX 4433
CERTIFICATION	23. PART I. Entar the diseases, of shock, or heart failure immediate cause fring in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Sepsis  a. Sepsis  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):	antar tha moda	of dying, such	as cardiac or rea	piratory arres	t, Approximate interval Between Onset and Death
MEDICAL	PART II. Other algorificant condit Chronic Renal	ions contributing to death Failure	but not resulting in	tha underlying co	use givan in P	art i. 24a. WAS A PERFO	N AUTOPSY DRMED? 2 🖾 MO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX 1 UP YES 2 NO	HOSPITAL:	tpatient 3 DOA 4	26, PLACE	OF OEATH (Check			
	27. MANNER OF DEATN  1 A Natural 5 Pending 2 Accident Investigatio	28e PLACE OF IN ILIS		WORK?	2 NO	END. DESCRIBE HOW		
COMPLEIED	3 Suicide 8 Could not be determined	building, etc. (Sp	ecify)			28f. LOCATION (Stree City or Town, Stat	•)	
		YSICIAN: To the beat of my kno INER: On the beats of examinati		In my opinion, death	occured at the tir	me, data and place,	and due to the c	ause(a) and manner as stated.
DO OF	30. NAME AND ADDRESS OF PERSON Y Ghassan Kanj,	WHO COMPLETED CAUSE OF D	DEATH (ITEM 27) (Type, Pr Maryland Ge	int)	ospital	n/a	29d. DATE S	IGNED (Month, Pay, Year)
	31. DATE FILED (Month, Day, Year) MAY 2 7	32. REGISTRAR'S SIG	Navidson-Pork	الملك				DHMH-16 Rev 1/8



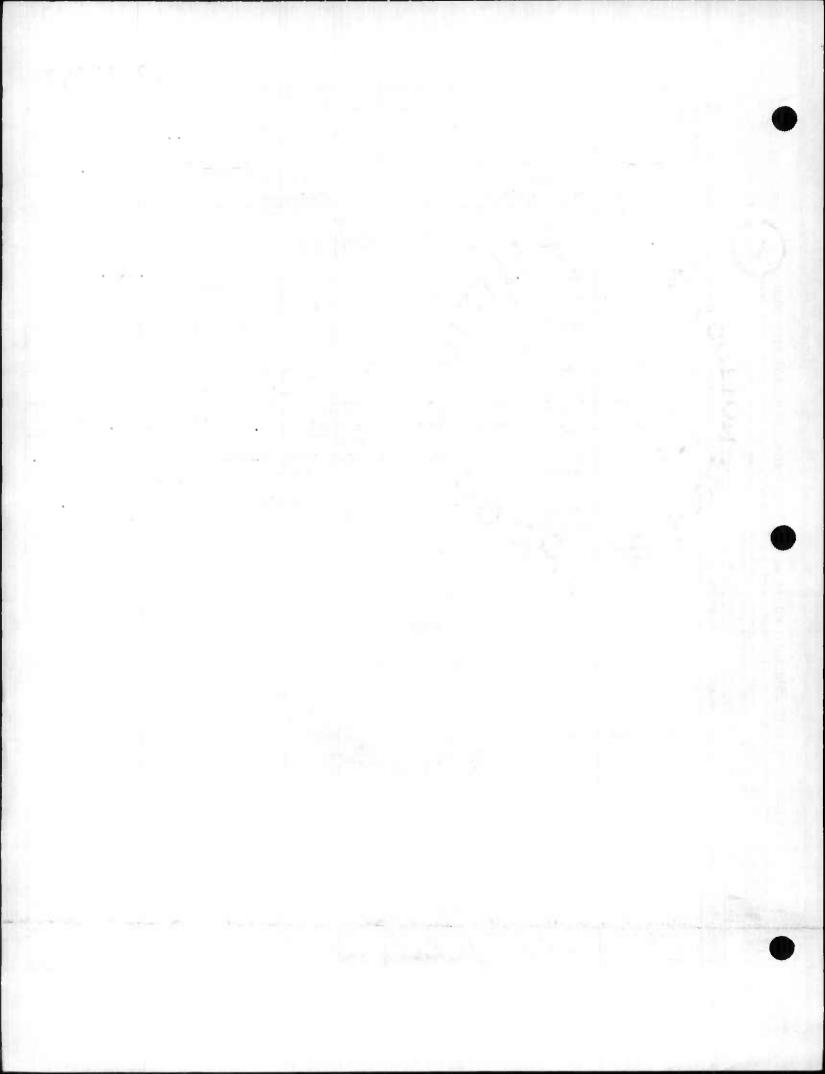
30	9	涯	
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending process.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner to be filled within 72 hours after death with the State Dept. of Heatth and Mental Hygiene prior to burlal, cremation, or removal.	al examiner must be notified at once.
	it the death certificate be executed within 24 nours aft	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	. OR ATTENDING PHYSICIAN: The law requires tha	DIRECTOR: After this certificate has been signed hours after death with the State Dept. of Health a	Nem 28 Is marked, or Nem 23 shows any
-	TO THE HOSPITAL	TO THE FUNERAL be filed within 72	IMPORTANT: If

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIFI	TMENT OF	HEALTH AND	MENTAL HYGIR	NE	14047
1. DECEDENT'S NAME (First, MICHO, Last, ROWLL)	Scott				2. DATE OF DEATH MONTH 05 2	DAY YEAR 5 1992	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	1 🔀 M 2 🗆 F	(In yrs. lest birthday) 48 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-29-1943	Cour	HPLACE (State or Foreign stry) TIMORE, MD.
9a. FACILITY NAME (If not institution, give UNIVERSITY HOSPITA	and the second second		BALTI	OR LOCATION OF I	DEATH	9c. COUNTY OF	DEATH
RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	тү	10c, CITY	, TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
100. STREET AND NUMBER 501 EAST PREST	ON STREET		1	21202			WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, s	CENDENT OF HISP	ANIC ORIGIN? (Specify can, Puerto Rican, etc.)	Bla	CE — American Indian, ck, White, etc. city: DLACK
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		Ille. Do NOT us	rork done during ri e retired.)		16b, KIND OF	BUSINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) WILBUR SCOTT		UNEMPLO	JIED		IAME (First, Middle, Mald	len Surname)	
194. INFORMANT'S NAME (Type/Print)  MARLENE BROWN					AD, BALTIN		21213
20e, METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Re  4 Donation 5 Other (Specify)		metery, cremetory or of MI. ZION			1	ALTIMORE,	Town, Stata MARYLAND
21. SIGNATURE OF FUNERAL SERVICE	JCENSEE A	m	JOSE	PH H. BR	OWN JR. FL	NERAL HON	
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Decreas  DUE TO (OR AS  C. DUE TO (OR AS	A CONSEQUENCE OF LECT INC.  A CONSEQUENCE OF LECT INC.  A CONSEQUENCE OF LECT INC.	121ty 121ty 121th				Onset and Dec
PART H. Other significent condition  Amy low of  Chronic De  Awemia of	•	2/3		ng ceuse given i	PERF	AN AUTOPSY 24 CORMED? 2 NO	b. WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:		OTHER:	LACE OF DEATH (C	Check only one)		
27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME	E OF 28c. IN W	JURY AT ORK? YES 2 NO		W INJURY OCCURED	
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, atc. (Spe	/ — At home, farm, s cify)	treet, factory, offi	ca	28t. LOCATION (Stre City or Town, Str	et and Number or Rural ite)	Route Number,
	SICIAN: To the best of my know IER: On the besis of axamination						(a) and menner ea stated.
296. SIGNATURE AND TITLE OF CERTIFIC	can mas			29c. LICENSE NO	UMBER	29d. DATE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W Kenneth B Kochny	HO COMPLETED CAUSE OF DE	eath (ITEM 27) (Type,	Print)			, ,	
31. DATE FILED (Month, Day, Year)  NAY 2.7	32. REGISTRAR'S SIGN	Tavida A					



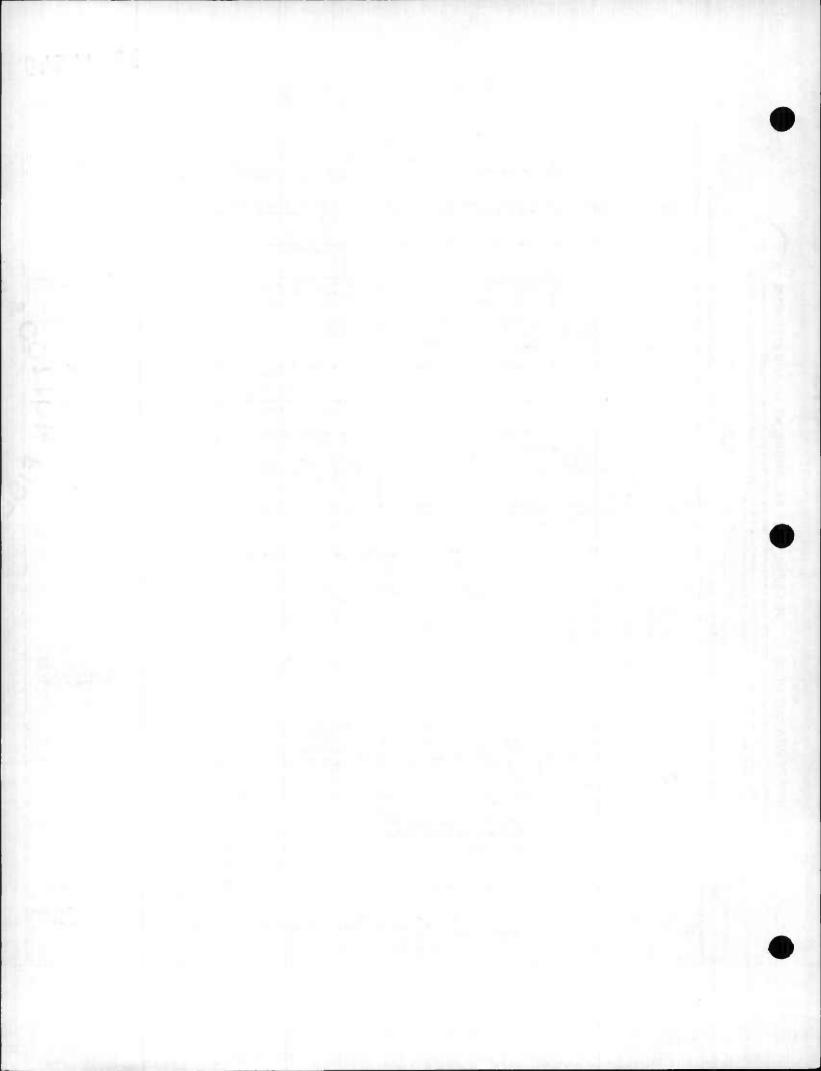
3. TIME OF DEATH 5130 PM

	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YE		7. DATE OF	BIRTH	8. BIRTHPLA Country)	CE (State or Foreign
	230-44-9370	1 1 M 2 □ F 61	YRS.		WS HOURS MIN.	3-2	0-31	Courtiny)	Va.
R	9a. FACILITY NAME (If not institution, give s University H				wn or location of Baltimor		9c. CO	UNTY OF DEATH	н
CTC	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY					·e			
L DIRECTOR	Md.  10e. STREET AND NUMBER			Balt	imore			10	LIMITS?
ERA	810 East North	1000		4	21202		100	TIZEŅ OF WHAT $U$ . $S$ . $A$	
BY FUNERAL	11. MARITAL STATUS  1 Nover Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yo	DECENDENT OF HISP s, specify Cuban, Mexi YES 2 NO Spe	Ican, Puerto Rica	pecify Yea or No-		American Indian hita, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)			ork done durin retired.)	PATION g most of working	16b. KII	OF BUSINESS/IN	IDUSTRY	Black
PMC	17. FATHER'S NAME (First, Middle, Last)		Labor	er	40 MOTHERIO	MANE (FL. 1814)	le, Maiden Surname)		
ш	Louis	Smith			Mari		ith		
TO B	19a. INFORMANT'S NAME (Type/Print)				reet and Number or Run				
	Lillie Mae Har				North Az				
	1 Buriel 2 Cremation 3 Remo	oval from State 205	PLACE AND DATE OF petery, cremetory or other Kanana Mo	FOISPOSITIO per place) 2 m O 20 1	al Park	5 + 23 -	20c. LOCATION -	- City or Town,	OWN.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	A MONG ME	22. NAN	E AND ADDRESS OF	FACILITY			J W 17 3
10	+ Albut	Wyle	0	7	77	. 020	2121		at
	23. PART I. Enter the diseases, or o	emplication that caused List only one cause on e	the deeth. Do no	ot enter the	mode of dying, as	uch aa cardlec	Dr reapiratory a	rreat,	Approxima
TION	immediate cause (Final disease or condition resulting in death)  Sequentially list conditions,	b. Derey dr	CONSEQUENCE OF:	):	k Conce	1			Onset and
4	if any, leading to immediate cause. Enter UNDERLYING								
ERTIFICA		DUE TO (OR AS A	CONSEQUENCE OF):	:					
_	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	4			lying ceuse given i	in Part I. 24	. WAS AN AUTOPSY PERFORMED?	AVA	ILABLE PRIOR T
: MEDICAL CERTIFICATION	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	4			lying ceuse given i			CON OF	RE AUTOPSY FIN ILABLE PRIOR T IPLETION OF CA OEATH? YES 2 N
MEDICAL	cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL	d. a contributing to death b		the under	lying ceuse given i	1	PERFORMED?	CON OF	ILABLE PRIOR T WPLETION OF CO DEATH?
SICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other aignificant condition	4	out not reaulting in	the under		Check only one)	PERFORMED?	CON OF	ILABLE PRIOR 1 IPLETION OF CO DEATH?
Y PHYSICIAN: MEDICAL	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH Natural 5 Pending	a contributing to death b	out not reaulting in	2 OTHER:	6. PLACE OF DEATH (	Check only one)	PERFORMED?	AWA COA OF 0	ILABLE PRIOR 1 IPLETION OF COEATH?
D BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH NO Netural 5 Pending	d.  a contributing to death b  HOSPITAL:  1 Inperient 2 = ER/Outp  28a. DATE OF INJURY	patient 3 DOA 28b, TIME INJUI	2 OTHER: 4   Nursing OF 28c RY 1	6. PLACE OF DEATH (the state of the state of	Check only one)  a 8 Other (St. 28d. DESCRI	PERFORMED?  YES 2 NO  weelty)	AMA COM OF 1	ILABLE PRIOR 1 IMPLETION OF C. OEATH?  YES 2 N
D BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1 Inperient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE DF INJURY building, etc. (Spec	patient 3 DOA 28b. TIME INJUI	OTHER: 4 Nursing OF 28c RY M 1 I at the time,	6. PLACE OF DEATH (the state of the state of	Check only one)  a 8 Other (Sr  28d. DESCRI  28f. LOCATIC City or R	PERFORMED?  YES 2 NO  Pecify)  BE HOW INJURY OR  N (Street and Number win, State)	AMA COM OF 1 1 CCURED ar or Rural Route	MLABLE PRIOR T MPLETION OF CA GEATH?  YES 2 N
BE COMPLETED BY PHYSICIAN: MEDICAL	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	ACCIAN: To the beat of axamination	patient 3 DOA 28b. TIME INJUI	OTHER: 4 Nursing OF 28c RY M 1 I at the time,	6. PLACE OF DEATH (the state of the state of	Check only one)  a 8 Other (Sc. 28d. DESCRI  28f. LOCATIC City or R  use to the cause(see time, data and	PERFORMED?  YES 2 NO  Pecify)  BE HOW INJURY OF Many Stafe)  N (Street and Number with, Stafe)	AMA COM OF 1 1 CCURED ar or Rural Route	MABLE PRIOR T MPLETION OF CA OCATH?  YES 2 N  Number,
E COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	ACCIAN: To the beat of axamination	nation 3 DOA 28b. TIME INJUI	OTHER: 4 Nursing OF 28c RY M 1 reet, factory, I at the time,	6. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office  data and place, and do on, death occurred at the	Check only one)  a 8 Other (Sc. 28d. DESCRI  28f. LOCATIC City or R  use to the cause(see time, data and	PERFORMED?  YES 2 NO  Pecify)  BE HOW INJURY OF Many Stafe)  N (Street and Number with, Stafe)	AMA COM OF: 1  CCURED  CCURED  are or Rural Route  ated. the cause(a) and	MABLE PRIOR 1 MPLETION OF C. OCATH?  YES 2 N  Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	A contributing to death be a contributing to death be a contributing to death be a contributing to death be a contributing to death be a contributing to the contribution of the contribut	attent 3 DOA 28b. TIME INJUI	OTHER: 4 Nursing OF 28c RY M 1 reet, factory, I at the time,	6. PLACE OF DEATH (C) Home 5 Residence INJURY AT WORK? YES 2 NO office  data and place, and do on, death occurred at the	Check only one)  a 8 Other (Sc. 28d. DESCRI  28f. LOCATIC City or R  use to the cause(see time, data and	PERFORMED?  YES 2 NO  Pecify)  BE HOW INJURY OF Many Stafe)  N (Street and Number with, Stafe)	AMA COM OF: 1  CCURED  CCURED  are or Rural Route  ated. the cause(a) and	MABLE PRIOR MPLETION OF COCATH?  YES 2   I



TE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
SISTRAR	CERTIFICATE OF DEATH REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF H	EALTH AND	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	ROBERT W. SO	WERS			2. DATE OF DEATH MONTH MAY 20, 1992	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	The second second	yrs. lest birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign
	419-10-6254	1 R M 2 □ F 7	4 YRS.			9-7-1917	AL	ABAMA
DIRECTOR	9e. FACILITY NAME (II not institution, give FRANCIS SCOTT KE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	EY MEDICAL CEN		BAL	TIMORE C		UNTY OF I	10d. INSIDE CITY
IL DIF	MARYLAND E	BALTIMORE			DUNDALK ZIP CODE	100 C	TIZEN OF	LIMITS? 1 ☐ YES X ☐ NO WHAT COUNTRY?
ER	3429 VARDLEY DRI	IUF			212			S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 11/1/1 YES IF YES, GIVE WAR OR DATE	2 NO ES		ENDENT OF HISPAI	NIC ORIGIN? (Specify Yes or No-	14. BAC	E — American Indian, ik, White, atc.
COMPLETED	15, DECEDENT'S EDU (Specify only highest grad	UCATION 1 le completed)	6a. DECEDENT'S USUA (Give kind of work of	lone during mo		16b. KIND OF BUSINESS/II	NOUSTRY	
LE	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use retir	ed.)				
ME	4TH, GRADE 17. FATHER'S NAME (First, Middle, Lest)	N/A	GAS TURI	BINE D	EPARTMEN			L CORP.
						ME (First, Middle, Maiden Surname)		
BE	FRANCIS F. SOWER	25	10h MAII ING ADD	DESS /Street o		BATES  Route Number, City or Town, State, 2	- O- 4-1	
2	TOYCE TEZZÁNO		3429 VA1					01000
	20a. METHOD OF DISPOSITION	20b.P	LACEANODATEOFDIS			DATE 200 LOCATION -	City or Ti	
	1 Denation 2 Cremation 3 Ran 4 Denation 5 Other (Specify)		ery, crematory or other pl K_LAWN_CEI	AFTERV	5-23-1			MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI			22. NAME AN	D ADDRESS OF FA	CILITY		
	* Dood +	Cause	~			RAL HOME OF DUNDALK N		K INC. 21222
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):	tuy o	lyan	•		interval Between Onset and Death
PHYSICIAN: MEDICAL C	PART II. Other significent condition	ns contributing to deeth but	not resulting in the	underlying	ceuse given in	Part I. 244. WAS AN AUTOPS' PERFORMED?  1 YES NO	241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	26. PL HER:	ACE OF OEATH (Ch	eck only one)		
1×S	1 YES 2 NO	1   Inpatient 2   ER/Outpati	ent 3 DOA 4 D	Nursing Home		8 Other (Specify)		
BY PH	Netural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	29b. TIME OF INJURY	1 D Y	RK? ES 2 NO	28d. OESCRIBE HOW INJURY OF	CCUREO	
TED	3 Suicide 8 Could not be detarmined	28a. PLACE OF INJURY — building, etc. (Specify,	At home, farm, atreet,	factory, office		26f. LOCATION (Street and Number City or Town, State)	er or Rural i	Route Number,
BE COMPLETED		ER: On the besis of examination a		my opinion, de	ath occured at the	10 the cause(s) and manner as at films, data and place, and due to the films of the	lha cause(i	
2	C. Jeffrey	Sch / well-6	-g M	0	12/2 0	1869 951 20d. DA d North PH	Rd	Balkimon
	31. D To all sprome new ward	2 6 1992	the they day	Make	ŧ			



BALTIMORE, MARYLAND 21215-0020

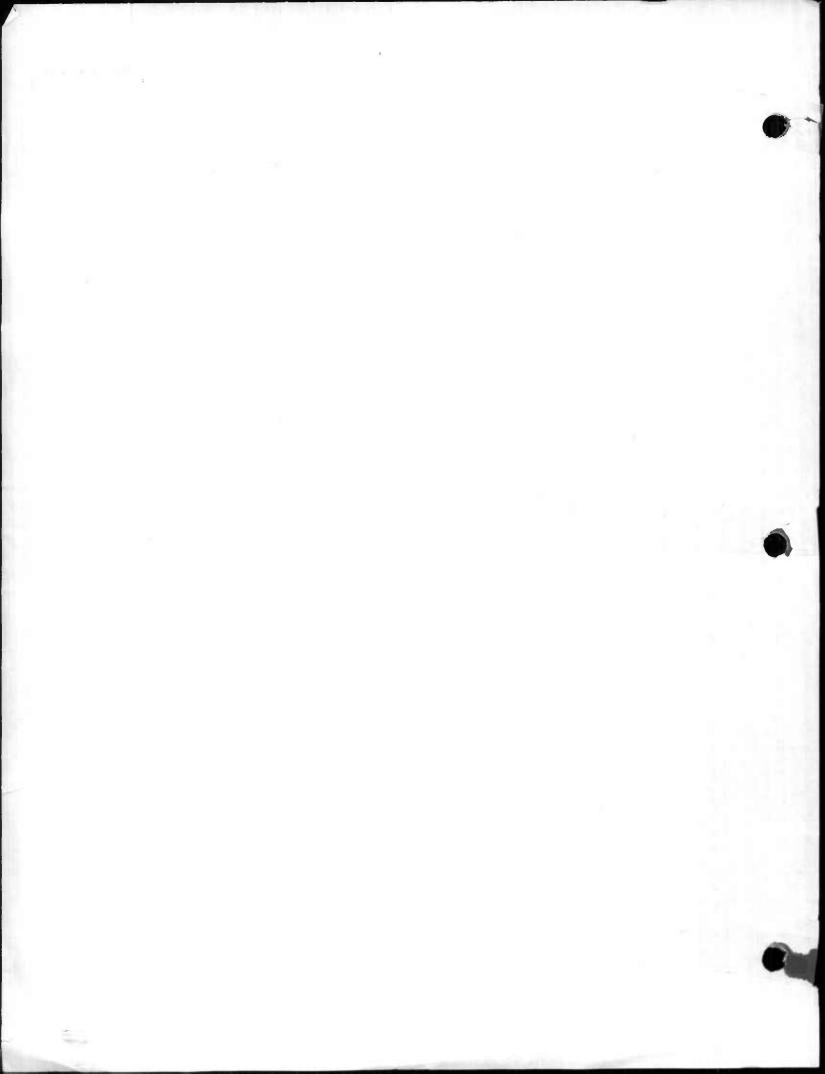
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

hurial transf	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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funeral		and or item 23 shows any injury or other traumatic event the medical evantines must be assisted as and
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31. DATE FILED (Month, Day, Year)
MAY & 6 1992

32 PREGISTRAR'S SKONOTURE

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND C	/ DEPAR	RTMEN'	T OF H	IEALTH DEA'	AND	MENTAL	HYGIENI REG. NO.	E (	92	14650
	1. DECEDENT'S NAME (First, Middle, Last)				10/11		D'EA.	,	2. DATE OF	F OEATH		3	. TIME OF DEATH
	Flizabeth  4. SOCIAL SECURITY NUMBER	MARY JUST	INA	SORC	ZZYNS	KI_			МОМТИ	15 2		YEAR	2:00 A M
100				ast birthday)			IF UNDER	R 24 HRS.	7. DATE OF	BIRTH		6. BIRTHPL	ACE (State or Foreign
	216-24-9679	1 □ M 2 🏋	62	YRS.	months.	DATE	HOUND	MIN.	4-23	3-1930	)	MARY	LAND
<u>~</u>	9a. FACILITY NAME (If not institution, give				9b. CITY	, TOWN O	OR LOCATIO					TY OF DEAT	
5	FRANKLIN SOUARE	HOSPITAL					ROSS	SVILI	LE		Ва	ltim	ore
DIRECTOR	10a. STATE 10b. COUNT	TY		10c. CIT	TY, TOWN C	OR LOCAT	ION					16	Od. INSIDE CITY
		BALTIMORE	-1-1				DUN	VDALK	K			1	LIMITS?
3AL	10e. STREET AND NUMBER					101.	ZIP CODE				10g. CITIZE		AT COUNTRY?
FUNERAL	41 MAVISTA AVENU							2122				u.s	.A.
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES XX	NO NO	,	If yes, spe	ENDENT O	ın, Maxica:	NIC ORIGIN? ( in, Puarto Ric y:	Specify Yea an, etc.)	or No- 1	14. RACE — Black, W Specify	- American Indian, White, etc. WHITE
9	15. DECEDENT'S EDU (Specify only highest grade	UCATION te completed)	16a. Df	ECEDENT'S	USUAL O	CCUPATIO	)N		16b, K	IND OF BUS	INESS/INOUS	STRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	,	Give kind of to b. Do NOT us			it of working	ng .					
MP	11TH GRADE	N/A		HOME	MAKE	R					HOM	1E	
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mid		-	-110=0	
BE	ROLAND RODE  190. INFORMANT'S NAME (Type/Print)				100000				ARET U				N
2	JOHN W. SOBCZYNS	VT		41 MA					Route Number,				01000
	20g. METHOD OF DISPOSITION		20b, PLACE	ANDDATE	OF OISPOS	SITION /Nan	me of		DATE	200 100	ATION CI	the ag Taum	21222
	1 Surial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from Stata	SACR	FD HI	ther place)	OF J	IESUS	3 5/1	23/92	BA	LITIMO	ORF.	MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE			22.	NAME AN	D ADDRES	SS OF FA	ERXL H	1011= /	T 001	10111	~ ~ 110
	astrono	Could	Dan		Vu	10A-K	CUCK	FUNE	EKAL H ENUE	DUNE U	) F DUN NLK MD	IVALK	21222
	23. PART I. Entar the diseases, or	complications that	caused tha dr	aath. Do r									Approximate
	ahock, or haart fallura.  IMMEDIATE CAUSE (Final	List only one caus	e on each line	à.							atory and	PL,	interval Between Onset and Daath
	disease or condition reaulting in death)	Sepsis											Olise, allo Das
		DUE TO (	OR AS A CONSEC		F):								
NO	Sequantially list conditions,		nary Ed										
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FIC	CAUSE (Disease or injury that initiated events	c. UdilC	or as a consec	UNG I	with	Meta	asta:	sis_					
H	resulting in death) LAST												
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									_			1[	YES 2 NO
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ET	204 OFFICIEN												
COMPLET	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSI 2 MEDICAL EXAMINE	ICIAN: To the best of m	ny knowledge, dei imination and/or l	ath occurre	d at the tir	me, date a pinion, dei	ind place, eth occurs	and due t	to the cause(	s) and menn d place, and	er as stated.	cause(a) an	d manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER					T	29c. LICEN	NSE NUM	BER		29d. DATE S	IGNED (Mo	ogth, Day, Year)
10	Morola U		er n				0_	280	097		D 5/	1211	92
	30. NAME AND ADDRESS OF PERSON WH	O No Por	of DEATH (ITEN	A 27) (Type,	Print)	L .							



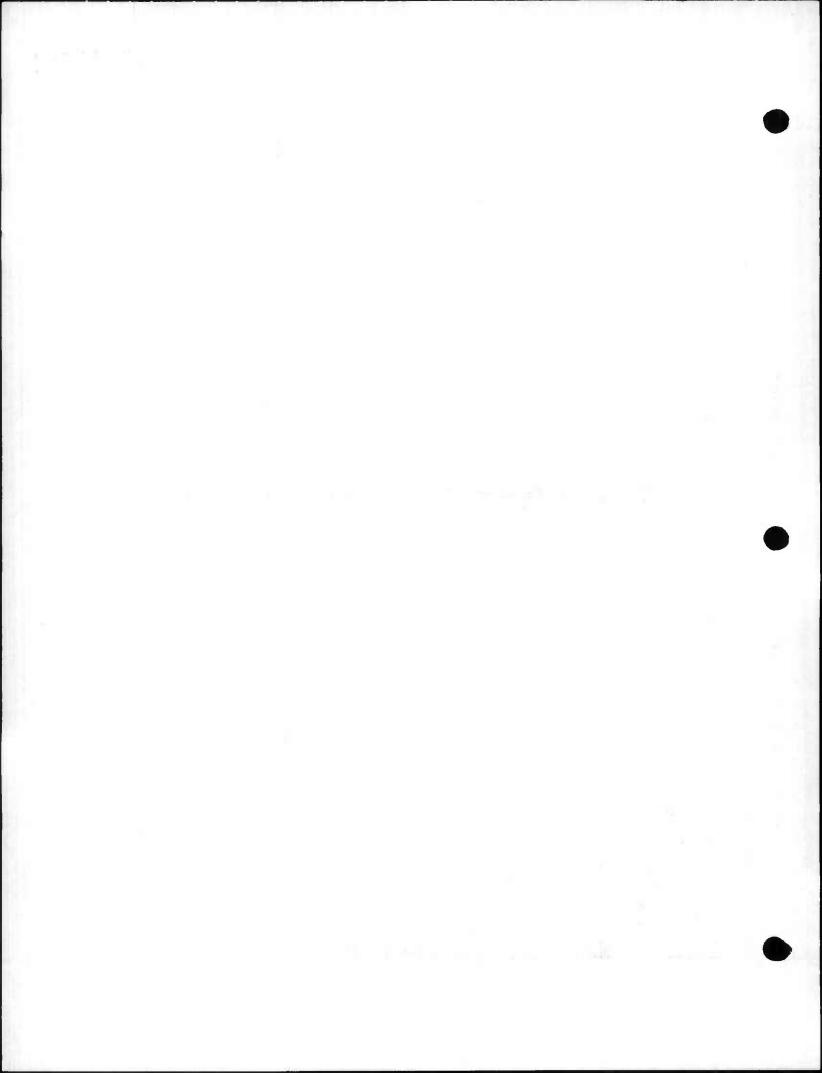
DHMH-16 Rev 1/89

DECEDENT'S NAME (First, Middle, Las	)							2. DATE OF MONTH	DEATH	Y	YEAR	3. TIME OF DEATH
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SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER		IF UNDER		7. DATE OF	BIRTH		S. BIRTH	IPI ACE (State or Formics
214-11-1147	1 M 2 F	22	YRS.	MONTHS	DAYS	HOURS	MIN.	3-30	70		Count	MD MD
e. FACILITY NAME (If not institution, give	street and number)			9b. CITY	, TOWN O	R LOCATION	ON OF DE			9c. COU	NTY OF D	
Liberty Medical	Contor			Do	1 + 4 -					21.100		
RESIDENCE OF DECEDENT	center			Ba	altin	nore						
Da. STATE 10b. COUN	ITY		10c. CIT	TY, TOWN C	OR LOCAT	ION						10d. INSIDE CITY
MD			RAI	LTIMO	)RF							LIMITS?
Do. STREET AND NUMBER			1 5/1	LITTIC		. ZIP CODI				10m CIT	TEN OF	WHAT COUNTRY?
1800 ASHBURTON	STREET					212					U.S.	
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☐ Widowed 4 ☐ Divorced	IF YES, GIVE V	MAR OR DATES			1 TYES	2XXNO	Specify	7			Spec	BLACK
15. DECEDENT'S E	l .											DLACK
(Specify only highest gra	de completed)	16a. DE	ive kind of	work done see retired.)	during mo	ON st of worldr	g	16b. Kii	ND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5			LOYEE								
12th			HEIT	LOILL	,						4	
7. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NAT	ME (First, Midd	fle, Meiden S	Sumame)		
HENRY TURNIPSE	ED					HI	_DA E	EVAN				
De. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	S (Street a	nd Number	or Rural A	loute Number,	City or Town	, State, Zi	p Code)	
HILDA ELLISON								BALTI				17
De. METHOD OF DISPOSITION		20b. PLACE					/	DATE	_		City or To	
☐ Buriel 2 ☐ Cremation 3 ☐ Re	moval from State	cemetery, cre	matory or o	other placel				DATE				
1. SIGNATURE OF FUNERAL SERVICE	ICENSES	- WESTER	M 21		EMET				CATO	N2 A I	LLE,	MD
ii diditatone di Tonenae Senvice	A P					IO ADDRE:	SS OF FAC	ALITY				
					TO THE PART							
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snock, or heart fellum MMEDIATE CAUSE (Final Ilsease or condition	a. Due to	use on each line	OUENCE O	Who not enter	4.C.	MARCH						Approximats interval Batw
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trait be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



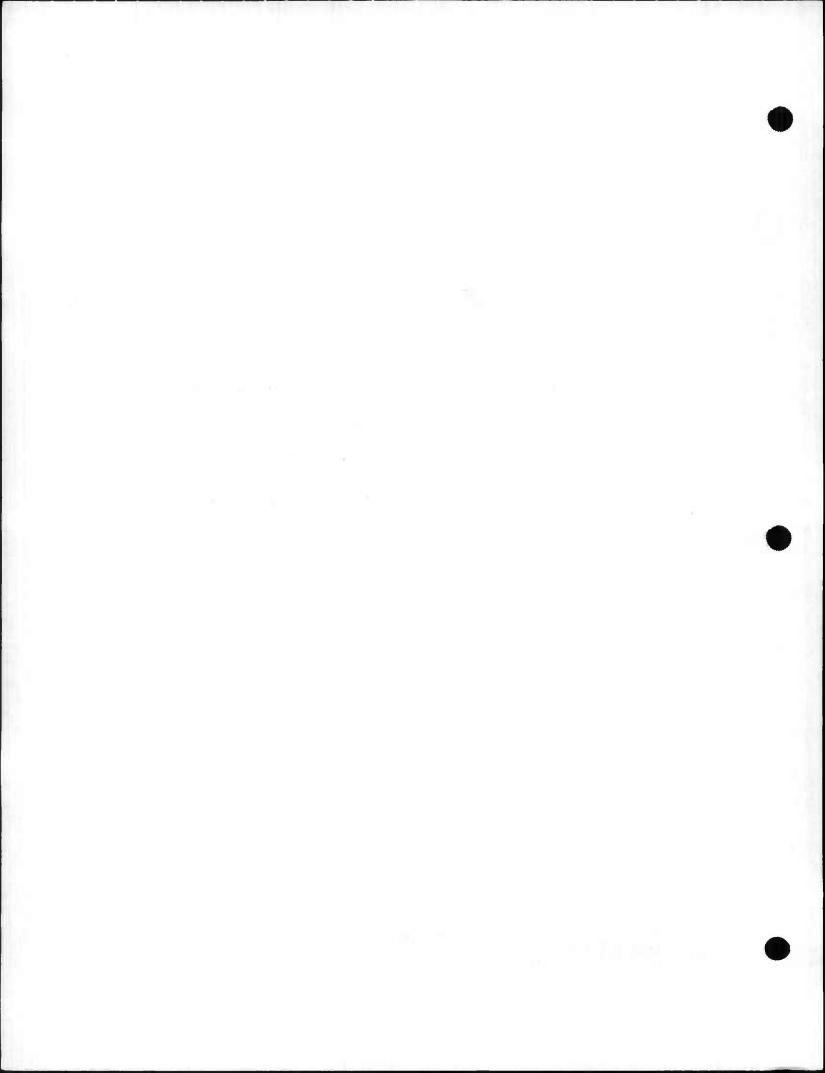
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician, TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF M			OF HEALTH AND	MENTAL HYGIEN					
1. DECEDENT'S NAME (First, Middle, Las	RITA	C. THOMA	\S		2. DATE OF DEATH DO DO DO DO DO DO DO DO DO DO DO DO DO	AV YE. 92	3. TIME OF DEATH 10 20P			
4. SOCIAL SECURITY NUMBER  034 05 4799  9a. FACILITY NAME (# not institution, give	5. SEX 1 M 2 F	6. AGE (In yrs. lest birt	/RS. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TOWN OR LOCATION OF I	7. DATE OF BIRTH (Month, Day, Year) 10 09 190	8. E	NRTHPLACE (State or Foreign Jountry)  FALY			
GREATER BALTIMORI	Part of the last o	CENTER		TOWSON		BALTI				
MD BAL'.	TIMORE		BALTIMO				10d. INSIDE CITY LIMITS?  1  YES 2 NO			
10e. STREET AND NUMBER	6633 C	harlesway		101. ZIP CODE 21204		-	OF WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? IF YES, GIVE	EVER IN U.S. ARMED	13. V	AS DECENDENT OF HISP/ yes, specify Cuban, Mark YES 2 NO Speci	an, Puerto Rican, etc.)	-	RACE — American Indian, Black, White, atc. Specify: White			
15. DECEDENT'S EC (Specify only highest gra Elementary/Secondery (0-12)	College (1-4 or 5+	(Give ki	ENT'S USUAL OCIDING of work done of NOT use retired.)	uring most of working	16b. KIND OF BU	siness/industri				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden	Surname)				
	verta				nette Bis					
19a. INFORMANT'S NAME (Type/Print)  Mrs Helen P. Ge	orge		Same As	(Street and Number or Rura #10	Route Number, City or Tow	n, State, Zip Cod	•)			
20a. METHOD OF DISPOSITION 1 1 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	20b. PLACE AND I cemetery, cremato Greek O	DATE OF DISPOSI	Cemetery		CATION — City	or Town, State			
21. SIGNATURE OF FUNERAL SERVICE I			22. N	AME AND ADDRESS OF F	ACILITY					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. CHF	MONARY ED OR AS A CONSEQUEN	ICE OF):							
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (	OR AS A CONSEQUEN	ICE OF):							
PART II. Other significent condition	ons contributing to	deeth but not resul	iting in the und	dariying ceuse givan ii	Pert I. 24a. WAS AN PERFOR	RMED?	24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	28. PLACE OF DEATH (C	heck only one)					
1  YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending			OA 4 Nursi	ng Home 5 Residence 28c. INJURY AT WORK?	8 Other (Specify)  28d. DESCRIBE HOW II	NJURY OCCURE	D			
2 Accident Investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, etc. (Specify)  28b. LOCATION (Street and Number or Rural Route City or Town States)									
one) 2 MEDICAL EXAMIN	ER Con the basis of ex	amination and/or inves	es 1 DGY /	ne, data and place, and du inion, death occured at th 29c. LICENSE NU 039	e time, data and place, an	d due to the cas	use(a) and manner as ateted INED (Month, Day, Year) 22 - 9 2			
30. NAME AND ADDRESS OF PERSON W	DIR 67	O / N - CH		GBMC	BAITIN	roke"	4021234			
MAY 27 1992	Julia Das	AEOSI - N								



3. TIME OF DEATH

REG. NO.

2. DATE OF DEATH

MONTH

BALTIMORE, MARYLAND 21215	the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	the attending physician and completely filled in by the funeral director, page 5 should be detached for use as
E, MA	y be retai	age 5 sh
MOR	аде 6 та	director, p
BALT	ter death. F	the funeral
	24 hours af	filled in by
US, P.O. BOX 68/60,	uted within	I completely
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FOR STATE REGISTRAR

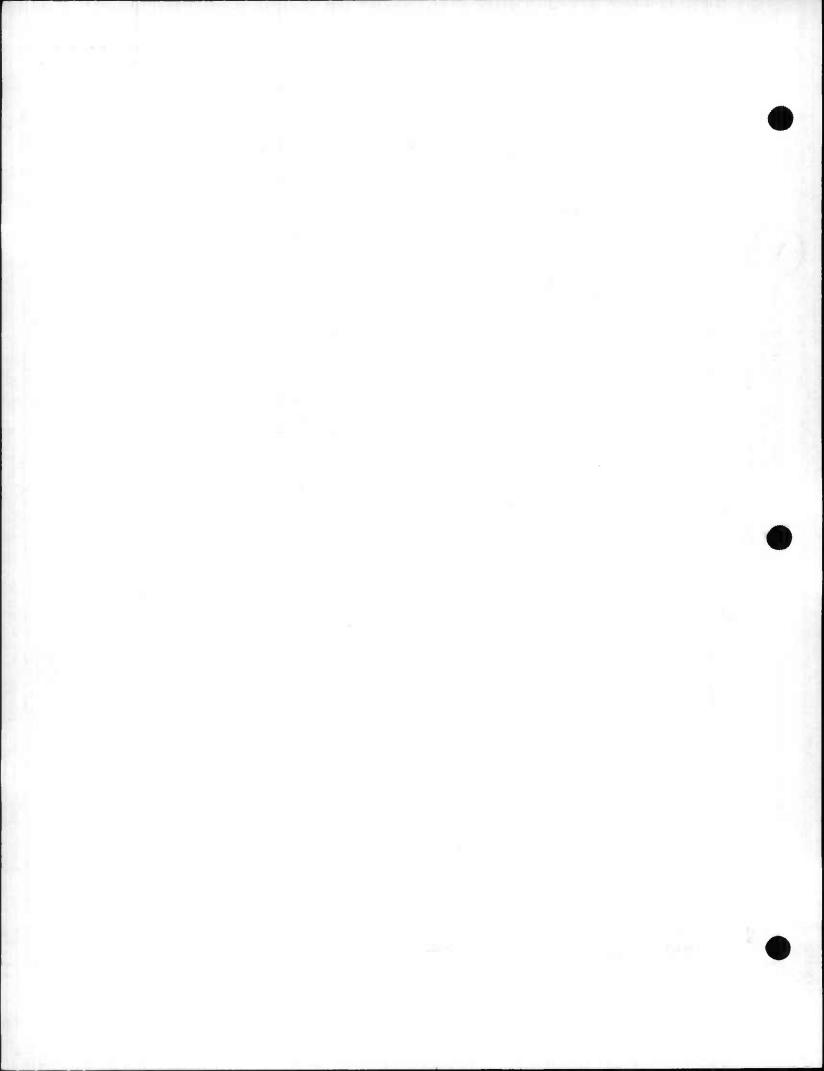
DECEDENT'S NAME (First, Middle, Last)

PEARL THORPE 10 RP1= 50 8 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 M M M F 241-84-1203 /3/1905 OXFORD N.C. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATI 9c. COUNTY OF DEATH DIRECTOR ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5608 WESLEY AVENUE 21207 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or NoIf yes, specify Cuban, Mexican, Puerto Rican, etc.)
 T YES NO Specify: 14. RACE — American Indian, Bleck, White, atc. 1 Never Married 2 Merried
3 Widowed 4 Divorced BY Specify: BLACK COMPLETED 15. DECEOENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surneme) ROBERT THORNTON LUCY JAMES BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 GEORGIE McCOY WESLEY AVENUE BALTIMORE, \_MD 21207 pe 20s, METHOD OF DISPOSITION
1 Description 2 Cremation 3 Description 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State must 4 Donation 5 Other (Specify) HOPE B.C. CEMETRY GREENVILLE CO., examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY O. DYETT & SON FUNERAL HOME 4600 LIBERTY HEIGHTS **AVENUE** or removal. medicai 23. PART1. Enter the diseases or complications that paused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, Approximata shock, or hear fellure. List only one caus e or sech line. interval Between IMMEDIATE CAUSE (Final Onset and Death the cremation, disesse or condition resulting in death) event. burial, HO other traumatic CERTIFICATION Sequentially list conditions, prior to DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury Hygiene DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 Mental PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS and and any **AMAILABLE PRIOR TO** Health a COMPLETION OF CAUSE 1 [] YES 2 [] NO HOSPITAL OR ATTENDING PHYSICIAN: The law requires shows a 1 TES 2 NO certificate has been h the State Dept. of PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Hem **EXAMINER?** HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA o ile 27. MANNER OF OEATH 28a. DATE OF INJURY with B marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 11 Natural 1 YES 2 NO DIRECTOR: After the hours after death vitem 28 is mari BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, fectory, office building, etc. (Specify) 3 Sulcide 8 Could not be determined 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) COMPLETED 4 Homicide 29e. CERTIFIER
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. TO THE HOSPITAL TO THE FUNERAL (be filed within 72 h 2 MEDICAL EXAMINER: On the basis of exemination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 5 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 31. DATE EILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

Davidson Rendered

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

DIVISION OF VITAL



L. Pages 1, 2, 3 should

BALTIMORE, MARYLAND 21215-0

REGISTRAR		CE	RTIF	ICATE OF	DEAT	H	RI	EG. NO.	-			
1. DECEDENT'S NAME (First,	Middle, Last)						2. DATE OF D	EATH			3. TIME OF DEA	TH
THOMAS LAVERI	N TANNER SR			N	MONTH MAY	22	19	YEAR	3:20	P		
4. SOCIAL SECURITY NUMBER	ER 5. SEX						7. DATE OF BIRTH				PLACE (State or F	
219-26-5238	1½ M 2 □ F	53	YRS.	MONTHS DAYS			(Month, Day, L2-01-			Country	)	orangii.
	center for HO	WARD		96. CITY, TOWN	or location HOWARI		тн		9c. COUN BALT			
	10b. COUNTY ANNE ARUNDEL			N BURNI							10d. INSIDE CIT LIMITS?	
100. STREET AND NUMBER 712 CRAIN H	IGHWAY				M. ZIP CODE					EN OF WI	HAT COUNTRY?	
100. STREET AND NUMBER 712 CRAIN H  11. MARITAL STATUS 1 Never Married 2 N  3 Widowed 4 X Divord	IF YES, GIVE W	T EVER IN U.S. ARA  X YES 2 NO WAR OR DATES  REAN PEA		13. WAS DE	CENDENT OF pecify Cuben,	Mexican, I	ORIGIN? (Sp Puerto Rican,	ecify Yea , atc.)		14. RACE	— American Indi White, atc.	lan,
	DENT'S EDUCATION highest grade completed) 12) College (1-4 or 5 d	(Giv	e kind of w Do NOT us	USUAL OCCUPAT rork done during in e retired.)	AL OCCUPATION fone during most of working red.)  16b. KIND OF BUSINESS/INDUSTRY							
17. FATHER'S NAME (First, Mid	Idle, Lest)			INILION II		R'S NAME	(First, Middle,	Maiden	Surname)			_
PAUL TANNER							RY CO					
194. INFORMANT'S NAME (TYPE CLINICAL REC				ADDRESS (Street ORTH PO							21052	
1 Durial 2 Cremation	CLINICAL RECORDS  9600 NORTH POINT ROAD, FORT HOWARD, MD 21052  20a. METHOD OF DISPOSITION 1 Department of Comparison of Compari											
21. SIGNATURE OF FUNERAL	SERVICE LICENSEE	de									S.	C-4
disease or condition resulting in death)  Sequentielly list condition if any, leading to immedicause. Enter UNDERLYIN	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  b.  DUE TO (OR AS A CONSEQUENCE OF):  C.  DUE TO (OR AS A CONSEQUENCE OF):											
	d											
	t conditions contributing to				g ceuse glv	an in Pa		WAS AN A PERFORI YES 2			WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF COP DEATH?	TO CAUSE
25. WAS CASE REFERRED TO EXAMINER?					ACE OF DEA	TH (Check	only one)					
1 TES 2 X NO	HOSPITAL:	ER/Outpatient 3		OTHER: 4 - Nursing Hor	te 5 🗆 Rasio	fence 6	Other (Spec	cify)				
1 -4 Herbrei 3 P	vestigation	ny, Year)	28b. TIME INJU	M 1	IURY AT DRK? YES 2   P		Id. OEŞCRIBE	E HOW IN	JURY OCCU	JREO		
	ould not be building, betermined	F INJURY — At hometc, (Specify)	ie, ferm, el	reet, factory, offi	•	26	St. LOCATION City or Town	(Street a	nd Number o	r Rurel Ro	ute Number,	
3 Suicide 6 C C 4 Homicide de  29a. CERTIFIER (Check only 1 MEOIC) 2 MEOIC	FYING PHYSICIAN: To the best of AL EXAMINER: On the bests of ax	my knowledge, dast	h occurred	d at the time, date,	and place, ar	nd dua to t	the cause(s) :	and man	ner as stated	d. cause(a) :	and manner as s	tated.
296. SIGNATURE AND TITLE O	1 first				29c. LICENS	SE NUMBE	R			-22-	Month, Day, Year)	
7	PERSON WHO COMPLETED CAUS ESE, M.D., VA	MEDICAL	27) (7ype, CENT	Print) CER, FOI	T HOW	ARD,	MARYI	LAND	210	52		
31. DATE FILEO (Month, Day, Ye.	er) 32. REGISTRAI	R'S SIGNATURE										
L MA	Y 27 1992	Julia Baird	son-A	indette								

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as I be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DHMH-16 Rav 1/89

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ige 6 may be retain	director, page 5 sho	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ours after death. Pa	I in by the funeral or or removal,	nedical examine
ecuted within 24 h	Affect this certificate has been signed by the attending physician and completely filled in by the fact with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	atic event, the r
n certificate be exe	inding physician a Hygiene prior to	or other trauma
ires that the death	signed by the atte	ws any injury.
AN: The law requi	ificate has been s State Dept. of H	r Hem 23 show
ING PHYSICI	After this cert	marked, o.

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PHYSICIAN: MEDICAL CERTIFICATION

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TO THE PEREN TO THE PAREN Be filed with

92 14655 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First Middle Lest) 2. DATE OF DEATH 3. TIME OF DEATH Norris L. Uhler May 26, 1992 6:25 AM A. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign MONTHS DAYS 130M 2 | F 97 HOURS YRS. 215-32-3887 11-25-1894 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Meridian Nursing Center Randallstown Baltimore County RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Baltimore Co. Randallstown 1 TES 2 NO 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 9119 Liberty Rd. (Meridian Nursing Ctr.) 21133 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 14. RACE — American Indian, Black, White, etc. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Merried 2 Merried 1 YES 2 XNO Specify. 3 Widowed 4 Divorced White 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp Elementary/Secondary (0-12) College (1-4 or 5+) 4th Grade Oil Truck Driver Self Employed 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Samuel Dean Uhler Mollie T. Benson 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 139 Sipple Ave. Baltimore, MD Mrs. Peggy Taafe 20e. METHOD OF DISPOSITION
1 ◯ Burial 2 □ Cremation 3 □ Ren 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION — City or Town, State Druid Ridge Cemetery 4 Donation 5 Other (Specify) ... 5-28-92 Pikesville, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. K 8728 Liberty Rd. Randallstown, MD 21133 23. PART. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one ceuse on each line interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) THROMBOSIS EKEBRAL Sequentially list conditiona, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART\_II. Other algnificant conditions contributing to deeth but not resulting in the underlying pause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE THROMBOSIS WITH HSPIRATION

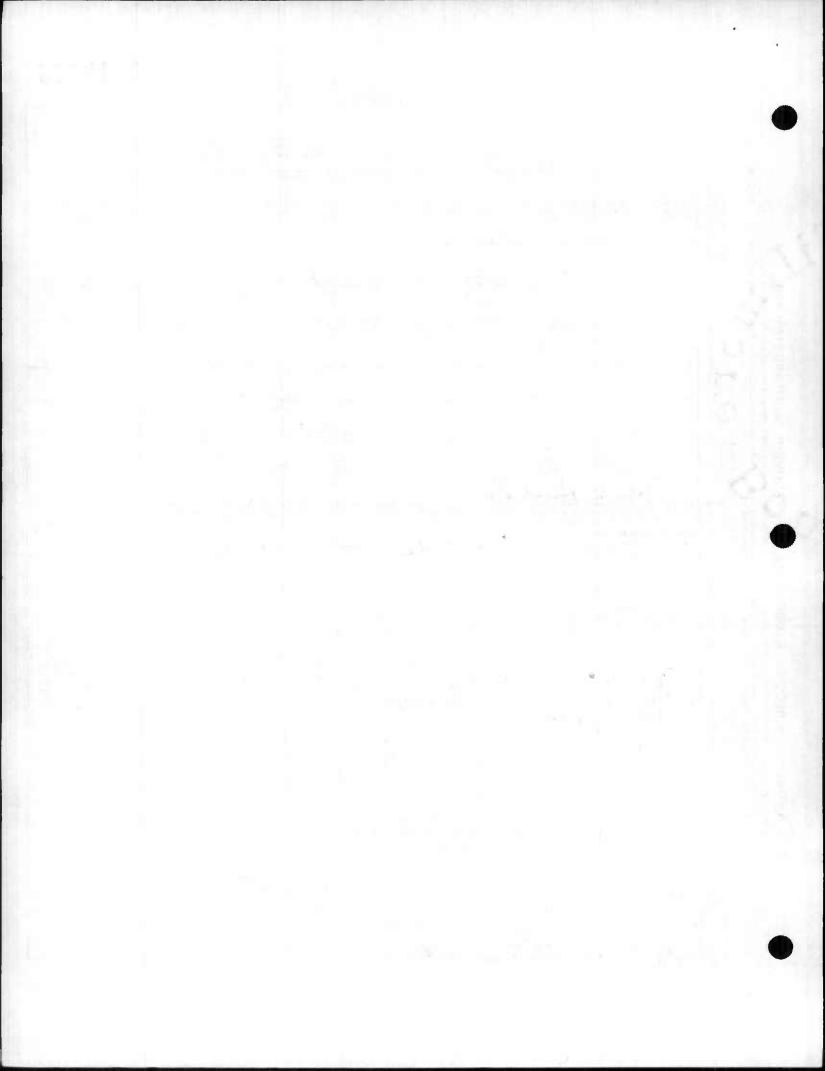
- BEMENT	77	RIA FIBR	LICCA	970	M		1 U YES 2 NO		
25. WAS CASE REFERRED DO MEDICAL EXAMINER?  1 YES NO		OSPITAL: Inputient 2 ER/Outputient	3 DOA	OTHE H D Nu	26. PLACE OF DEATH (C				
27. MANNER-OF OEATH    Natural 5   Pending   Investigation		28e. DATE OF INJURY (Month, Day, Year)	28b. Ti		28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCUREO			
3 Suicide 6 Could not be 4 Homicide determined		28e. PLACE OF INJURY — As building, etc. (Specify)	t home, farm.	street, fac	281. LOCATION (Street and Number of City or Town, State)	r Rural Route Number,			

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.

2 MECICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the ceuse(s) end manner es stated.

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MAKE AND ADDRESS OF PERSON WHO COMPLETED CAMSE DE DEATH (ITEM 27) (1700, Print)  AKH ANI, 120 IAKK	HEIGHTS AVE)	BACTO MD 21208
II. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE		

Julia Krigher Bookell.

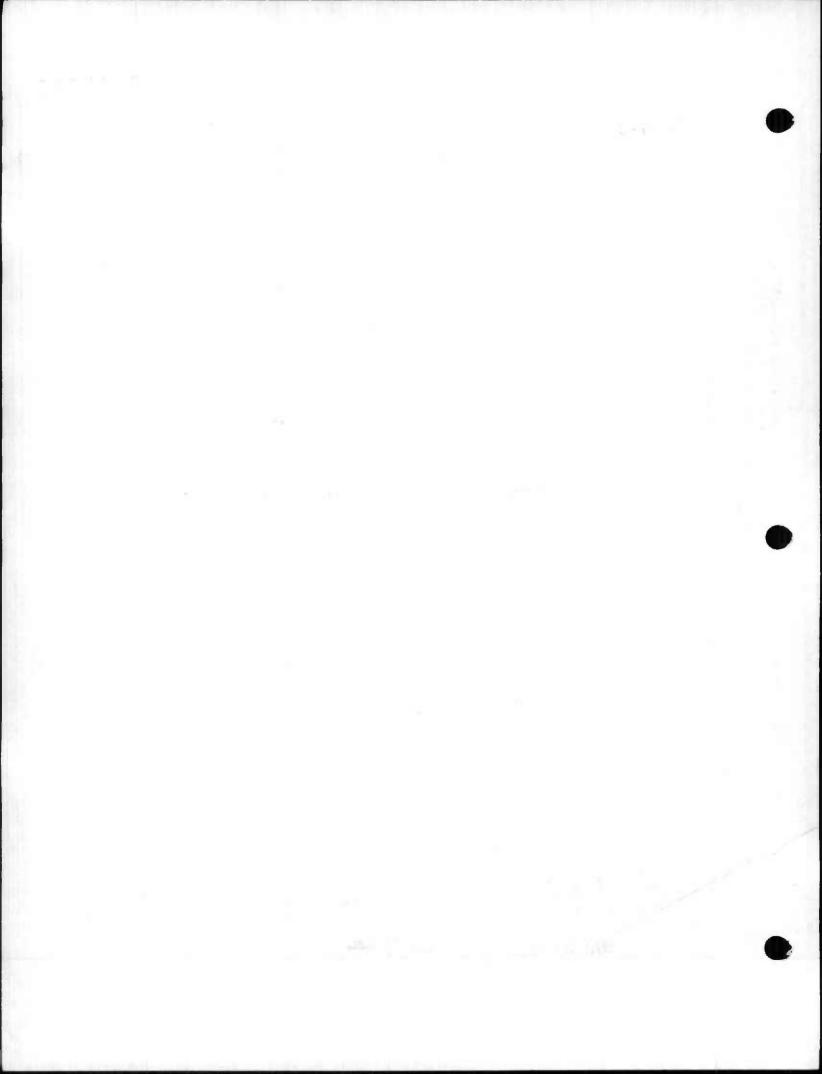


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
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	71100111	S. W	ASHI	NGTO	7				2. DATE OF MONTH	24	1992	
	4. SOCIAL SECURITY NUMBER 219-03-3205	5. SEX 1 - M 2 F	6. AGE (In yrs. 87	(asi birthday)	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF (Month, Da 8 - 8	-04	Cour	S.C.
HOT:	98. FACILITY NAME (If not institution, give st CHURCH HOSPITA RESIDENCE OF DECEDENT				9b. CITY			IMOR		9c.	COUNTY OF	DEATN
DIRECTOR	10s. STATE 10b. COUNTY			The second second		MORE	ION					10d. INSIDE CITY LIMITS?  1) X YES 2 NO
FUNERAL	1619 CLIFTVIEW A	VENUE				101	ZIP CODE	213		10g	what country?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMED		If yes, sp	cify Cube		, Puerlo Rice	Specify Yes or No in, etc.)	Bla	CE — American Indian, ck, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)			DECEDENT'S (Give kind of ville. Do NOT us RES	usual o vork done e retired.) TAUR	during mo	ON st of workin	ng	16b. Kil	ND OF BUSINES	S/INDUSTRY	
BE CO	17. FATHER'S NAME (First, Middle, Last) NED SMITH						R0	SE A	IKEN	lle, Maiden Surna		
2	199. INFORMANT'S NAME (Type/Print) ROSE McCLOUD			1619	CLIF	TVIE	W AV	E./Bi	ALTIMO	ORE, MD	21213	
	204, METHOD OF DISPOSITION  VIA Burial 2 Cremation 3 Rame 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		cemetery, BAL	CEAND DATE OF COMMENTS OF COMM	CEM	ETER	Υ	SS OF FAC	OATE	BALTI		
	- Unesper	CORCL			W	M.C.	MARC	H F.	H./110	01 E. N		AVENUE
	23. PART I. Enter the diseases, or cahock, or heert failure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one ceu	se on eech i	ine.	2	r the mo	de of dy	ing, such	aa cardlad	or respirator	y arreat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	b	(OR AS A CON									
ERTIF	that initiated events rasulting in death) LAST	OUE TO	(OR AS A CON	SEQUENCE OF	ን:							
¥.	CUA	s contributing to		resulting in the underlying cause given in Pa					e. WAS AN AUTO PERFORMED?		ID. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF D	EATH (Che	ck only one)			
1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 1 Netural 5 Pending  28e. DATE OF INJURY (Month, Day, Year)  29b. TIME OF INJURY 28e. INJURY 28e. INJURY AT WORK?  WORK?  28d. DESCRIBE NOW INJURY OCCURED INJURY												
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE O building,	F INJURY — At atc. (Specify)	home, ferm, s	street, fac	tory, offic			281. LOCATIO City or To	ON (Street and No own, State)	imber or Rural	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSH	R: On the beals of ex										(a) and menner ea stated.
TO BE	MSDLL Ducy M	Ho Ho	EDICAL USE OF					NSE NUM	BER 571	29d	DATE SIGNE	4/92
	30. NAME AND ADDRESS OF PERSON WHO			100 1				HOSP		JIMORE	am,	21231
	31. DATE FILED (Month, Day, Year) MAY 2 7		R'S SIGNATURI		andell	L						

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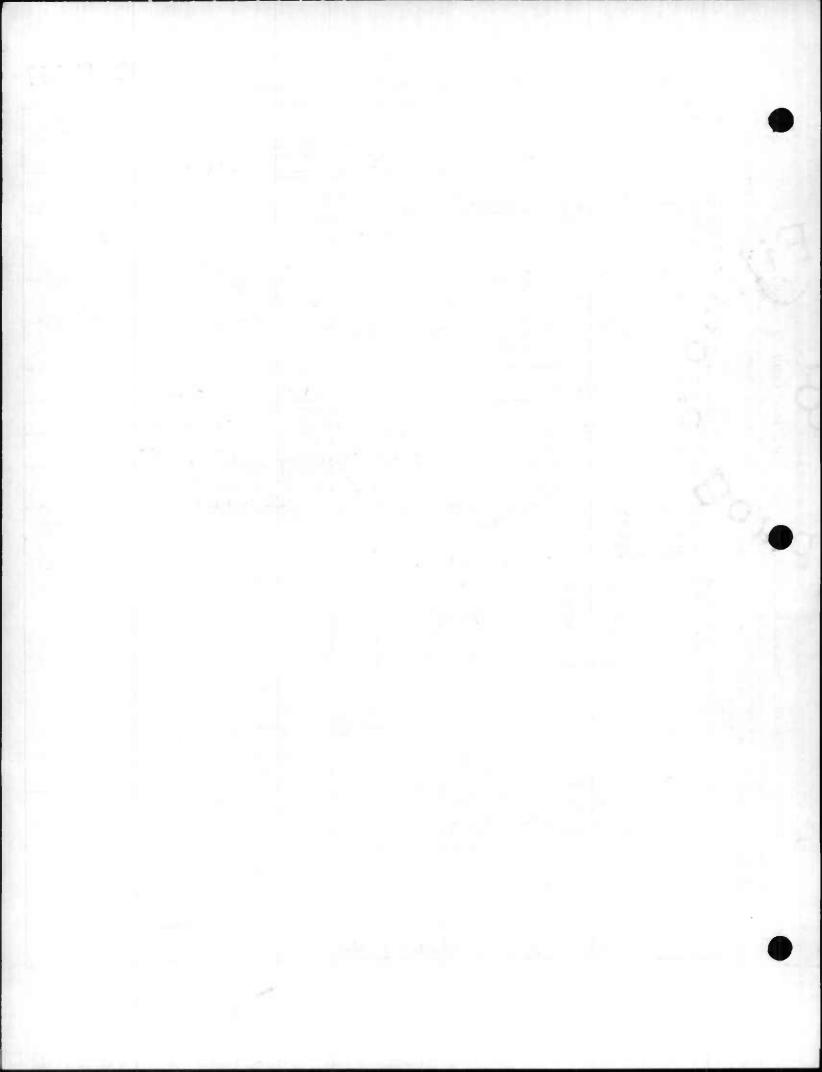
BALTIMORE, MARYLAND 21215-0

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Dagurun 14. SOCIAL SECURITY NUMBER Williams MONTH OS YEAR GZ 1926 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 03 6 97 IF UNDER 1 YEAR IF UNDER 24 HRS. B. BIRTHPLACE (State or Foreign 1 24 2 F 248024937 DAYS HOURS MIN. YRS. ud Pages 1, 2, 3 should Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH UNIV of Maryland RESIDENCE OF DECEDENT DIRECTOR Bullimore Mechael 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 2 NO MD Baltimore FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Dukeland U.S.A 1219 N. St 21216 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 11. MARITAL STATUS WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. If yes, specify Cuben, Mexican, Puerto Rican, etc.)
 The Yes of The Specify: 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married BY Black 3 Widowed 4 Divorced after death. Page 6 may be retained by the hospital or emending 10 COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp 8 ě Elementary/Secondary (0-12) College (1-4 or 5+) page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Sumeme) Widell Williams notified at Kalquie Sonkins BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Kalquie Balto Dukeland Jenkins 219 St 21216 9 20e. METHOD OF DISPOSITION
1 A Burlai 2 Cremation 3 Re
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City of To-DATE examiner must filled in by the funeral director, on, or removal. Lardsdown enetery 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Wiene El other traumatic event, the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory errest, Approximata shock, or heart failure. List only one cause on each line intervai Between IMMEDIATE CAUSE (Final Onset and Death and completely filled burial, cremation, disesse or condition resulting in death) Failure Respiratory to W Infarction Bowel CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician a Mental Hygiene prior to If sny, leading to immediate cause. Enter UNDERLYING Overwhelmin Production Production Office To (OR AS A CONSIQUENCE OF): Presmone CAUSE (Disesse or Injury that initiated events resulting in death) LAST Overwhelmin Sepsis shows any injury, or TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the d
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the .
be filed within 72 hours after death with the State Dept. of Health and Mer
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injur PART II. Other significant conditions contributing to death but not reaulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE DF DEATH (Check only one) HOSPITAL:
1 Vinpatient 2 ER/Outpatient 3 DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY Investigation 2 Accident 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date and place, end due to the ceuse(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) g down M 22/92 ) 2 30. NAME AND ADDRESS OF PERSON WHD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) UMM> S- Greene Baltmore MD 2/20/ 32. REGISTRAR'S SIGNATURE
1992 Fulia Buridon Amdall 31. DATE FILED (Month, Day, Year)
MAY 27

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



FOR STATE REGISTRAR

1, DECEDENT'S NAME (First, Middle, Last)

MARGARET

		4. SOCIAL SECURITY NUMBER 250-42-7878	5. SEX	6. AGE (in yrs. lest t	VRS. F UNDE	R 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O. (Month, C.29		BIRTHPLACE (State or Foreign Country) CAROLINA
pinous		9a. FACILITY NAME (If not institution, give s	treet and number)	- )	9b. CIT	Y, TOWN C	R LOCATION OF I	11/ <del>19</del> /2	9c. COUNTY	
2, 3 sho		MERCY MEDICAL					MORE			
Phr 1, 2, 3 i		MARYLAND 10b. COUNT	<b>'</b>		10c. CITY, TOWN	PIMO	RE			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
	ERAL	1800 HOLLINS S	STREET			101	21223		10g. CITIZE	OF WHAT COUNTRY?
215-0020 attending physics as the burial multi-		11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. ARMI YES 2 XO		If yes, sp	ecity Cuben, Maxie 2 NO Spec	ANIC ORIGIN? (Specify Yearn, Puerto Ricen, etc.)  illy:	e or No 14	RACE — American Indian, Black, White, etc. Specify: BLACK
21 al or	APLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give	EDENT'S USUAL ( in kind of work done to NOT use retired.)	during mo		16b. KIND OF BU	ISINESS/INDUS	TRY
च के के च	BE COMPL	17. FATHER'S NAME (First, Middle, Last) WILBUR SHIELI	os (WII	LBUR COI			ANNI	E BLANCH	SHIEI	
	2	190. INFORMANT'S NAME (Type/Print)  MARGARET WALKE	ER	196.	FLAXTO		COURT	BALTIMOI		
TIMORE, n. Page 6 may be eral director, page		20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Ram 4 Donation 3 Other (Specify)	oval from Stata		NO OATE OF DIS					y or Town, State RE, MARYLAND
Ta fun fa		21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	11.01						VERAL HOME ENUE 21207
P.O. BOX 68760, the certificate be executed within 24 hours after an ending physician and competedy filled in by I Hygiene prior to burial, cremation, or remoor or other traumatic event, the medical or other traumatic event,	CERTIFICATION	23. PART Ener the diseases, or ahock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. SER  DUE, TO  DUE TO  C. CHE	O (OR AS A CONSECU	JENCE OF):  DENCE OF):  ERAP		ode of dying, su		olratory arres	t, Approximate interval Between Onset and Deal Aberth 3 Nech 3 Nech 6 Month
SECORE equires that then signed by the signed by the signed by the signed by the signed by the signed signed.	: MEDICAL	PART II. Other algnificent condition	ns contributing to	o death but not re	euiting in the u	ınderlyin	g ceuse given i	PERFO	N AUTOPSY PRMED? 2 NO M. Wad	24b, WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
AL has has Deg	SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL:	☐ ER/Outpatient 3 [	DOA 4 N	R:	LACE OF DEATH (	Check only one)  • 6 □ Other (Specify)		
OF PHYSIC this ce with th	Y PHYSIC	27. MANNER OF DEATH  1 Neture! 5 Pending	26a. DATE O		26b. TIME OF INJURY M	28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCU	RED
VITEN VITEN CTOR: after	TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)								Rural Route Number,
로 기 이는 등	COMPLET	cond.						lue to the cause(a) and m		cause(a) and metiner as stated.
TO THE HOSPIT TO THE FUNERA The filed within 7	TO BE	296. SIGNATURE AND THE OF CERTIFIE	hD	(M.	Warde		29c. LICENSE N	RUMBER	29d. DATE :	SIGNED (Month, Day, Year)
	Ĺ	30. NAME AND ADDRESS OF PERSON W	La de	USE OF DEATH (ITEM	127) (Type, Print)					
1/	-	31. DATE FILED (Month, Day, Year) MAY 2.7 1002	32. REGISTR	AR'S SIGNATURE	2.1					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

WITHERSPOON

2. DATE OF DEATH

5

14658

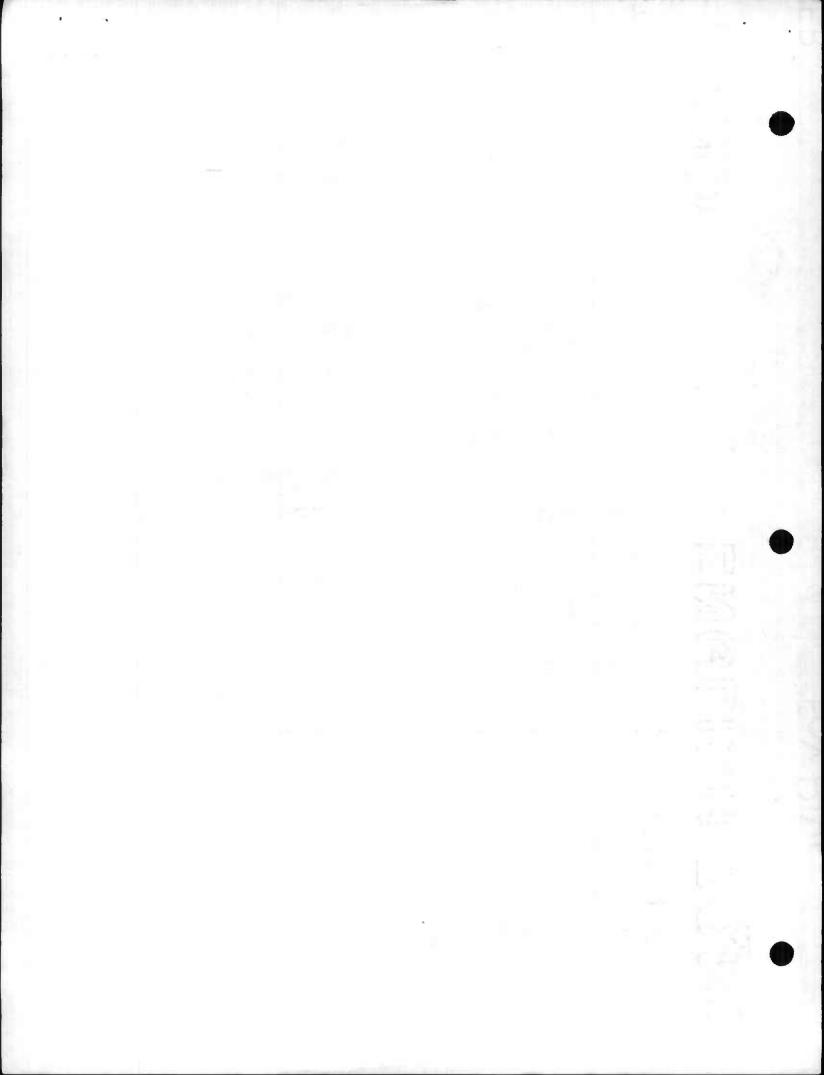
3. TIME OF DEATH

Approximate Interval Between **Onset and Death** 

Veens

24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

11=45 AM



is 1, 2, 3 should

1. OECEDENT'S NAME (Firs	si, Middle, Lasi)							TH	2. DA	REG. NO			3. TIME OF DEATH		
Margaret M	4. Watt	S							Ma	NTH D	1992	YEAR			
4. SOCIAL SECURITY NUM	MBER	5. SEX	6. AGE (In yrs. I	est birthday)		ER 1 YEAR		R 24 HRS.	7. DAT	E OF BIRTH	-//-	8. BIRTI	HPLACE (State or Foreig		
218-12-32	41	1 ☐ M 2 🖳 F	82	YRS.	MONTHS	DAYS	HOURS	MIN.		inth, Day, Year) -22–190	a	Count	to., Md.		
9a. FACILITY NAME (If not		street and number)				Y, TOWN			EATH	-22-130		DUNTY OF DEATH			
Harbor Hos	_				Ba	ilto.	, Md								
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY				100 00	V TOWN	001000									
Md.				Balto. C:+							10d. INSIDE CITY LIMITS?				
10e. STREET AND NUMBER					lot, ZIP CODE				4A- AVTITON			TIZEN OF I	1 YES 2 NO		
3991 S. H	anover	C+				"		-				ISA	WHAT COUNTRY?		
11. MARITAL STATUS	allover	12. WAS DECEOEN	IT EVER IN U.S. A	RMED	13	WAS DEC	21 CENDENT	225	IIC OBIC	IM? (Cnacky Va.	or No	I 44 BAC	E American testina		
1 Never Married 2		FORCES? 1 YES 2 NO				If yes, sp	ecify Cube	n, Mexica Specify	NC ORIGIN? (Specify Yea or No— in, Puerto Ricen, atc.)			E — American Indian, k, White, atc.			
3 🔀 Widowed 4 🗌 Div	rorced						**	Specify	,.			Wn	Ite		
15. DEC (Specify on	CEDENT'S EDU	CATION completed)	16a. D	ECEDENT'S	USUAL O	OCCUPATIO	ON	nor.	1	6b. KIND OF BU	SINESS/IN	DUSTRY			
Elementary/Secondary	(0-12)	College (1-4 or 5	li1	b. Do NOT us	se retired.)	)			- 1						
6				Vario	UUS	uccu	pati	บทร							
Joseph L.		weki					18. MOT			Middle, Maiden		را م اد			
		TACM						Ann		Marie M					
19a. INFORMANT'S NAME ( Edith Jones			19	96. MAILING	ADDRES	S (Street a	nd Number	or Rural F	Nu etuof	mber, City or Tow	n, State, Zij	(p Code)			
20e. METHOO OF DISPOSIT								se,	_	21027					
1 Buriel 2 Cremeti	lon 3 🗆 Ram	oval from State	cemetery, cr	AND DATE	OF DISPO	SITION (Na	me of	E/0/	100	TE 20c. LO		City or To			
		CENSEE	bacre	4 Donation 5 Other (Specify) Sacred He						of Mary 5/26/92 Balto., Md.					
21. SIGNATURE OF JUNERAL SERVICE LICENSEE						22. NAME AND ADDRESS OF FACILITY Lassahn Funeral Home									
V			1		22 L	assa.	hn F	ss of facuner	al ]	Home					
23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (FI	dieeeses, or cheert failure.	Punkal complications the	t ceused the d	e.	7	assa 401 r the mo	hn F Bela de of dy	uner ir R Ing, such	al ] oad	rdiac or respi			Onset and De		
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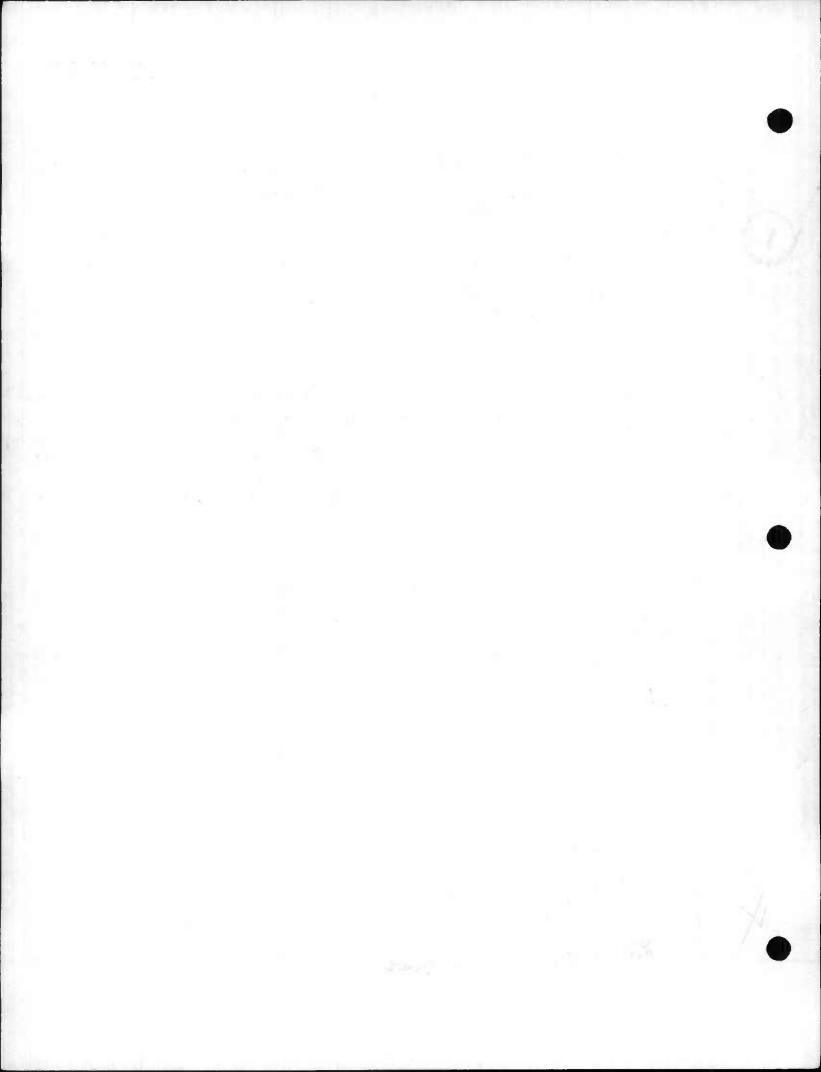
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DHMH-18 Rev 1/89

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)	2. DAT	E OF DEATH	3. TIME OF DEATH						
	John Thomas Woods	MON O		92 1555 PM						
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthdey)   F UNDER 1 YEAR   F	UNDER 24 HRS. 7. DAT	E OF BIRTH	8. BIRTHPLACE (State or Foreign						
	250-24-4988 10/42 OF 65 YRS. MONTHS DAYS HOL	DURS MIN. (MG	th, Day, Year) 5 26	Country) S.C.						
	9a. FACILITY NAME (If not institution, give street and number)  9b. CITY, TOWN OR LC	OCATION OF DEATH		NTY OF DEATH						
R	St Agnes Hosp, 12	salto.								
DIRECTOR	RESIDENCE OF DECEDENT	arju.								
8	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION	,		10d. INSIDE CITY LIMITS?						
	1110 18924	0.		1 DES 2 NO						
₹	104. STREET AND NUMBER 101. ZIP	CODE	10g. CIT	IZEN OF WHAT COUNTRY?						
FUNERAL	3006 Thoundale the	2/2/5		USH						
5		ENT OF HISPANIC ORIG	IN? (Specify Yes or No	14. RACE - American Indian, Black, White, etc.						
BY	IF YES, GIVE, WAR OR DATES	NO Specify:	ricari, accep	Constitu						
	11/35 12/901			BLACK						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)    Specify only highest grade completed)   16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.)   16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.)	working 16	b. KIND OF BUSINESS/INC	DUSTRY						
٦	Elementary/Secondary (0-12) College (1-4 or 5+)									
Ž	17. FATHER'S NAME (First, Middle, Lost),									
	Mack Wood	11	Middle, Maiden Surname)	2 - /						
BE		Mamm		ed L						
2	LOU LEAN WOODS 3006 Thory	rdule 1								
	20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of			21215						
	1 Deurisi 2 Cremation 3 Removal from State 4 Donation 6 Other (Specify)	e com.	TE 200, LOCATION -	City or Town, State						
	21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND AL	DORESS OF FACILITY	1344	e co. mas						
	1 6 016 DE 10 TOO	mille	F/1,	639 14						
_	bedyng Miller Seff			BROADWay						
	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode o shock, or heart failure. List only one cause on each line.	of dying, such as ca	rdisc or respiratory an							
	IMMEDIATE CAUSE (Final			Onset and Death						
	resulting in death)			145 mint						
- 1	DUE TO (OR AS A COMBEQUENCE OF).	1-11								
Z	Sequentially list conditions & Acrost within	of ple	edine	days						
CERTIFICATION	Sequentially list conditions, If any, leading to immediate ceuse. Enter UNDERLYING									
윤	CAUSE (Disease or Injury \$ 6									
Ē	that initiated events OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
8	and the same of th									
	PART II. Other aignificant conditions contributing to death but not resulting in the underlying car	uzse given in Part I.	24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS						
MEDICAL	CILL HOST 2		PERFORMED?	AWARABLE PRIOR TO COMPLETION OF CAUSE						
ā	A TO MAID OF DEATH									
_	Venal failure									
¥	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Creek only one)									
S	HOSPITAL: OTHER:	☐ Wasidence 6 ☐ Oth								
BY PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY 280. TIME OF 28c. INJURY	AT 284.06	284. DESCRIBE HOW INJURY OCCURED							
7	1 ☐ Return! 5 ☐ Pending (Month, Oay, Year) INJURY WORK? 2 ☐ Accident Investigation	2 - NO	28f. LOCATION (Street and Number or Rurel Route Number							
	3 Suicide 6 Gould not be 28e. PLACE OF INJURY At home, farm, street, fectory, office	28f. LO								
2	6 Homicide determined buttilling, etc. (Specify)									
COMPLETED	29a. CERTIFIER Check only CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
M	one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death									
	29b. SIGNATURE AND TITLE OF ENTIFIER 29a	LICENSE NUMBER		E SIGNED (Month, Day, Year)						
H	the wo	35621		5-73-97						
임	30. NAME AND ADDRESS OF PERSON WHO GOMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	2000		1212						
	3320 Benson Army Bal	Limas	M1) -	11727						
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	THIVE	/ ( ) 0							
	Mayon									
	MAY 27 1992 John thurdon Mindall									



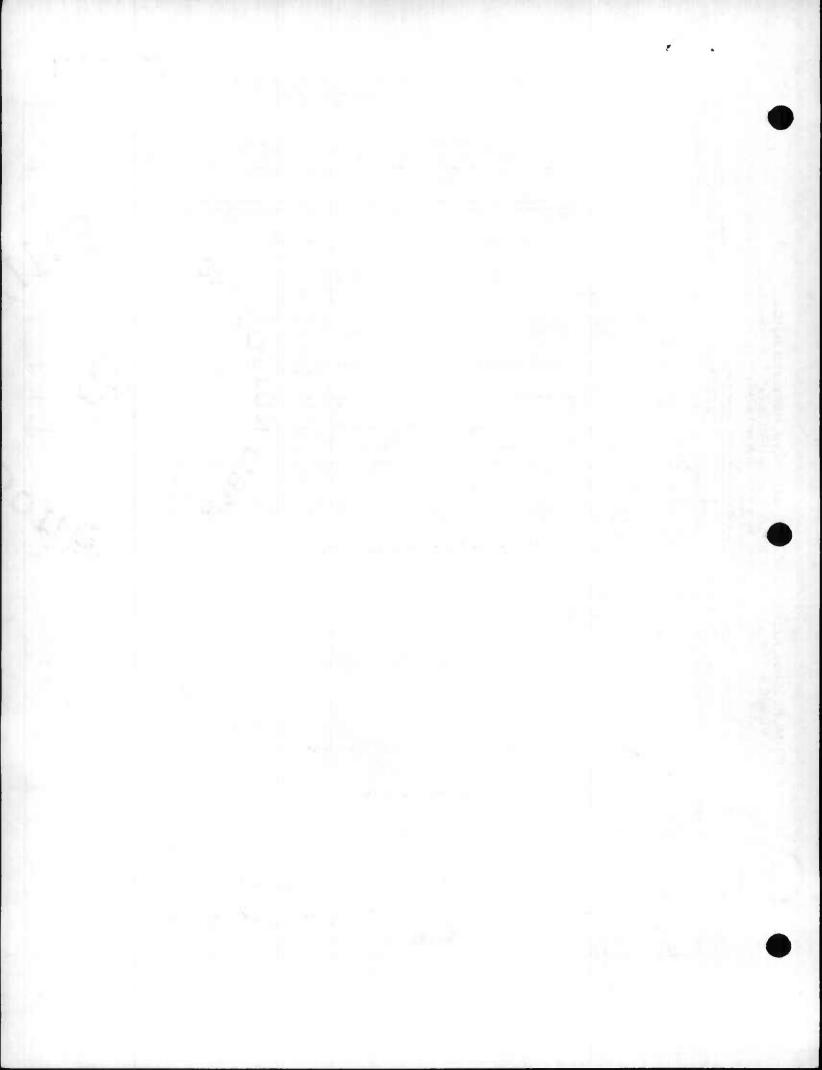
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

THE HIGHAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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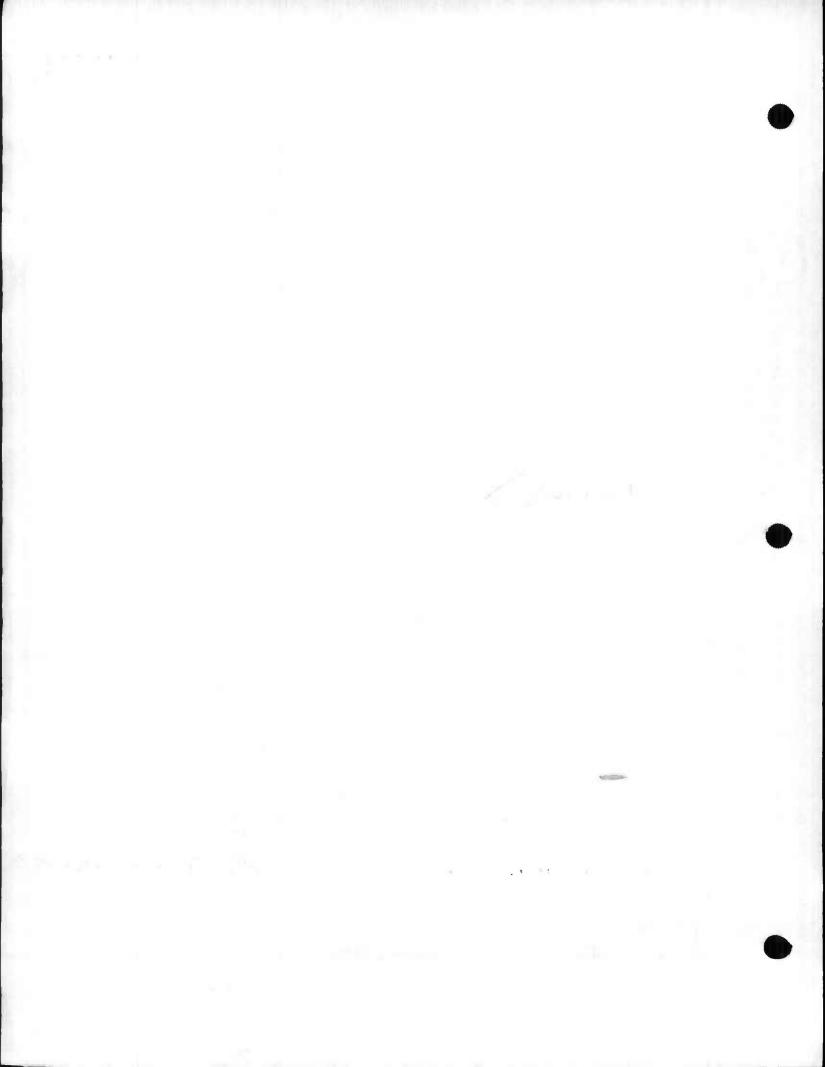
	FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPARTI				YGIENE EG. NO.		14001		
	1. DECEDENT'S NAME (First, Middle, Lest)	W				2. DATE OF D		YEAR	3. TIME OF OEATH		
		Mary Anna					22. 199	2.	7p.m. M		
	4. SOCIAL SECURITY NUMBER 2.15-44-2.163	1 □ M 2 🛣 F		FUNDER 1 YEAR DAYS	F UNDER 24 HRS. 7. DATE OF BIRT (Month, Day, N. 7/16/		( Year)	Count	HPLACE (State or Foreign ry) ryland		
OR	9a. FACILITY NAME (If not institution, give so 1 Sunup Court	Ireet and number)	9		CITY, TOWN OR LOCATION OF OEATH Reisterstown			ec county of OEATH Baltimore			
5	RESIDENCE OF DECEDENT								10d, INSIDE CITY		
DIRECTOR	Maryland Balt	1000 000111			10c. CITY, TOWN OR LOCATION Reisterstown						
FUNERAL	1 Sunup Court			101. ZIP CODE 2.1.1				U.S.	WHAT COUNTRY? A.		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married  \$\times \text{Widowed} 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR C	2 K NO					Blac	E — American Indian, k, White, atc. White		
COMPLETED	15. DECEDENT'S EDU- (Specify only highest grade Elementary/Secondary (0-12) 12th Grade	CATION completed) College (1-4 or 8+)	(Give kind of world	DECEDENT'S USUAL OCCUPATION  (Give kind of work done during most of working  fie. Do NOT use retired.)			of Business/inc	USTRY			
₹	17. FATHER'S NAME (First, Middle, Last)		COOK			Rect					
BE CC	Nelson Frank						Maiden Surname) erine Lu	ers			
	19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	ODRESS (Street an	d Number or Rural	Route Number, Ci	ity or Town, State, Zip	Code)			
5	Mrs. Anna Marie R		1 Sunu	p Court	Reiste	erstown	, MD 21	136			
	20a. METHOD OF DISPOSITION  DESCRIPTION   Secretary   Specify   Sp										
	21. SIGNATURE OF FUNERAL SERVICE LIC	Rell	ner	Lorin		Funera	1 Direct Randalls				
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  a. Metas tata bend Concov  Bue To (or as a consequence of):  b. Due To (or as a consequence of):  b. Due To (or as a consequence of):  c. Due To (or as a consequence of):  b. Due To (or as a consequence of):  c. Due To (or as a consequence of):  c. Due To (or as a consequence of):  Due To (or as a consequence of):										
PHYSICIAN: MEDICAL C	PART II, Other algnificant condition	out not resulting in t	aulting in the underlying couse given in			Part I. 24a. WAS AN AUTOPSY PERFORMEO?  1 YES 2 NO		WERE AUTOPSY FINDINGS AWALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
Z	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
Sic	EXAMINER?										
۲	27. MANNER OF DEATH	1   Inpetient 2   ER/Out	28b. TIME O		5 Residence						
BY P	1 Netural 5 Pending 2 Accident Investigation	letural 5 Pending (Month, Day, Year)			K? ES 2 NO	28d. OESCRIBE HOW INJURY OCCURED					
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
COMPLETED	29e. CERTIFIER (Check only one) 2	CIAN: To the best of my know	viedge, death occurred a on and/or investigation, i	nt the time, data a	nd place, and due	to the cause(a)	and manner as state	ed,	a) and manner ea stated.		
8	296. SIGNATURE MO TITLE OF CENTIFIER	My h	nd	29c. LICENSE NUN			29d. DATI	Significant Signif	(Morth, Day, Year)		
5	30. NAME AND ADDRESS OF PERSON WHO	O DOMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	Dr. A	See	Alt	Mi	)	2/229		
	31. DATE FILED (Month, Day, Year) MAY 2.7 1992	32. REGISTRAR'S SIQ	ATURE		1		0.14	-			



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending principal.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnal trainer town. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

10	Items 23 Part I,27  1 - FOR STATE REGISTRAR		ARYLAND / DEPA		HEALTH AND	MENTAL HYGIE	NE	14662		
	1. DECEDENT'S NAME (First, Middle, Last)	TEE				2. DATE OF DEATH	P8 9	3. TIME OF DEATH		
	AJLVIN  4. SOCIAL SECURITY NUMBER	LEE 5. SEX		YOUNG	Sr.					
	213-70-1720	1 💢 💢 2 🗆 F	33 YRS	MONTHS DAYS	HOURS MIN.	7. DATE OF BIFTTH (Month, Day, Year) 7-21-5		Pa.		
DIRECTOR	9e. FACILITY NAME (If not institution, give a 5502 LEITH ROAD	treet and number)		BALTIMO	ORE	DEATH	9c. COUNTY	OF DEATH		
EC C	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNT	Y	10c, C	SITY, TOWN OR LOC	ATION			10d. INSIDE CITY		
	Md.  104. STREET AND NUMBER						ity			
FUNERAL	111000000000000000000000000000000000000	D					,	OF WHAT COUNTRY?		
N	5502 Leith	Road	EVER IN U.S. ARMED	42 WHO D	21239	NIC ORIGIN? (Specify Y		S.A		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WAI	YES 2 NO	If yes,	specify Cuben, Mexic S 2 XNO Spec	an, Puerto Rican, etc.)	20 221 1 13	RACE — American Indian, Black, White, etc. Specify: Black		
ED	15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT	'S USUAL OCCUPA	TION	16b. KIND OF B	USINESS/INDUST			
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) L8 Month	III -	of work done during in use retired.)  abled	nost of working					
ш	17. FATHER'S NAME (First, Middle, Lest)  Lee Eddie :	Young			18. MOTHER'S N	AME (First, Middle, Maide ie Walk	,			
8	19a. INFORMANT'S NAME (Type/Print)		19b. MAILI	NG ADDRESS (Stree	t and Number or Rura	Route Number, City or To	wn, State, Zip Cod	le)		
5	Donna Young		9310	) Walt	ham Woo	ds Rd/Ba	ltimor	e, Md 21234		
	20e. METHOD OF DISPOSITION  1 XBurial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DAT cemetery, crematory of A C D 11 C 1	r other place)	Name of Cemete	DATE 20c. L	ocation - city	The second second		
	1   XBurfal   2   Cremation   3   Removal from State   Cemetary, crematory or other place   Arbutus   Mem. Cemetery   Arbutus   Md.									
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Due to (or as a consequence of):									
PHYSICIAN: MEDICAL CEI	PART II. Other significent condition	eeth but not resultin	ot resulting in the underlying cause given in P			N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO			
M	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)									
SIC	EXAMINER?  V YES 2 NO  HOSPITAL:  1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residence 5   Other (Specify)									
BY PHY	27. MANNER OF DEATH  1 Natural Pending Investigation	28e. DATE OF IN (Month, Day, Found 5-	IME OF 28c. II	NJURY AT YORK?  YES 2 NO	28d. DESCRIBE HOW Unknown	ESCRIBE HOW INJURY OCCURED				
ETED	3 ☐ Suicide 6 ☑ Could not be 4 ☐ Homicide determined	, street, factory, of	treet, factory, offica  281 LOCATION (Street and Number or F City or Town, State)  Baltimore, MD  5502 Le			urel Route Number, Lth Road				
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the tima, data and place, end due to the cause(a) and manner as stated.  EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the tima, data and place, and due to the cause(a) and manner as stated.									
TO BE C	29b. AND NATURE AND TITLE OF CERTIFIES	My.	29c. LICENSE NUMBER O.C.M.E.			29d. DATE SIGNED (Month, Day, Year) ▶05/19/92				
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)  HARLO MIN A. VO QUIL 111 PENN STREET, BALTIMORE, MARYLAND 21201									
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR*	S SIGNATURE	-Randall	3	d				
		1002		-	1			DHMH-15 Rev 1/6		



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) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	<ol> <li>THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.</li> </ol>	spontability is ton 90 to marked or item 22 shows one interne or other traumatic areast the medical available marked or item 22 shows one internet traumatic available available marked or item.

	5. SEX  1  M 2  F  give street and number)  1d I.ibert  NT  COUNTY  arroll  Liberty F  12. WAS DECEDIFORCES?  IF YES, GIVE  S EDUCATION  t grade completed)  College (1-4 or 2 Yea  ast)  Let Year  Andrews  Removel from Btate	d.  ent ever in 1 yes wan on dat	U.S. ARMED 2 PNO TES WW.  16a. DECEDENT (Give kind of the Do NOT  AD. St  19b. MAILII 700  PLACE AND DO	Sy Stry, Town ykes  13.  III  "S USUAL of work done use retired, at e	OR LOCAT  Vili  NAS DEC  If yes, ap  1 VES  OCCUPATION  POI	Le  217 ENDENT Coeffy Cube: 2 X NO  Not of working it Ce  18. MOTH	E 8 4  OF HISPAN  N, Mexica  Specify  HER'S NA	IIC ORIGIN? (n, Puerto Ricy:  18b. K PO ME (First, Mid	BIRTH  Jay, Year)  / 2 2 /  Specify Year  an, etc.)  I i C e  dide, Maiden  S e	10g. crr	B. BIRTHI Country Balinty of De arro:	American Indian,  White
219-22-7972 9a. FACILITY NAME (If not institution 700 W. O RESIDENCE OF DECEDE 10a. STATE 10b. ( MD. C 10b. STREET AND NUMBER 700 W. Old 11. MARITAL STATUS 1 Naver Merried 2 Marrie 3 Widowed 4 Divorced  15. DECEDENT (Specity only highe Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, L Fredrick And 19a. INFORMANT'S NAME (Type/Pri	1 M 2 F  give street and number)  1d I.ibert  NT  COUNTY  ATTO11  Liberty F  12. WAS DECEDIFORCES?  IF YES, GIVE  S EDUCATION  t grade completed)  College (1-4 or  2 Yea  ast)  T Andrews  Removal from Btate	d.  ent ever in 1 yes wan on dat	10e. C S  U.S. ARMED 2 NO 16e. DECEDENT (Give kind of life. Do NOT 19b. MAILII 700 PLACE AND DO	Sy Stry, Town ykes  13.  III  "S USUAL of work done use retired, at e	DAYS  OR LOCAT  Vill  100  WAS DEC  If yes, sp 1  YES  OCCUPATION  POl  SS (Street s	PR LOCATION  Le  J. ZIP CODE  217  ENDENT CODE  22 X NO  Not of workin  1 C E  18. MOTH  Day	E 8 4  OF HISPAN  N, Mexica  Specify  HER'S NA	MIC ORIGIN? (n, Puerto Ric	(Specify Year) (22/ (Specify Year) (1 i Ce (die, Maiden	10g. CIT	Country Balinty of De arro:  IZEN OF W J. S. II  14. RACE Black Spech  DUSTRY	Maryla ATH  10d INSIDE CITY LIMITS?  1  YES 2 M NO HAT COUNTRY?  A.  American Indian, White, atc.
9a. FACILITY NAME (If not institution 700 W. ORESIDENCE OF DECEDE 10a. STATE 10b. MD. C. 10c. STREET AND NUMBER 700 W. Old 11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced 15. DECEDENT (Specify only higher Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, L. Fredrick And 10a. INFORMANT'S NAME (Type/Pri. Mrs. Shirles 2 Cremetton 3 4 Donation 5 Other (Specify Other	give street and number)  1 d I.ibert NT arroll  Liberty F  12. WAS DECEDIFORCES? IF YES, GIVE  S EDUCATION ti grade completed)  College (1-4 or 2 Yea  set)  Lews  Andrews  Removal from Biste	d.  ent ever in 1 yes war or dat	U.S. ARMED 2 NO 16s. DECEDENT (Give kind of life. Do NOT 19b. MAILLI 700 PLACE AND DO	9b. CIT SY SY TTY, TOWN Y K e S  I I I I I I I I I I I I I I I I I I	OR LOCAT Vill 101 101 1 Yes OCCUPATIO POll	VIII  TION  Le  217  ENDENT Cubs 22 No  ON  ICE  18. MOTH  Day	E 84  F HISPAN  Mexical  Specify  HER'S NA	IIC ORIGIN? (n, Puerto Ricy:  18b. K PO ME (First, Mid	Specify Year en, etc.)  IND OF BUS  Lice  (die, Maiden	10g. CIT	IZEN OF WILLIAM SPORTS	10d. INSIDE CITY LIMITS? 1 Use 2 No HAT COUNTRY?  A.  American Indian, White, atc.
700 W. O RESIDENCE OF DECEDE  10a. STATE 10b. C  10c. STREET AND NUMBER 700 W. Old  11. MARNTAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced  15. DECEDENT (Specify only higher Elementary/Secondary (0-12) 12  17. FATHER'S NAME (First, Middle, L Fredrick And 10a. INFORMANT'S NAME (Type/Print MYS. Shirley 20a. METHOD OF DISPOSITION 1 \$7 Burlel 2 Cremetion 3 4 Donation 5 Other (Specify	Liberty F  12. WAS DECEDIFORCES? IF YES, GIVE  S EDUCATION of grade completed)  College (1-4 or 2 Yea  10.  College (1-4 or 3 Yea  10.  College (1-4 or 4 Or 4 Yea  10.  College (1-4 or 4 Yea  10.  C	ent ever in 1 1 1 Yes war or dat	U.S. ARMED 2 PNO TES WW.  16a. DECEDENT (Give kind of the Do NOT  AD. St  19b. MAILII 700  PLACE AND DO	Sy Sy Stry, Town ykes  13.  14 Work done relired, atte	OR LOCAT Vill 101 101 1 Yes OCCUPATIO POll	VIII  TION  Le  217  ENDENT Cubs 22 No  ON  ICE  18. MOTH  Day	E 84  F HISPAN  Mexical  Specify  HER'S NA	IIC ORIGIN? ( n, Puarto Ric  18b. K  PO  ME (First, Mid	IND OF BUS  1ice  Idle, Maiden	10g. crr	IZEN OF WILLIAM SPOCH	10d. INSIDE CITY LIMITS? 1  YES 2 NO HAT COUNTRY?  A.  — American Indian, White, etc.
10a. STATE  MD.  10c. STREET AND NUMBER  700 W. Old  11. MARITAL STATUS  1 Never Married 2 Marrie  3 Widowed 4 Divorced  15. DECEDENT  (Specify only highe  Elementary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, L  Fredrick And  10a. INFORMANT'S NAME (TyperPri.  MYS. Shirley  20a. METHOD OF DISPOSITION  187 Burley 2 Cremetton 3  4 Donation 5 Other (Specify)	Liberty F  Liberty F  12. WAS DECEDING FORCES? IF YES, GIVE  S EDUCATION It grade completed) College (1-4 or 2 Yea  181)  LYEWS TANDREWS Removel from Btate	ent ever in 1 1 1 Yes war or dat	U.S. ARMED 2 PNO TES WW.  16a. DECEDENT (Give kind of the Do NOT  AD. St  19b. MAILII 700  PLACE AND DO	II. Is usual confusion work done use retired; at the work done use retired;	OR LOCAT  Vill  100  WAS DEC  If yes, sp 1  YES  OCCUPATION  POl  SS (Street s	Le  217 ENDENT CO 227 NO CONTRACTOR CONTRACT	E 84  OF HISPAN IN Mexical Specify  HER'S NA	n, Puarto Ric	IND OF BUS  1ice  Idle, Maiden	iog. CIT	IZEN OF W J.S. J 14. RACE Black Spectf DUSTRY	10d. INSIDE CITY LIMITS? 1  YES 2 NO HAT COUNTRY?  A.  — American Indian, White, atc.
MD. C  10e. STREET AND NUMBER  700 W. Old  11. MARNTAL STATUS  1 Never Married 2 Marrie  3 Widowed 4 Divorced  15. DECEDENT (Specify only higher  Elementary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, L  Fredrick And  19e. INFORMANT'S NAME (TyperPrint  MYS. Shirley  20e. METHOD OF DISPOSITION  1 St Burlel 2 Cremetion 3  4 Donation 5 Other (Specify	Liberty F  12. WAS DECEDIFORCES? IF YES, GIVE  S EDUCATION of grade completed)  College (1-4 or 2 Yea  1)  CANDREWS  Removal from Btate	PART EVER IN 1 VES WAR OR DATE S +)	U.S. ARMED 2 NO rES WW 16a. DECEDENT (Give kind of Mile. Do NOT	III  "S USUAL C If work done use relired, at te	Vill  WAS DECEMBER OF THE STATE	Le  217 ENDENT Coeffy Cube: 2 X NO  Not of working it Ce  18. MOTH	84  F HISPAN  IN Mexical  Specify  HER'S NA	n, Puarto Ric	IND OF BUS  1ice  Idle, Maiden	BINESS/INI	J.S.J.  14. RACE Black Specific COUSTRY	1 □ YES 2 M NO HAT COUNTRY?  A.  — American Indian, White, stc.  White
10e. STREET AND NUMBER  700 W. Old  11. MARITAL STATUS  1 Naver Married 2 Marrie  3 Widowed 4 Diverced  15. DECEDENT (Specify only highe  Elementary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, L  Fredrick And  10e. INFORMANT'S NAME (Type/Pri.  Mrs. Shirley  20e. METHOD OF DISPOSITION  15/8 Burlei 2 Cremetton 3  4 Donation 5 Other (Specif	Liberty F  12. WAS DECEDIFORCES? IF YES, GIVE  S EDUCATION It grade completed)  College (1-4 or 2 Yea  181)  LYEWS  Andrews  Removel from Btate	PART EVER IN 1 VES WAR OR DATE S +)	U.S. ARMED 2 NO 2 NO res WW 168. DECEDENT (Give kind into Do NOT) ID. St	III  IS USUAL Column work done use retired.  Ate  NG ADDRES  W. (	I 101  I. WAS DEC. If yes, ap 1 Tes  OCCUPATION  PO 1  SS (Street a	217 ENDENT OF COMPANY	84  F HISPAN  IN Mexical  Specify  HER'S NA	n, Puarto Ric	IND OF BUS  1ice  Idle, Maiden	BINESS/INI	J.S.J.  14. RACE Black Specific COUSTRY	A.  American Indian, White, atc.  White
700 W. Old  11. MARITAL STATUS  1 Never Merried 2 Merrie  3 Widowed 4 Divorced  (Specify only higher  Elementary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, LEFREDRICK And 19a. INFORMANT'S NAME (Type/Primer)  Mrs. Shirley  20a. METHOD OF DISPOSITION  15 Burley 2 Cremetton 3 4 Donatton 5 Other (Specific	12. WAS DECEDIFORCES? IF YES, GIVE  S EDUCATION It grade completed)  College (1-4 or 2 Yea  set)  PEWS  Andrews  Removal from Btate	PART EVER IN 1 VES WAR OR DATE S +)	2 NO TES WW.  16a. DECEDENT (Give kind of the Do NOT)  19b. MAILH 700  PLACE AND DA	III  TS USUAL Cool work done use retired. Tate  NG ADDRES	N. WAS DEC. If yea, ap 1   YES  OCCUPATION  OCCUPATION  PO 1	217 ENDENT Cooling Cube 2 X NO ON ist of workin 1CE 18. MOTH	84  F HISPAN  IN Mexical  Specify  HER'S NA	n, Puarto Ric	IND OF BUS  1ice  Idle, Maiden	BINESS/INI	14. RACE Black Specific DUSTRY	A.  — American Indian, White, atc.  White
1 Naver Married 2 Marrie 3 Widowed 4 Divorced  15. DECEDENT (Specify only highe  Elementary/Secondary (0-12)  1.2  17. FATHER'S NAME (First, Middle, L.  Fredrick And  19a. INFORMANT'S NAME (Type/Pri.  Mrs. Shirley  20a. METHOD OF DISPOSITION 1 St Burlel 2 Cremetton 3 4 Donation 5 Other (Specif	FORCES? IF YES, GIVE  S EDUCATION It grade completed)  College (1-4 or 2 Yea  set)  PEWS  Andrews  Removal from Btate	YES WAR OR DATE	2 NO TES WW.  16a. DECEDENT (Give kind of the Do NOT)  19b. MAILH 700  PLACE AND DA	III  TS USUAL Cool work done use retired. Tate  NG ADDRES	If yes, sp 1 VES  OCCUPATION  during mod  PO 1  SS (Street a	ice  18. MOTE	n, Mexica Specify	n, Puarto Ric	IND OF BUS  1ice  Idle, Maiden	e Of	Black Specification	White White
(Specify only higher Elementary/Secondary (0-12)  1 2  17. FATHER'S NAME (First, Middle, L. Fredrick And 19a. INFORMANT'S NAME (Type/Pri. Mrs. Shirles)  20a. METHOD OF DISPOSITION 1 57 Burles 2 Cremetton 3 4 Donation 5 Other (Specific And 19a)	rews Andrews Removal from Btate	20b.	(Give kind of the Do NOT ID . St	ate  NG ADDRES	PO1	ice 18. Moti	hen's na	Po ME (First, Mid	lice	Of Surname)	fice	r
Fredrick And  198. INFORMANT'S NAME (Type/Prin  Mrs. Shirley  20a. METHOD OF DISPOSITION  1 Strength 2 Cremetion 3  4 Donation 5 Other (Special	rews  Andrews Removel from Biste	20b.	700	NG ADDRES	SS (Street a	18. мот	hne	ME (First, Mid	dle, Maiden	Surname)	1	r
Fredrick And  198. INFORMANT'S NAME (Type/Prin  Mrs. Shirley  20a. METHOD OF DISPOSITION  1 St Burlel 2 Cremetion 3  4 Donation 5 Other (Specia	Andrews Andrews Removal from Bitate	of ce	700	W. C		Dar	hne	Cha	se			
19a. INFORMANT'S NAME (Type/Pri  Mrs. Shirles  20a. METHOD OF DISPOSITION 1 ☆ Burlel 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Specia	Andrews Removal from State	of ce	700	W. C								
Mrs. Shirles  20a. METHOD OF DISPOSITION  1 String 2 Commetten 3  4 Donatten 5 Other (Special	Andrews Removel from State	of ce	700	W. C		and Number	-					
20a. METHOD OF DISPOSITION 1 St Burlal 2 Cremation 3 4 Donation 5 Other (Special	Removal from Btate	of ce	PLACE AND DA		7							
		- We	emetary, cremate	ory or other	POSITION place)	(Name		DATE	20c. LO	CATION —	City or To	vn, Stata
21. SIGNATURE OF FUNERAL SER	ICE LICENSEE		stmin	ster	Cer	nete	ry	5/2	7 Wes	stmi	nste	er. MD.
X+(1/1)	0 10	Co	vey	I	Burr	ier-	-Que	een F	uner	a1	Home	21784 field. M
IMMEDIATE CAUSE (Finel disease or coholition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Onset and Death  Onset and Death												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
	d											
PART II. Other aignificent co	20-	to death bu	it not resultin	g in the u	underlyin	g ceuse (	given in		PERFOR	RMED?	24b.	WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MED	CAL				20 0	105 OF B	FATH ON					
EXAMINER?	HOSPITAL:	□ EB#Outo		OTHE	ER:			reck only one)		10	nie	
27. MANNER OF DEATH  1 Natural 5 Pendi	28a. DATE (Month)		28b. 1	IME OF INJURY	28c. IN.	JURY AT DRK?		8 Describer	RIBE HOW I	NJURY O	CCURED	
2 Accident Invest 3 Suicide 6 Could 4 Homicide determ	28e. PLACE	OF INJURY	— At home, farr	n, street, fa	ectory, offic	ea .			ION (Street Town, State)		er or Rural F	loute Number,
conton only	PHYSICIAN: To the best XAMINER: On the basis o											) and manner as stated.
296. SIGNATURE AND JULE OF	emo	10	4)			29c, LIC	ENSE NUI	MBER 1999		29d, DA	TE SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF PERI MANUAL GO 31. DATE FILED (Month, Day, Year)	SEVE	RARIS SIGNA	_		NO	eles	ey	rel.	u	25	THE	uster a

3. TIME OF DEATH

BIRTHPLACE (State or Foreign Country)

10d, INSIDE CITY

1 YES 2 NO

Approximate Interval Between

Onset and Death

LNO

1-2405

24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 YES 2 NO

26/92.

MD

Specify: BLACK

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

	)
68760,	
BOX	
P.O.	
VITAL RECORDS, I	
OF VITAL	
DIVISION	

2. DATE OF DEATH MONTH 5 -BRANCH JR. 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 217-28-1249 1 XM 2 F 3-11-32 HOURS 60 YRS. 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1632 E. 31st STREET BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MD BALTIMORE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2741 E. PRESTON STREET 21213 U.S.A. retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Married 2XX Married If yes, specify Cuben, Maxicen, Puerto Rican, etc.)

1 YES 2 X NO Specify: BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY BALTIMORE CITY Elementary/Secondary (0-12) College (1-4 or 5+) MASTERS DEGREE SCHOOL 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
LEAH BROOKS notified at JOHN H. BRANCH, SR. BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2741 E. PRESTON STREET/BALTIMORE, MD 21213 2 PAULA J. BRANCH 24 hours after death. Page 6 may be Pe 20a. METHOD OF DISPOSITION
1 During Town methon 3 Removal from Stata
4 Donetion 5 Dether (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, Stata DATE must funeral director, GREENMOUNT CEMETERY BALTIMORE, MD 23 SIGNATURE OF SERVERAL SERVICE-LICENSET examiner 22. NAME AND ADDRESS OF FACILITY 22. PART Letter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, whock, or heart fellure. List only one cause on each line. WM.C.MARCH F.H./1101 E. NORTH AVENUE and completely filled in by the obufal, cremation, or removal. medical IMMEDIATE CAUSE (Finei the disease or condition within 2 RENAL FAILURE event, resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF): executed traumatic PROSTATE CAUCER METASTATIC CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): i signed by the attending physician a Health and Mental Hygiene prior to If any, leeding to immediate cause. Enter UNDERLYING other t CAUSE (Disease or Injury that initiated evente DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST 0 PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Pert i. 24s. WAS AN AUTOPSY PHYSICIAN: MEDICAL any 1 TES 2 NO Shows has been s Dept. of H 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) certificate h HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER: 1 YES 2 NO DR ATTENDING PHYSICIAN: 4 - Nursing Home 5 - Rasidence 6 - Other (Specify) 0 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) this cu 26b. TIME OF INJURY 28c. INJURY AT WORK? marked. 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation BY 1 YES 2 NO After death 2 Accident 28a, PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide L DIRECTOR: A hours after d 28 Is ETED. 6 Could not be 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide Tem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(a) and manner as ateled. COMPL TO THE HOSPITAL OF THE FUNERAL DID BE filed within 72 ho HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) Carmodo Scott D38347 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 3601 LOCH RAVEN BUD BALTIMORE Ab 21239 SCOTT CARNIVALE 31. DATE FILED (Month, Day, Year) MAY 28 1992

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



**DHMH-16 Rev 1/89** 

) THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have awrine a property of the page. In the State Dept. of Health and Mental Hydiene prior to burial, cremitable.	MPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HO	TO THE FUI	IMPORTA

30. NAME AND ADDRESS OF MERSON WHO CONTROL OF THE STATE O

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

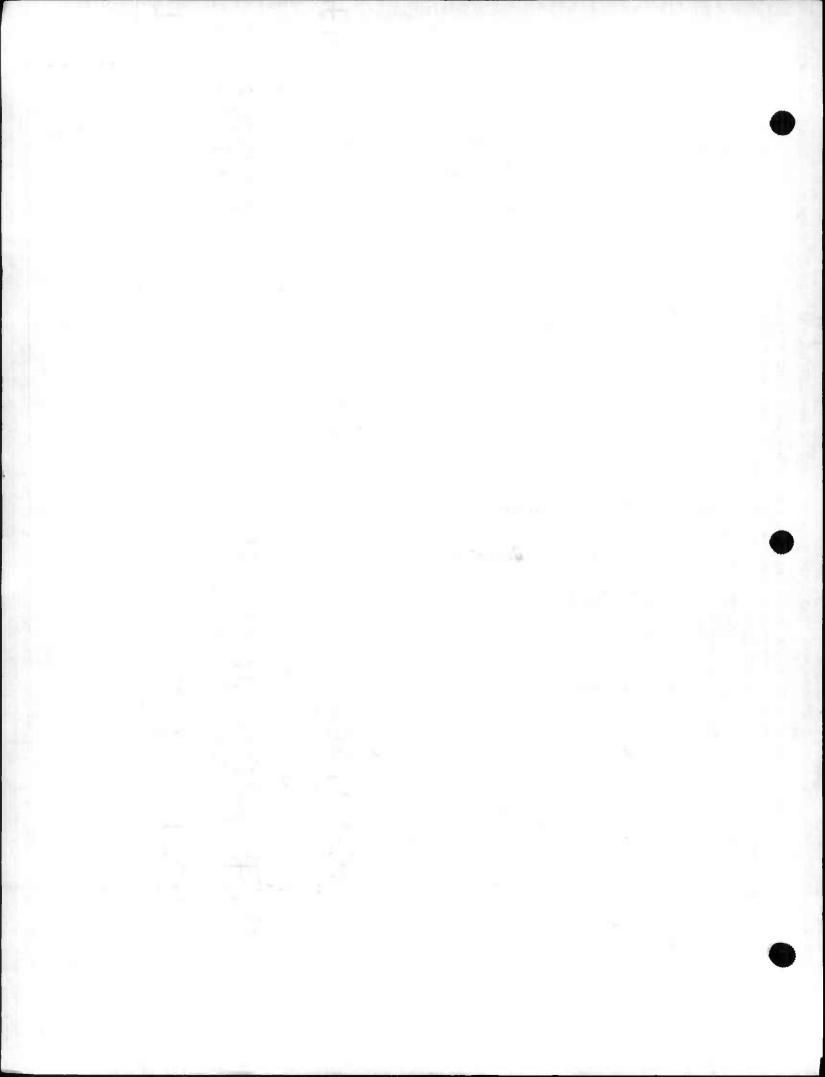
911 Russell Avenue

22. REGISTRAR'S SIGNATURE

							9	2 14665	
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMEN			MENTAL HYGIEN	IE .		
	D CEDENT'S NAME (First, Middle, Lest)		LANCHE AMA	BEAMA	AN .	2. DATE OF DEATH	MY 9	YEAR 3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 5-07-34-2829	5. SEX 6. AGE (In yrs. I	1	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	, ,	J. BIRTHPLACE (State or Foreign Country)	
TOR	99 FACILITY NAME (If not institution, give str	Nusing C	ente 2	ry, TOWN O	R LOCATION OF OB	EATH C		y of peath  Agowely	
DIRECTOR	10a. STATE 10b. COUNTY	omery Co	10c. CITY, TOWN		ION			10d. INSIDE CITY LIMITS?  1 YES 2 NO	
	10e. STREET AND NUMBER		e-Many V	101.	ZIP CODE 20854		10g. CITIZ	EN OF WHAT COUNTRY?	
BY FUNERAL	11602 Coldstre  11. MARITAL STATUS 1  Never Married 2  Merried 3  Widowed 4  Divorced	12. WAS DECEDENT EVER IN U.S. / FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED 13	If yes, spe	ENDENT OF HISPAN	NIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	pe or No—	4. RACE — American Indian, Black, Whita, etc. Specify: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12 +	completed) College (1-4 or 5+)	DECEDENT'S USUAL ( Give kind of work done life. Do NOT use retired.  tired/ LP	e during mo:	N st of working	16b. KIND OF BI	siness/indu		
BE COM	17. FATHER'S NAME (First, Middle, Last)  John Van Dyke				16. MOTHER'S NA Ruth M	ME (First, Middle, Meide Hiller	n Surname)		
TO B	190. INFORMANT'S NAME (Type/Print)  Hazel Sutherland					Route Number, City or To Ve, Potoma			
	20a. METHOO OF OISPOSITION 1		CE ANO OATE OF DIS		(Name	DATE 20c. L	OCATION — C	ity or Town, Blate	
	21. BIGNATURE OF FUNERAL SERVICE LICE	- 1				ore St, Ba		-	
,	23. PART I. Enter the diseases, or conshock, or heart failure. I.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)	omplications that caused the list only one cause on each if	ne.	ar the mo	da of dylng, suc	h sa cardisc or rea	piratory srre	et, Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONS							
ERTIF	that initiated avents resulting in deeth) LAST	DUE TO (OR AS A CONS	SEQUENCE OF):						
PHYSICIAN: MEDICAL C	PART II. Other significant conditions  Hypothyrisidism	contributing to death but no	t resulting in the (	underlyln	g csuse given in		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
SIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF OEATH (C)	neck only one)			
IYSI	1 TYES 2 NO	HOSPITAL: 1   Inputient 2   ER/Outpatient 28a, DATE OF INJURY	3 DOA 4 W N	ursing Hom		6 Other (Specify)	INTERY OCC	URED	
ВУ	1 Netural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO						DESCRIBE HOW INJURY OCCURED     LOCATION (Street and Number or Rural Route Number,		
ETED.	3 Suicide 6 Could not be determined	building, etc. (Specify)				City or Town, Stat	9)		
COMPLET	one)	CIAN: To the best of my knowledge, R: On the basis of examination end/							
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	mo.			29c. LICENSE NU D-1904		29d. DATE	SIGNEO (Month, Day, Year)	
2	30. NAME AND ADDRESS OF MERSON WHO	COMPLETED CAUSE OF DEATH (	TEM 27) (Type, Print)						

20879

Gathersburg,



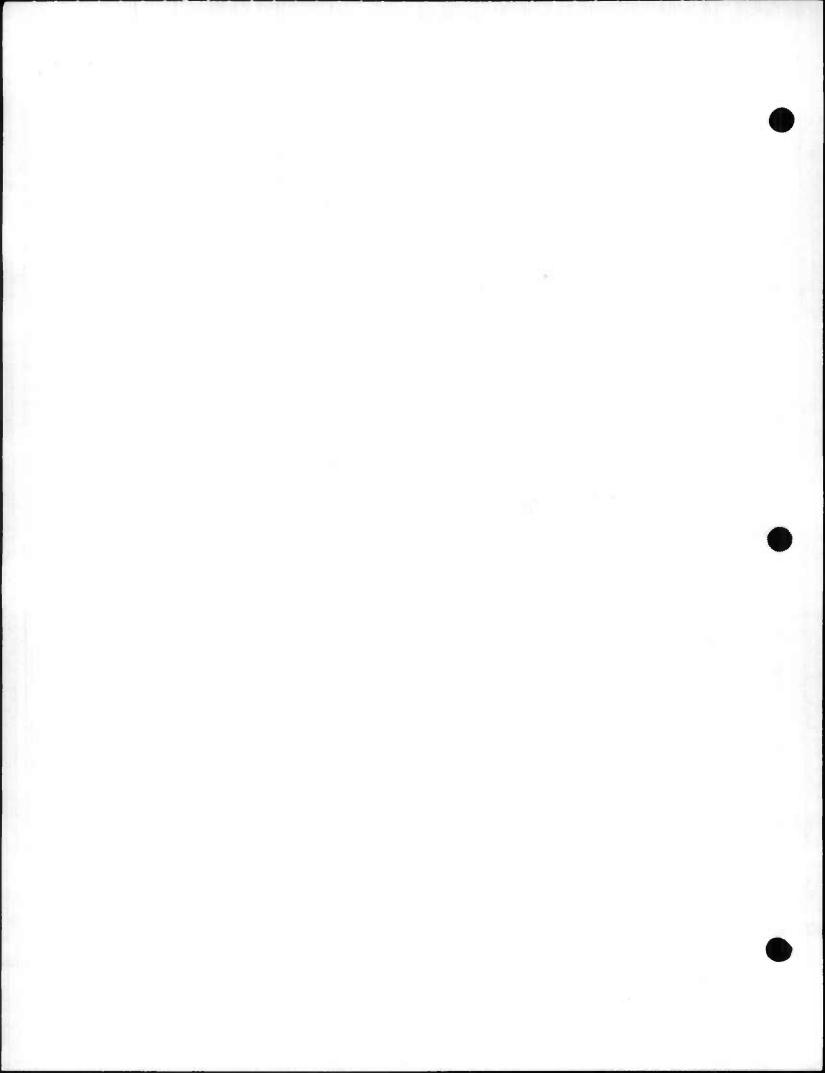
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 should be retained by the burial-transit permit. Pages 1, 2, 3 should be fined within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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	1. DECEDENT'S NAME (First, Middle, L	est)		ERTIF	ICAT	E OF	DEAL	-	2. DATE C	REG. NO		I.	3. TIME OF DEATH
	Josephine	М.	Butta						MONTH	D		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le	st birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS	7. DATE O	22, 1		a BIRTHRI	9:12 A. N
	212-28-8916	1 🗌 M 2 🔯 F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)		Country)	
	9e. FACILITY NAME (If not institution,	rive street and number)	A OI Ma							n 7,		TY OF DEA	ryland
OR	3203 Dudley A	Avenue Baltimore									SC COOK		
DIRECTOR	RESIDENCE OF DECEDENT			1 400 007	V TOUR	OR LOCAT					-		
E	Maryland			10c. C11								- 1	0d. INSIDE CITY LIMITS?
													VES 2 NO
A A	IVIL STREET AND NUMBER					101.	ZIP CODE	E			10g. CITIZ	EN OF WH	AT COUNTRY?
R	3203 Dudley A							213			U.	S. A	١.
BY FUNERAL	11. MARITAL STATUS  1 Never Merried						in, Puerto Ri	(Specify Yes can, etc.)	or No—	14. RACE - Black, ' Specify:	- American Indian, White, etc. White		
8	15. DECEDENT'S		16a. Di	ECEDENT'S	USUAL C	CCUPATIO	N		16b. I	KIND OF BUS	SINESS/IND	ISTRY	WIIICE
COMPLETED	(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5	1660	Give kind of v a. Do NOT us	vork done le retired.)	during mos	st of workin	g					
를	NA	NA		Homem	akeı	c						Own F	Tome
ő	17. FATHER'S NAME (First, Middle, Last	)					18. MOTH	IER'S NA	ME (First, Mi	ddle, Maiden		31111 1	101110
BE													
2	Salvatore Butta (Husband) 3203 Dudley Ave., Baltimore, Md. 21213												
20a. METHOD OF DISPOSITION  10 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of commetery, cremetory or other place)  Parkwood Cemetery  Baltimore, Md													
	21. SIGNATURE OF FUNERAL SPENIC		TIMEN	COOM		NAME AN		SS OF FA	CILITY		bartri	nore,	Ma.
	. 12:	17							neral	Homes	s. Inc	2.	
_	Man		2		3	3331	Breh	ms I	ane.	Balti	more.	Md.	21213
	shock, Dr heart fellore. Let Dnly one cause on each line.								Approximate interval Between Onset and Death				
7		_	(OR AS A CONSE										
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. OUE TO	(OR AS A CONSE	OUENCE OF	7):								
CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	oue to	(OR AS A CONSE	OUENCE OF	7):								
	PART II. Other significant condi	tions contributing to	death but not	resulting i	n the u	nderiving	Cause o	iven in	Part I	A. WAS AN	AUTOPEV	24b W	FDE ALITODRY ENDINGS
MEDICAL	Mul	tiple sole	prosis								24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?		WAILABLE PRIOR TO COMPLETION OF CAUSE
									-			1	YES 2 NO
N S	25. WAS CASE REFERRED TO MEDICA EXAMINER?						ACE OF DE	EATH (Che	eck only one)				
S	1 TYES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA DOA	4 Nu		5 Re	eldence	8 🗆 Other (	(Specify)			
27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year)  28b. TIME OF 28c. INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCUREO													
TED BY	2 Accident Investigati 3 Suicide 8 Could not 4 Hornicide determine	be 28e. PLACE 0 building.	F INJURY — At ho	ome, ferm, s	treet, fac				281. LOCAT	TON (Street e Town, Stete)	and Number o	r Rural Rou	ite Number,
	4   Homicide determined  29s. CERTIFIER (Check only one) 2   MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as attated.  2   MEDICAL EXAMINER: On the best of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and manner as stated.												

Farrow, 5810 Belair Road, Baltimore, Md.



Dr. Fernando
31. DATE FILEO (Month, Day. Year)
MAY 28 1992



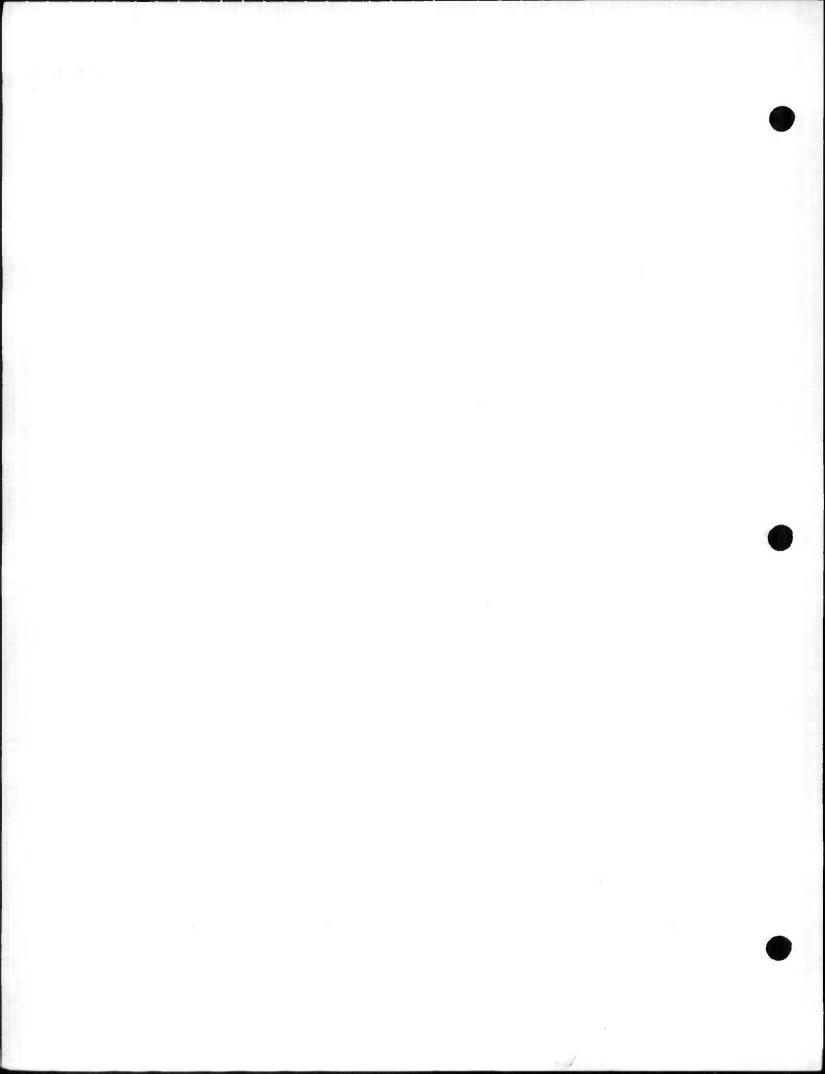
=	be med within 12 hours after occin with the State Dept. Of regular and wellian hypere prior to builar, demandin, or removal. IMPORTANT: If them 28 is marked, or them 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should	TO THE HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Las	1)							2. DATE OF MONTH	DEATH DA		YEAR	3. TIME OF DEATH
	Hallie M. Brown	n							May 2	7, 1	992	TEAN	12 Noon w
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF I			8. BIRTH	PLACE (State or Foreign
	451-05-3305	1 □ M 2√X F	81	YRS.	MONTHS	DAYE	HOURS	MIN.	March	23,	191		lahoma
	9a. FACILITY NAME (If not institution, glw	The state of the s			9b. CITY,	TOWN	OR LOCATI	ON OF D	EATN		9c. COU	NTY OF D	EATH
Ö	3407 Shannon Di			Ва	lti	more				_		-	
DIRECTOR	10a. STATE 10b. COUN			10c. CIT	Y, TOWN O	R LOCA	TION						10d. INSIDE CITY
뚭	Maryland			Ва	lti	more						LIMITS?	
A.	10e. STREET AND NUMBER				101	. ZIP COD	E		10g. CITIZEN OF WH.			11	
ER	3407 Shannon I	Orive		21213						U. S.			Α.
FUNERAL	11. MARITAL STATUS		T EVER IN U.S. AR					ANIC ORIGIN? (Specify Yes or No. 14. RACE			— American Indian, White, atc.		
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES				2XXNO					Speci	Arc
	15. DECEDENT'S EC	DUCATION	40. 00							115011			White
COMPLETED	(Specify only highest gra	de completed)	(Gi	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)					16b. KIN	ID OF BUS	INESS/IND	DUSTRY	
7	NA	College (1-4 or 5	+)		Man	200	r		١,	Hote	l Ind	lucta	•37
OM	17. FATHER'S NAME (First, Middle, Last)	2122		1000	L Hall	age		IER'S NA	ME (First, Middl			lusti	. у
BE C	James Hutton								y Knigl		,		
	19a. INFORMANT'S NAME (Type/Print)		198	. MAILINO	ADDRESS	(Street a	nd Number		Route Number, C		, State, Zip	Code)	
5	Jo Marie Gafos	(Dghtr)		3313	Shan	non	Driv	re,	Baltimo	ore,	Md.	2121	.3
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Re	movel from State	20b. PLACE A	ND DATE	OF DISPOSI						CATION —		
	4 Donation & Other (Specify)		Green	n Mou	int C					Ва	altim	ore,	Md.
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	,	1			ADDRES		cury eral Ho		Tma		
	Newster	mi	-		33	31	Brehr	run ns L	ane. Ba	alti	nore.	Md.	21213
	23. PART I. Enter the diseases, D shock, or heart failure	r complications the	t caused the de	ath. Do n	Dt enter	the mo	de of dy	ng, auc	h as cardiec	or reepli	ratory arr	est,	Approximata
	IMMEDIATE CAUSE (Final		1 4		1								Onset and Death
	diseese Dr condition resulting in death)	, met	78	-	000	n	<b>S</b>	The	cer				
1		DUE TO	(OR AS A CONSEC		ŋ:					-			
Z	Sequentially list conditions,	Ь	mit										
¥	if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	DUENCE OF	ŋ:								
SE	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSEC	NENCE OF	า:								
E	reaulting in death) LAST		light	1	G	A	000	-					İ
S S			0	_		7	24	7					
MEDICAL CERTIFICATION	PART II. Other eignificent condition	resulting in the underlying ceuse given in F					Part I. 24e. WAS AN AUTOPSY PERFORMED?			24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
ă									10	YES 2	□ NO		COMPLETION OF CAUSE OF DEATH?
													1 TES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	T											
S	EXAMINER?	HOSPITAL:	GEL/Gimpetient 3		OTHER	:	. /		eck only one)		_		
ž	27. MANNER OF DEATH	28a, DATE OF		28b. TIM		ing Nom 26c. INJ		aldence	6 Other (Sp.		LILIDY OOG	YIDED.	
	1 Natural 5 Pending	(Month, C		INJ	URY	WO	RK?	l No.	zeu, DESCHIE	E NOW IN	JUNY OCC	UHED	
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE C	F INJURY — At hor	ne, tarm, a	treet, facto			,	28t. LOCATIO	N (Street a	nd Number	or Rural R	oute Number
ED	4 Homicide 6 Could not be detarmined	building,	etc. (Specify)						City or To	wn, State)			Trained,
COMPLET	29a. CERTIFIER CERTIFYING PHY	SICIAN: To the best of	my knowledge des	th occur-	of at the of		and elec-						
MP		SICIAN: To the best of VER: On the basis of a											and manner as stated.
	29b. SIONATURE AND TITLE OF CERTIFI		A		, 0					provot, erit			
H	290. SIGNATURE AND TITLE OF CENTIFI	- Qu	Kork	5			29c. LICE	24	102		29d. DATE	-	(Manth. Day. Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	SE OF DEATN (ITEN	27) (Type	Print)		<u>.</u>	-			-	1-	110
	Dr. Luhar, 1576					MA							
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	ASSIGNATURE	27 ( 11	ore,	riu							
	MAY 28 1992	gulia Davi	dson-gande	حاقال									







FLOSSIE

\$186 \$71071301 \$10025398 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	AND THE	CERTIF	ICATE OF	DEATH	RE	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) FLOSSIE	BLUE	arriva and a second and a second and a second and a second and a second and a second and a second and a second			2. DATE OF D	DAY	YEAR	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 214-74-3061	5. SEX 6. A	GE (In yrs. lest birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		21 PITH (Voar) -1961	a. BIRTHI Country	7:35 P M		
TOR	98. FACILITY NAME (If not institution, give street and number)  THE JOHNS HOPKINS HOSPITAL  98. CITY, TOWN OR LOCATION OF DEATH  BALITMORE CITY  98. COUNTY OF DEATH  BALITMORE										
DIRECTOR	10a. STATE 10b. COUNTY	Υ	Y, TOWN OR LOCA	TION				10d. INSIDE CITY LIMITS? YES 2 \( \square\) NO			
FUNERAL	1836 6. Cha	se st		10	101, ZIP CODE 109. CITIZEN OF WHAT COU						
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 20 NO	If yes, a	CENDENT OF HISPA pecify Cuban, Mexico 3 2 NO Specific	an, Puerto Rican,		14. RACE Black Specif	— American Indian, White, atc.		
COMPLETED	15, DECEDENT'S EDU (Specify on)-highest grade Elementary/Secondary (0-12)		Ille. Do NOT us	work done during m	ost of working	16b. KIND	OF BUSINESS/IN	DUSTRY	<del>- poo</del>		
	17. FATHER'S NAME (First, Middle, Last)  Solve Earl	les !	1410	/12.		AME (First, Middle,	Meiden Surname)	4			
TO BE	190. INFORMANT'S NAME (Type/Print)	nver	19b, MAILING	ADORESS (Street	and Number or Rural	Route Number, Cl	ty or Town, State, Zi	p Code) o	21207		
	20a. METHOD OF DISPOSITION  1 Surial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DATE Completely, crematory or o		ame of	DATE 27	20c. LOCATION -	City or Toy			
	21. SIGNATURE OF FUNERAL SERVICE LIC	MERA!	Ano	22. NAME A	ND ADDRESS OF FA	CAR	dines	5	_		
	23. PART I. Enter the diseesea, or can shock, or heart feilura. IMMEDIATE CAUSE (Final	complications that certain the certain complications that certain complete certain cer	used the death. Do r	not enter the mo	ode of dying, aud	ch as cerdiac d	or respiratory ar	reat,	Approximata Interval Batween Onset and Daath		
	disease or condition resulting in death)	DUE TO (OR.	AS A CONSEQUENCE OF		T Ca	incel			years		
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST  d										
DICAL	PERFORMED?  1 □ YES 2 □ NO								WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (Ch	neck only one)					
Sign	1 YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Spe	cify)				
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye	er) INJ	M 1 🗆	JURY AT DRK? YES 2 NO	28d. DESCRIB	E HOW INJURY OC	CUREO			
	3 Suicide 6 Could not be 4 Homicide determined	28s. PLACE OF INJ building, atc. (	URY — At home, farm, ( Specify)	street, factory, offic		281, LOCATION City or Tow	(Street and Numbern, State)	r or Aurai Ad	oute Number,		
COMPLETED		CIAN: To the best of my k							and manner as stated.		
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	1			29c. LICENSE NUI		29d. DAT	S-7	(Month, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	A A				-	pt of	n	edicine		
	31. DATE FILEO (Month, Day, Year) MAY 28 1992	32. REGISTRAR'S S	GIGNATURE								

TO THE HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-18 Rev 1/89

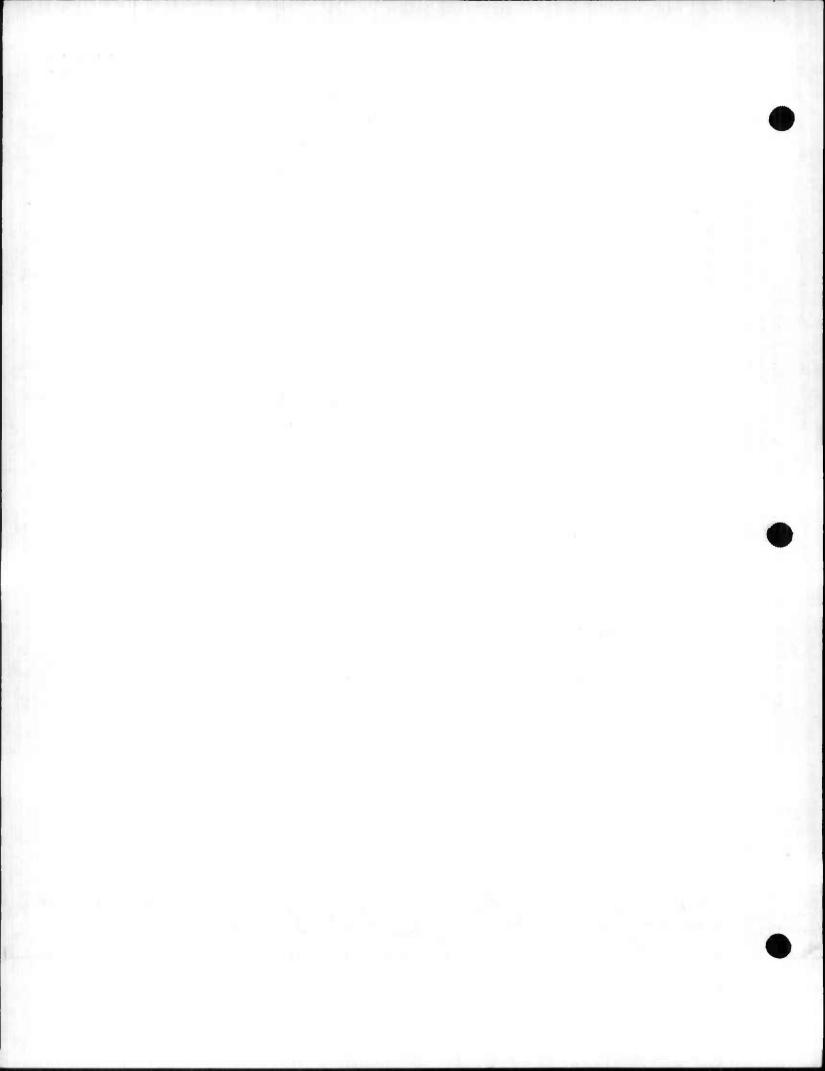
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DIVISION	

hospital or attending physician.	lached for use as the burial-transit permit. Pages 1, 2, 3 should		43
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit nermit. Pages 1 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once

	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI	MENT OF H	EALTH AND DEATH	DEG NO	)	. 11005	
1	1. OECEDENT'S NAME (First_Middle, Leat)	ELLYN M. B	IDNE			2. DATE OF DEATHS	126/92	an 0935 an	
	4. SOCIAL SECURITY NUMBER 365-30-9217	1 🗆 M 2 🖎 X 61	Mr.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT. 8,1		BIRTHPLACE (State or Foreign Country) ILLINOIS	
TOR	ST. AGNES HOSPIT		S. S. S. S. S. S. S. S. S. S. S. S. S. S	BALT	MORE	9c, COUNTY	COUNTY OF DEATH		
DIRECTOR	10e. STATE 10b. COUNTY	LTIMORE	10c. CITY, 1	TOWN OR LOCAT	ON CATONSVI	LLE	-	10d. INSIDE CITY LIMITS? 1 YES AND	
FUNERAL	100. STREET AND NUMBER 1210 TUGWELL DRI	VE		101	21228			U.S.A.	
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3XXWidowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR		If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, atc.) fy:	e or No- 14.	. RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. OECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		16a. OECEDENT'S US (Give kind of work life. Do NOT use in OFFICE CL	k done during mo etired.)	N st of working	16b. KIND OF BU			
	17. FATHER'S NAME (First, Middle, Last)		OFFICE CL	EKK	16. MOTHER'S NA	AME (First, Middle, Meider		OMMUNITY COLLEGE	
TO BE	190. INFORMANT'S NAME (Type/Print)  JAMES O'MAY	(SON)				PONSVILLE,			
	20a. METHOD OF DISPOSITION 1 Burlel 2 Dermation 3 Remote 4 Donation 8 Other (Specify)	M	B. PLACEAND DATE OF I					or Town, State ILLE, MARYLAND	
	21. SIGNATURE OF FUNERAL SERVICE LIC	tike L						FUNERAL HOMES	
	23. PART I. Enter the diseases, or cahock, or heart failure. IIMMEDIATE CAUSE (Final disease or condition resulting in death)	Dely	each line.	n			olretory arrest	Approximeta interval Between Onset and Daeth	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c	A CONSEQUENCE OF):  A CONSEQUENCE OF):	alti,	Ject	Im			
PHYSICIAN: MEDICAL C	PART II. Other significant conditions Hydro Ceyho Diplos , Sc	contributing to death	but not resulting in the state of the state	the underlying	cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Out		THER:	ACE OF DEATH (Ch	6 Other (Specify)			
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	F 28c. INJ WO	JRY AT	28d. DESCRIBE HOW	INJURY OCCUR	ED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJUR building, etc. (Spe	Y At home, farm, atre- ecify)	111		281, LOCATION (Street City or Town, State	et end Number or Rural Route Number, te)		
COMPLETED		CIAN: To the best of my known						suse(e) and manner as stated.	
BE	296. SIGNATURE AND TITALE OF CERTIFIER				29c. LICENSE NUI	MBER		GNED (Month/Day, Year)	
2	30. MAME AND ADDRESS OF PERSON WHO	GIR G	EATH (ITEM 27) (Type, Pri	*	Agre-	o be	Spi	tal	
	MAY 28 1992	32/REGISTRAR'S SIGN	NATURE MORE		0				





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

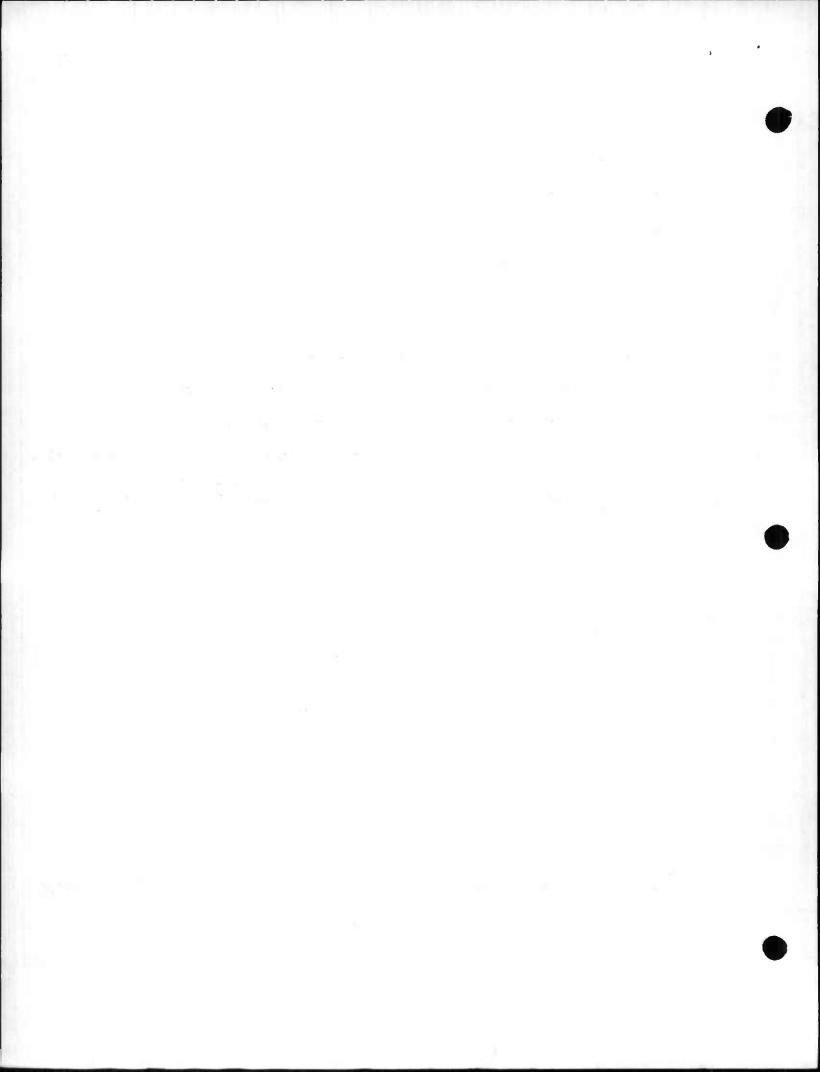
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH BEG NO.

negia inan			COLL	IVALE	· OF	DEA		HE	EG. NO			
1. DECEDENT'S NAME (First, Middle, Last) $ELNORA$	GUNSA	LLUS BI	LAIR					2. DATE OF D		<sup>w</sup> 5 -	52	3. TIME OF DEATH  2:10 P
4. SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In yrs. Is	and foliate of a s	IF UNDER	A MEAS		00.000	7 0470				
210-20-0585	1 - M 2 - F	6. AGE (in yrs. is	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BI 0 4 - 1 4		28	8. BIRTI Count	PLACE (State or Foreign PA
9a. FACILITY NAME (If not institution, give st	reet and number)			9b. CITY,	TOWN (	OR LOCATION	ON OF DI	EATH		9c. COU	INTY OF D	EATH
G.B.M.C 6701 N.	CHARLI	S STRI	EET			WSO						MORE
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY			40. 017	W								
MD. BA	LTIMORI	3	10c. CI1	COC		SVII	LLE					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER  10102 WOODLAK  11. MARITAL STATUS	E DRIVI	3			101	21 (	2 2 30			10g. CIT	S	WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	BMED	13. V	WAS DEC	ENDENT C	F HISPAI	NIC ORIGIN? (Sp	ecify Yes	or No-	14. RAC	E — American Indian,
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2 WAR OR DATES	NO			ecify Cuba 2 NO		n, Puerto Rican, y:	, etc.)		Spec	k, White, etc.
15. DECEDENT'S EDUC	CATION	16a. D	ECEDENT'S	USUAL OC	CUPATIO	ON.		18h KIM	OF BU	SINESS/IN	DUSTRY	HIC
(Specify only highest grade	completed) Cotlege (1-4 or 5		Give kind of le. Do NOT u	work done d	turing mo	st of working	ng	1000 KINE	OF BO	5114E 3-37 (14)	DUSTRY	
17. FATHER'S NAME (First, Middle, Last),		1 - 2 - 1	101111	2/11/	11-6	18. MOTI	HER'S NA	ME (First, Middle	, Maiden	Surname)		
17. FATHER'S NAME (First, Middle, Last), BROOKE L	GUN	SALL				n	AR	4 4	WE	-		
19e. INFORMANT'S NAME (Type/Print)	ECORD	5 1	SA.	ME	(Street a	AS	or Rural	BOVE	lly-or Tow	n, State, Zi	p Code)	
20a. METHOD OF DISPOSITION 1 B Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from State	20b. PLACE	AND DATE	OF DISPOSI	TION (No	img of	ונושו	DATE 5-28	20c. LO	CATION -	Sity or To	own, State mi)
21. SIGNATURE OP FUNERAL SERVICE LIC	ENSEE 0	C C	11.07	I 22 I	NAME A	ID ADDRE	SS OF HA	CILITY			2/	,
· rephin	v 7.	Gai	2	10	VA	25	CH	refer	00	5 6	HIL	NES ONIUM
23. PARY J. Enter the/diseases/or of	complications the	Laused the d	eeth. Do	not enter	the mo	da of dv	ing suc	h es cardiac i	Dr. reap	retory of	rest	Approximate
shock, or heert fallere.	List only one car	se on each lin	e.			ue or uy	ing, suc	ar os ositalos i	or resp	ratory or	root,	interval Batween
IMMEDIATE CAUSE (Fine)												Onset and Deatl
resulting in death)	8	OPULMO			RES	T						5 MIN
Sequentially list conditions,		ITERIC			SIS							3 DAYS
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury				•	07.11	CED						
CAUSE (Disease or injury	G	STATIC			CAN	CER						
thet initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSI	EOUENCE O	HF):								
resulting in deeth) LAST	d											
PART II. Other significant condition	a contribution to	death but ant	regulting	In the up	derlyin	0.00000.0	nisen in	Part i Ora	NEC AN	AUTOPSY	1.00	WERE ALTERNAL FAIRNAGE
	_ continuoung to	death but libt	resulting	in the on	dellylli	a cense i	Aireir III	Part I. 248.	PERFOR		246	. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
-								10	YES 2	□ NO		COMPLETION DF CAUSE DF DEATH?
3												1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					28 PI	ACE OF D	EATH (Ch	eck only one)				
EXAMINER?	HOSPITAL:	7 5000 /	• 🗆 • • •	OTHER	t:							
27. MANNER OF DEATH	1 Inpatient 2		1				sidence	6 Other (Spe				
27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE Of (Month, L		28b. TIN	JURY	WC	URY AT		28d. DEŞCRIB	E HOW I	NJURY OC	CURED	
2 Accident investigation				М	1 🔲	YES 2	NO					
3 Suicide 6 Could not be determined	28s. PLACE C building,	F INJURY — At h atc. (Specify)	ome, term,	street, lacto	ory, offic	8		281. LOCATION City or Tox	(Street i	and Numbe	r or Rural	Route Number,
29a. CERTIFIER							_					
(Check only one)  1 CERTIFYING PHYSI   MEDICAL EXAMINE												a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER							ENSE NUI					
1 B		(				296. LICI	ENSE NUI	MBER M /		29d. DA	TE SIGNED	(Month, Day, Year)
und State	ore,	on	<			Da	00	//			27	26/97
30. NAME AND ADDRÉSS OF PERSON WHI	O COMPLETED CAU	SE OF DEATH (IT	EM 27) (Type	Print)	· (~)	- 1-1	11	2/1/1/				
WILLIAM HOW	1716	00/6	= · U	/V/V	EK.	11/	1	KWY.				
31. DATE FILED (Month, Day, Year)	32. REGISTR	IR'S SIGNATURE	120									





TO BE COMPLETED BY FUNERAL DIRECTOR

CALL STATE OF THE COURT OF THE CALL STATE OF THE	t hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

4 Nomicid

29e. CERTIFIER (Check only one)

1. DECEDENT'S NAME (First, Middle, Las	et .		ERTIFI	CAIL	UF	DEA	111		REG. NO			
T < A A	10)	R	1111	=	7			2. DATE	OF DEATH	AY.	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH	7	A BURTH	IPLACE (State or Foreign
219-22-0587A	1 XM 2 🗆 F	90		MONTHS	DAYS	HOURS	MIN.	(Mont	AN .	1902	Countr	
9e. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN 0	R LOCATI	ON OF DE	_			NTY OF D	
6414 PARK HTS.	AVE., APT	3-C			BA	LTIM	ORE					
RESIDENCE OF DECEDENT  10e. STATE  10b. COUR	(TV		10c. CITY,	TOWN O	0 1 0047	.011						USANS
MARYLAND			loc. on t,			MORE						10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER				DP		ZIP COD				10a CIT	ZEN OF Y	1 X YES 2 NO
6414 PARK HEIG	HTS AVE.,	APT. 3	-C				- 1215			log. car.	USA	WIAT COOKING
II. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	BMED	13. W	VAS DECI	NOENT C	OF HISPAN	IIC ORIGII	17 (Specify Ye	s or No-		E — American Indian, c, White, etc.
Never Married 2 Married  Widowed 4 Divorced	FORCES? 1	YES 2 X	NO	1	yes, spe	city Cube	n, Mexica Specify	n, Puerto	Rican, etc.)		Speci	Wv:
- Har												WHITE
15. DECEDENT'S Et (Specify only highest gra	de completed)	G.	ECEDENT'S U Give kind of wo e. Do NOT use	ork done di			ng	166	. KIND OF BU	SINESS/INC	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+	) "		ECTE	TCT	TAN				ELECTI	OTCA!	
7. FATHER'S NAME (First, Middle, Lest)			بانا	ECIP	(TCT)		HER'S NA	MF (First	Middle, Maiden		KICA.	
MAX BLI	VESS							ELE	Wildell, Walder	BERNS	STETI	Z .
9a. INFORMANT'S NAME (Type/Print)		1	Pb. MAILING A	DDRESS	(Street er	d Number			ber, City or Tow			
MR. LOUIS BLI	VESS								LTIMOF			1208
20a. METHOD OF DISPOSITION	movel from State	20b. PLACE	ANDDATEO	DISPOSI	TION (Na	ne of		OAT	E 20c. LC	CATION —	City or To	wn, State
Donation 5 D Other (Specify)	11 5-22-5	HEI	BREW Y	OUNC	ME	N.		5/25	/92	BALT	IMOR	E, MD
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. N			SS OF FA		BROS,	TNC		
Your Way	y Lews			6					N RD.			MD 21215
23. PART . Enter the diseases, o	r complications that	caused the d	eath, Do no									Approximate
IMMEDIATE CAUSE (Final												Onset and Deatl
disease or condition reaulting in death)	e Co	OR AS A CONSE	hon	DEV.	A	266	t					
	DUE TO	OR AS A CONSE	QUENCE OF)									
	( )	repotil	in K	1900	+ 1	Los	MOY					5/1
Sequentially list conditions.	b					11						
f any, leading to immediate		OR AS A CONSE				. 10 11						-
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	6 (75	OR AS A CONSE	block									514
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	6 (75	ant 6	block									5.1
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. (1 P	OR AS A CONSE	OUENCE OF									5.16
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PERSON WNO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print)

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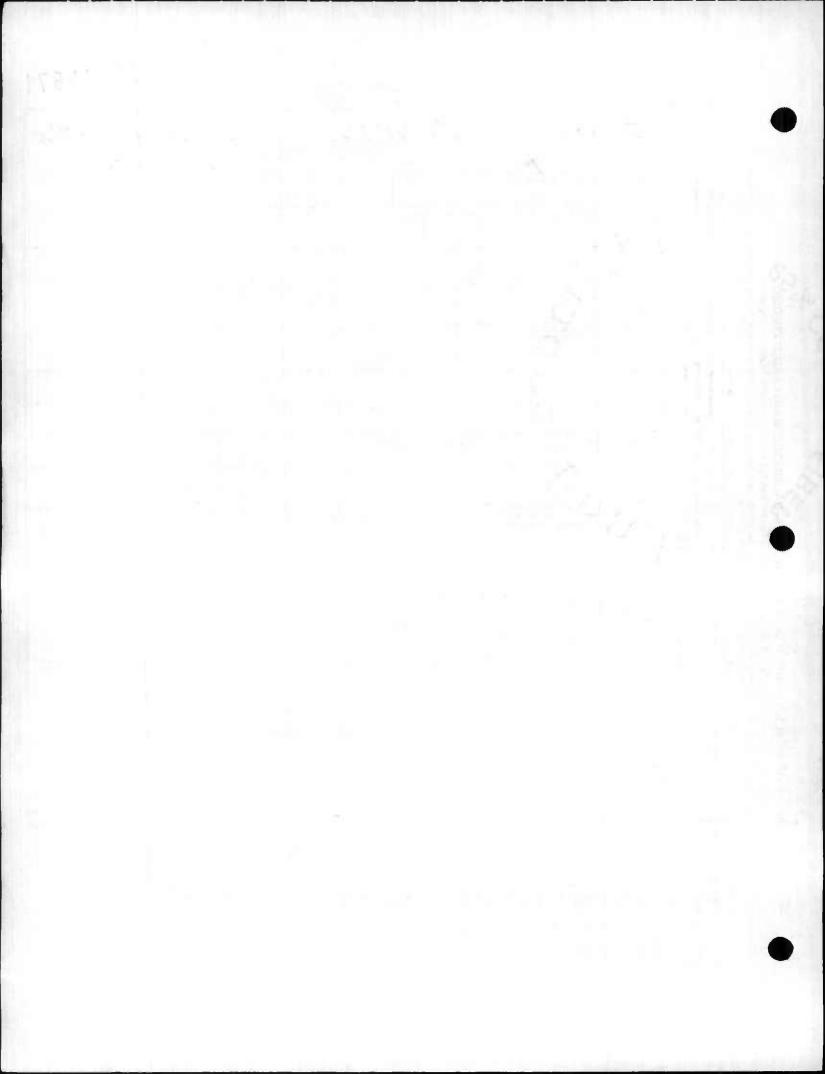
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31. DATE FILED (Month, Day, Year)
MAY 28 1992

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burial-transit permit. Pages 1, 2, 3 should

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page 5 should be detached for

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completely filled in by the rial, cremation, or removal.

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Hygiene prior to burial, cremation,

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FUNERAL DIRECTOR: within 72 hours after

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IMPORTANT: If

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) ESTHER K. BADER) 2. DATE OF DEATH ESTH ER 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 6. BIRTHPLACE 1 M 2 F YAS 181-09-5448 1-22-1915 PENNSYLVANIA 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH DIRECTOR 2907 FALLSTAFF RD., APT. BALTIMORE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND YES 2 NO BALTIMORE FUNERAL 10a. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2907 FALLSTAFF RD., APT. 38 21209 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexican, Puarlo Rican, stc.) RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Married 2 Married BY 1 TYES 2 NO Specify 3 Wildowed 4 Divorced Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Gree kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) 12 BOOKKEEPER LADIES CLOTHING 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) 75 **HERMAN KEAN** BE MIRIAM WEINBLATT notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RICHARD BADER 116 CASTLEWOOD RD., BALTO., MD 21210 8 20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE must 1 State 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) OHEB SHALOM MEMORIAL PARK 5-26-92 REISTERSTOWN, MD examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 21215 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onsat and Death disease or condition 2242 arcinoma resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? AWAILABLE PRIOR TO COMPLETION OF CAUSE Diakete 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: 1 TYES 2 Inpetient 2 - ER/Outpetient 3 - DOA 4 - Nursi 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 26c. INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending м BY 1 YES 2 NO 28a. PLACE OF INJURY — At home, term, streat, fectory, office building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 8 Could not be 4 Homfolde determined CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and menner as stated. (Check only one) MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occurred at the time, date and place, end due to the cause(a) and manner as atated. 296. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month Cosan (M) 9 435 W. BUNEDERL Krsen My 32. REDISTRAN'S SIGNATURE 1



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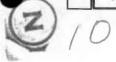
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	70R. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN	TO THE FUNERAL DIRECTOR: After this certific be filed within 72 hours after death with the 9	IMPORTANT: If Item 28 Is marked, or

92 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

6	irsi, Middle, Last)					OF DE			REG. NO	Au		3. TIME OF DEATN
		SWORTH	В	OYD						3	1992	
4. SOCIAL SECURITY NU 220-20-542		5. SEX 1 M 2 D F	6. AGE (In yrs. les	t birthday) YRS.	MONTHS I	YEAR IF UP DAYS HOUR	DER 24 HRS. S MIN.	7	DATE OF BIRTH (Month, Day, Year) 04=06-29		Count	HPLACE (State or Foreign try) YLAND
9a. FACILITY NAME (II no 639 DUMBART	ot Institution, give s FON AVE	street and number)				OWN OR LOC EMORE	ATION OF E			-	INTY OF C	
RESIDENCE OF D	ECEDENT 10b, COUNT											
MARYLAND	IOD, COONT	T			y, town or L'IMORI							10d, INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER						10f. ZIP C	ODE			10g. CI1	IZEN OF	WHAT COUNTRY?
	DUMBA	RTON AVE				212					USA	
11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 D		12. WAS DECEDEN FDRCES? 1 IF YES, GIVE W	YES 2 P	MED ID	lf y	S DECENDEN	iban, Maxic	an, Pu	RIGIN? (Specify Yes verto Rican, etc.)	or No—	Spec	E — American Indian, k, White, atc. ify: • AMER •
15. D	ECEDENT'S EDU	CATION COMPRISED	18a. DE	CEDENT'S	USUAL OCC	UPATION			16b. KIND OF BUS	SINESS/IN		· APIEK ·
Elementary/Secondary		College (1-4 or 5 +		Do NOT u	work done dur se retired.)	ing most of wo	rking					
17. FATHER'S NAME (First, HENRY	Middle, Lest) BOYD					18. M	OTNER'S N. HATTI	AME (	First, Middle, Meiden B	Sumame) OYD		
194, INFORMANT'S NAME	(Type/Print)		191	. MAILING	ADDRESS (S	Street and Nurr	ber or Rural	Route	Number, City or Town	n, State, Zij	p Code)	
HELEN	2011			639 I	DUMBAR	TON A	VE. B	AL'	TIMORE, M	ARYL	AND :	21218
29e. METNOD OF DISPOS	SITION Itlon 3 🗆 Rem	oval from State	20b. PLACE A	ND DATE	OF DISPOSITI	ON (Name of		1	DATE 20c. LO	CATION —	City or To	wn, Steta
4 Donation 6 Dott	ner (Specify)		WESTE	RN S	CAR CE	METER	Y 05-	28	-92 BAL	TIMO	RE,M	ARYLAND
at diameter by the	000	10	2			ME AND ADD						
23. PART I Enter the	diseases, or o	complications that	caused tha da	ath. Do r	130	O EUT.	AW PI	ACI	FUNERAL  E.BALTIM  cardiac or respi	ORE	MARVI	
23. PART I Enter the hoose or IMMEDIATE CAUSE (I disease or condition resulting in death)	Iraart lanure.	Hear	caused tha date on each line	140	130 not antar th	OO EUT.	AW PL	ACI	E BALTIMe cardiac or respi	ORE .1	MARYI reat,	AND 21217 Approximate Interval Between Onset and De
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-bransit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

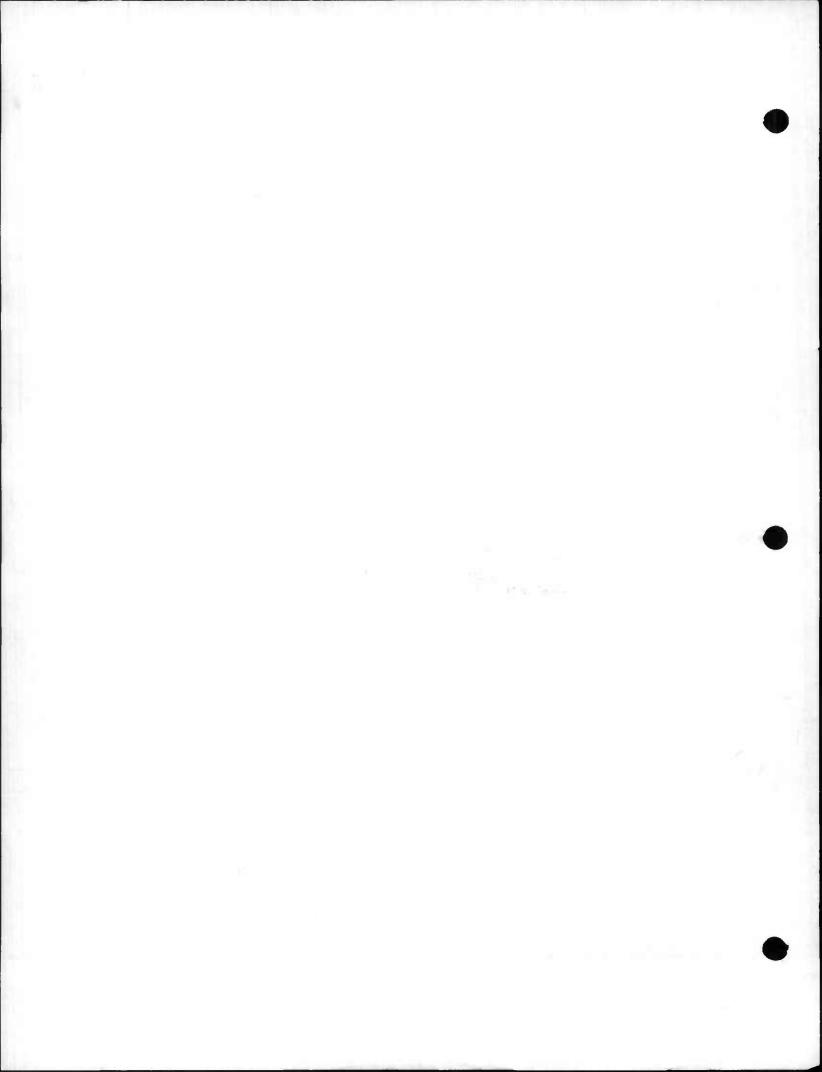
6-1- 92 Filmg688 W.H.

1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	HEGISTRAN CERTIFIC	CALE OF DEATH	REG. NO.	
	1. OECEDENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
l	TERRY Lections of Cousar		5 24	92 3:55A M
		F UNDER 1 YEAR F UNDER 24 HRS. ONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	6. BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN OR LOCATION OF DE	9-29-38	119
DIRECTOR	16 Heroldy Ct RESIDENCE OF DECEDENT	Balto	1	DALTIMERS
S		TOWN OR LOCATION		
	Md Bal			10d. INSIDE CITY LIMITS?  1 X YES 2 NO
FUNERAL	16 Heroldy Court	10f. ZIP CODE	10g. C	ITIZEN OF WHAT COUNTRY?
Z	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPAN	10 0010110 10 11 11	4-3.11
	1 Never Married 2 Married FORCES? 1 YES 2 NO	If yea, specify Cuban, Maxicas	i, Puerto Rican, atc.)	14. RACE — American Indian, Bleck, Whita, atc.
B	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES	1 TYES 2 X NO Specify	:	Specify; Black
0	15. DECEDENT'S EDUCATION 16a. DECEDENT'S US	SUAL OCCUPATION	16b. KIND OF BUSINESS/II	AIDHOTOV
1	(Specify only highest grade completed) (Give kind of wor	k done during most of working		
COMPLETE	Elementary/Secondary (0-12)  College (1-4 or 5+)  College, 84		C.C.N	1. June
M	17. FATHER'S NAME (First, Middle, Last)			
	Ela Causa	18. MOTHER'S NAI	ME (First, Middle, Maiden Surname)	
BE	19a. INFORMANT'S NAME (Type/Print) 19b MAILING AL	am	e (Tayo)	6
2	100 min 1200	DDRESS (Street and Number or Rural F	oute Number, City or Town, State, 2	Zip Code)
1	Custile Cousar 303	4 Doltreld	Ave pal	to Med 21215
	20a, METHOD OF DISPOSITION  1 Dispurial 2 Cremation 3 Removal from State  4 Donation 5 Other (Specify)	r place)	DATE 20c. LOCATION -	- City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		CILITY	, , , ,
	· Hala March	Jarch F. H.	Glest fire	100
	23. PART I. Enter the diseases, or complications that caused the death. Do not	enter the mode of dying, such	as cardiac or respiratory a	rrest, Approximate
	immediate cause (Final	i CARdiOVAS		Interval Between Onset and Death
VTION	Sequentially list conditions, If any, leading to immediate			
CERTIFICATION	CAUSE (Disease or Injury that initiated events resulting in death) LAST			
当	d			
	PART II. Other aignificant conditions contributing to death but not resulting in	the underlying cause given in I	Part I. 24s. WAS AN AUTOPSY	Y 24b. WERE AUTOPSY FINDINGS
DICAL			PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
9			1 _ YES 2 7 NO	OF DEATH?
Σ				1 TYES 2 NO
Z				
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	26. PLACE OF DEATH (Che	ck only one)	
YS.	1 (19) vee 1 (1) No	THER:  Nursing Home 5 Residence	3 C Other (Specify)	
Y PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending (Month, Day, Year)  2 Applied Investigation	PF 28c, INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY O	CCURED
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined determined		28f. LOCATION (Street and Number City or Town, State)	er or Rurel Route Number,
PL	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred a	it the time, date and place, and due t	o the cause(a) and manner as at	ated.
COMPLET	one) 2MEDICAL EXAMINER: On the beals of examination end/or investigation, I	in my opinion, death occured at the t	ime, date and place, end due to	the cause(a) end manner as stated.
	29b. SIGNATURE AND TITLE-OF CERTIFIER	29c. LICENSE NUM		
TO BE	E. P. Williamson in D.	D/11	71 29d. DA	TE SIGNED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pri	Rederick A	( · ( · ) - ·	
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	SON THE POPULATION OF THE POPU	ve (Mode	md
	BI NO 1997	-		7.10

after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the time Same Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	cal examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this centricate has been signed by the attending physician and completely filled in by the funeral be filed within 72 hours after death with the Same Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	t, Middle, Last) Ernes	t			Cox				2. DATE	of DEATH	<b>1</b> 992	YEAR	3. TIME OF DEATH 2:15am
1. SOCIAL SECURITY NUM 217-70-0996		5. SEX	6. AGE (In yrs	s. last birthday)	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE	of BIRTH		Coun	NPLACE (State or Fore
De. FACILITY NAME (If not i		G	22	YRS.	AL 0/71	70481	D	ON OF DE		-07-3	_		land
Maryland			. 1								9c. COL	JNTY OF	DEATH
RESIDENCE OF DE	CEDENT		11,					e Ci	ty				
MADAT AND	10b. COUNT	Y			TY, TOWN		ION						10d. INSIDE CITY LIMITS? 1 YES 2 N
MARYLAND	1			DAI	11 IMC		. ZIP COD	E			100 017	IZEN OF	11T YES 2 N
1027 CATHEL	DERAL S	STREET #5	В				201	-			USA		WITAL COOKINE
1. MARITAL STATUS  Never Married 2 2  Widowed 4 Div	Merried	12. WAS DECEDEN FORCES? 1 IF YES, GIYE W	T EVER IN U.S	<b>⊠</b> NO		If yes, sp	ecity Cub		n, Puerto	N? (Specify Ye Rican, atc.)	s or No—	Spe	
	CEDENT'S EDU		18e	DECEDENT'S					16	b. KIND OF BL	ISINESS/IN		R. AMER.
Elementary/Secondary (	nly highest grade (0-12)	College (1-4 or 5	+)	(Give kind of life. Do NOT u	work done ise retired.)	during mo	st of work	ng					
7. FATHER'S NAME (First, I	Middle, Last)						18. MOT	NER'S NA	ME (First,	Middle, Maider	Surname)		
LEROY		COX						ESS1	E M	AY COX			
9e. INFORMANT'S NAME (										nber, City or Tox			1370 0100
ROSA LI							_	1, #5	7				LAND 2120
ton METHOD OF DISPOSITION OF DISPOSI		20b. PLACE AND DATE OF DISPOSITION (Name of					DATE 20c. LOCATION — City or Town, State						
	-	MESI	WESTERN STAK CEMETERY 05-2 ESTEP BROTHERS					S FUNERAL HOME PA  ACE, BALTIMORE, MARYLAND 212					
23. PART I. Enter the canock or I	disesses, or haart fallure.	complications the	t caused the	death. Do	ES 13	TEP 300 I	BROZ	HERS V PLA	FUI ACE,	NERAL BALTI	HOME MORE	PA MAR	
23. PART I. Enter the canock, or 1	AL SERVICE LA	s. Se  DUE TO  C.	caused the	e death. Do lina.  NSEOUENCE C TENAL	22. ES 13 not anter	NAME AF STEP 300 F	BROZ	HERS V PLA	FUI ACE,	NERAL BALTI	HOME MORE	PA MAR	YLAND 212
23. PART I. Enter the canal shock or immediate Cause (Fidlesse or condition resulting in death)  Sequentially list condition and immediate to immediate to immediate. Enter UNDERLY CAUSE (Disease or injudical initiated events	diseases, branch deliure.	s. Se  DUE TO  C. DUE TO  d.	PSIS (OR AS A CON (OR AS A CON	e death. Do Ilna.  NSEQUENCE C TENAI  NSEQUENCE C	22. ES 13 not anter fail	NAME AND STEP 300 F	BROZEUTAV	ss of Fa THERS V PLA Ing, suc	COLTY FUI	NERAL BALTI diec dr resp	HOME MORE :	PA ,MAR	YLAND 212
23. PART I. Enter the canock of immediate Cause (Fiduses or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injuited initiated events resulting in death) LAS	AC SERVICE LIA  discusses, or chaert failure.  tions, ediata (ING ury  ST	s. Se  DUE TO  C. DUE TO  d.	PSIS (OR AS A CON (OR AS A CON	e death. Do Ilna.  NSEQUENCE C TENAI  NSEQUENCE C	22. ES 13 not anter fail	NAME AND STEP 300 F the mo	ND ADDRES BROZ	SS OF FACTOR OF	Part I.	NERAL BALTI diec Dr reep	HOME MORE :	PA ,MAR	Approximatinterval Bet Onset and I
23. PART I. Enter the calcook of the second	AC SERVICE LIA  discusses, or chaert failure.  tions, ediata (ING ury  ST	s. Se  DUE TO  C. DUE TO  d.	psis (OR AS A CON (OR AS A CON deeth but n	e death. Do lina.  NSEQUENCE C  TENAI  NSEQUENCE C  NSEQUENCE C	22. ES 13 not anter fail of the un	NAME AND STEP 300 I represented the moon of the moon o	D ADDRE BROZ	SS OF FACTOR OF THE RS V PLA	Part I.	NERAL BALTI diec Dr reep	HOME MORE :	PA ,MAR	Approximatinterval Bet Onset and I
23. PART I. Enter the canonic shock, or immediate Cause (Fidisesse or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injudice)  Sequentially list condition to injudice)  Sequentially list condition to injudice)  Sequentially list condition to injudice)  Sequentially list condition to injudice)  Sequentially list condition resulting in death)  CAUSE (Disease or injudice)  Sequentially list condition resulting in death)  CAUSE (Disease or injudice)  Sequentially list condition resulting in death)  CAUSE (Disease or injudice)  CAUSE (Disease or injudi	AC SERVICE LA  Alposses, Dr. haert failure. heliure. heli	Se DUE TO Ch. DUE TO d	caused the price of act of the price of the	e death. Do line.  NSEQUENCE C  TETA1  NSEQUENCE C  NSEQUENCE C	22. ES 13 not anter fail of:	NAME AND STEP 300 For the modern of the mode	DEUTAV  de of dy  cause  ace of c	SS OF FACTOR OF THE RS V PLA	Part i.	NERAL BALTI diec Dr resp	HOME MORE Solvetory and Autropsy RMED?	PA, MARY	Approximatinterval Bet Onset and I
23. PART I. Enter the canonic shock, or immediate Cause (Fidisesse or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or Injudice of the condition of the cause. Enter UNDERLY CAUSE (Disease or Injudice)  CAUSE	AC SERVICE LIA  discusses, or chaert failure.  tions, ediata (ING ury  ST	Se DUE TO Ch. DUE TO d	Caused the pn aach  PSIS (OR AS A CON  TONIC (OR AS A CON  (OR AS A CON  deeth but n    ER/Outpetien  INJURY ey, Year)	e death. Do line.  NSEQUENCE CONSEQUENCE C	22. ES 13 not anter fail of the unit of th	NAME AND STEP 300 I represented the modern of the modern o	g cause  ACE OF C  S G R  URY AT  PKS 2 [	SS OF FACTOR OF	Part i.	NERAL BALTI diec Dr resp  24a. WAS AI PERFO 1 YES	N AUTOPSY RMED?	PA, MARY	Approximatinterval Bet Onset and I
23. PART I. Enter the canock of immediate Cause (immediate Cause (fill disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or Injuries)  PART II. Other signification of the cause	AC SERVICE LIA  Discoses, or chaert failure.  Itions, ediata //ING ury ST  ant condition TO MEDICAL	Se DUE TO Ch DUE TO C. DUE TO C. DUE TO DUE	caused the price of act of the price of the	e death. Do line.  NSEQUENCE CONSEQUENCE C	22. ES 13 not anter fail of the unit of th	NAME AND STEP 300 I represented the modern of the modern o	g cause  ACE OF C  S G R  URY AT  PKS 2 [	SS OF FACTOR OF	Part I.	NERAL BALTI diec or resp  24a. WAS AI PERFO  1  YES	N AUTOPSY RMED? 2 2 NO	PA, MARY	Approximatinterval Bet Onset and I
23. PART I. Enter the canock of immediate Cause (Fiduses or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injudication of the cause inter UNDERLY CAUSE (Disease or injudication of the cause in the cause in the cause of the cause in the cause of	AC SERVICE LIN  Special Service Line  tions, ediata fing ury  ST  ant condition  TO MEDICAL  Pending Investigation  Could not be determined	Se DUE TO Ch DUE TO C. DUE TO d. HOSPITAL: 130 Inpartent 2 28e. DATE Of (Month, D) 28e. PLACE O building,	Caused the pn aach  PSIS (OR AS A CONTONIC (OR A	e death. Do lina.  NSEQUENCE C  TENAI  NSEQUENCE C  NSEQUENCE C  NSEQUENCE C  NSEQUENCE C  NSEQUENCE C	22. ES 13 not anter fail of fail of the under fail of Juny Matreat, tacket at the treat at the t	NAME AND STEP 300 I represented the modern of the modern o	g cause  ace of contract of the contract of th	ss of FA THERS  I PLA Ing, succ  given in  DEATH (Cho celdence	Part i.	24a. WAS AI PERFO  1 VES  CATION (Street or Town, States	N AUTOPSY RMED? 2 23 NO INJURY OC.	PA, MARY rrest,  24i	Approximatinterval Bet Onset and I
23. PART I. Enter the canock of immediate Cause (Fiduses or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injudication of the cause inter UNDERLY CAUSE (Disease or injudication of the cause in the cause in the cause of the cause in the cause of	AC SERVICE LIA  Discasses, Dr.  neart failure.  Itions,  dilata  I'ING  ury  ST  ant condition  TO MEDICAL  Pending Investigation  Could not be determined  ITIFYING PNYS  DICAL EXAMINE	Se DUE TO Ch DUE TO C. DUE TO d. HOSPITAL: 13X Inpatient 2 28e. PLACE Of building.  ICIAN: To the best of experience of experien	Caused the pn aach  PSIS (OR AS A CONTONIC (OR A	e death. Do lina.  NSEQUENCE C  TENAI  NSEQUENCE C  NSEQUENCE C  NSEQUENCE C  NSEQUENCE C  NSEQUENCE C	22. ES 13 not anter fail of fail of the under fail of Juny Matreat, tacket at the treat at the t	NAME AND STEP 300 I represented the modern of the modern o	DADORE BROZEUTAV de of dy de of dy de of dy de of dy de of dy de of dy	ss of FA THERS  I PLA Ing, succ  given in  DEATH (Cho celdence	Part i.  Part i.  26d. Deck only of time, dat	NERAL BALTI diec Dr resp  24a. WAS AI PERFO 1 TYES  OF (Specify) SCRIBE NOW  CATION (Street or Nown, State Nuse(e) and ma	HOME MORE  NAUTOPSY RMED?  2 24 NO  INJURY OC  end Number	PA, MARY Trest,  24i  ccured area, ror Rural	Approximatinterval Bet Onset and I Onset a

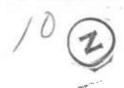


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with?

TO THE HUSPITAL DIRECTIOR: After this certificate has been signed by the attending physician and completely. Bed in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR STATE REGISTRAR	STATE OF MARYLAND		MENT OF L		MENTA	L HYGIENI REG. NO.	E	i in	14070
	1. DECEDENT'S NAME (First, Middle, Last) Edward J.	DiCarlo				2. DATE MONT May	26, 19	92	YEAR	3. TIME OF DEATH 2:10 P M
	4. SOCIAL SECURITY NUMBER 219-01-4461	1 ★ M 2 □ F 74	: lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH th, Day, Year) 9, 19		Country	PLACE (State or Foreign
TOR	99. FACILITY NAME (If not institution, give of 927 N. Kresson S	•		Baltim	or Location of D			9c. COUNT	Y OF OE	ATH
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?
	Maryland -  100. STREET AND NUMBER			Baltimo	re . ZIP CODE			10a. CITIZI	EN OF W	1 X YES 2 NO
FUNERAL	927 N. Kresson St				21205			U	. s.	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.S FORCES? 1 ☐ YES 27 IF YES, GIVE WAR OR DATES	ONE	If yes, sp	ENGENT OF HISPA ecity Cuben, Mexico 27 NO Specif	en, Puerto	N? (Specify Yes Ricen, etc.)	or No —	14. RACE Black, Specify	- American Indian, White, etc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of w life. Do NOT use		DN st of working	16b	. KIND OF BUS			180
OMP	NA 17. FATHER'S NAME (First, Middle, Leet)	NA L	Carpen	ter	18. MOTHER'S NA	ME (First,		of I	Mary	land
BE C	Onofrio DiCarlo						Gesuar	da Gi		ocoli
2	190. INFORMANT'S NAME (Type/Print)  Dorothy E. DiCarl	(a (III fa)			nd Number or Rural					
	20a. METHOD OF DISPOSITION	20b. PLA	CE AND DATE O	F DISPOSITION (No	n St., B		more, I			
	1 Donation 5 Other (Specify)	Gard	crematory or oth	Faith	Cemetery		Ва	altimo	ore.	Md.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		Schin	O ADDRESS OF FA	ciuty neral	Homes	, Inc		
	23. PART L'Enter the diseases, or c	complications that caused the	deeth Do n	3331	Brehms I	Lane,	Balti	more,	Md	21213
	shock, or heart failure. I	B. CARCINO ON AS A CON	lina.							interval Between Onset and Death
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON			TACT	<u> </u>				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	ISEDUENCE OF	):						
PHYSICIAN: MEDICAL C	PART II. Other algorificant conditions	a contributing to deeth but n	ot resulting in	the underlyin	g cause given in	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: ME						_				1 _ YES 2 _ NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only or	10)			
IXSI	1 TYES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient	t 3 🗆 DOA		e 5 X Residence					
ВУ РН	27. MANNER OF DEATH  1 Natural 6 Pending Investigation	(Month, Day, Year)	286. TIME INJU	IRY WO	URY AT RK? 'ES 2 NO	28d. OES	SCRIBE HOW IN	JURY OCCU	RED	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, st	reet, factory, offic		28f. LOC City	ATION (Street e. or Town, State)	nd Number o	r Rural Ro	ute Number,
COMPLETED		CIAN: To the best of my knowledge R: On the beele of examination and								end manner ee stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	-		29d. DATE	SIGNEO (	Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	ITEM 27) (Type.	Print)	D 053	23	·	2	15.	7192
	Dr. Mohammad Inaya	atullah. 333 S	t. Paul		Baltimo	re,	Md. S	uite	1D	
	31. DATE FILED (Month, Dey, 16er) MAY 2 8 1992	July Day John Kand	E and							



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BOX 68760	
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S, P.O.	
RECORDS	
IL REC	
- VITAL	-
ON	
DIVISION OF	
0	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF		DEPARTMENT			HYGIENE
	C	ERTIFICATE	OF D	DEATH	REG. NO.

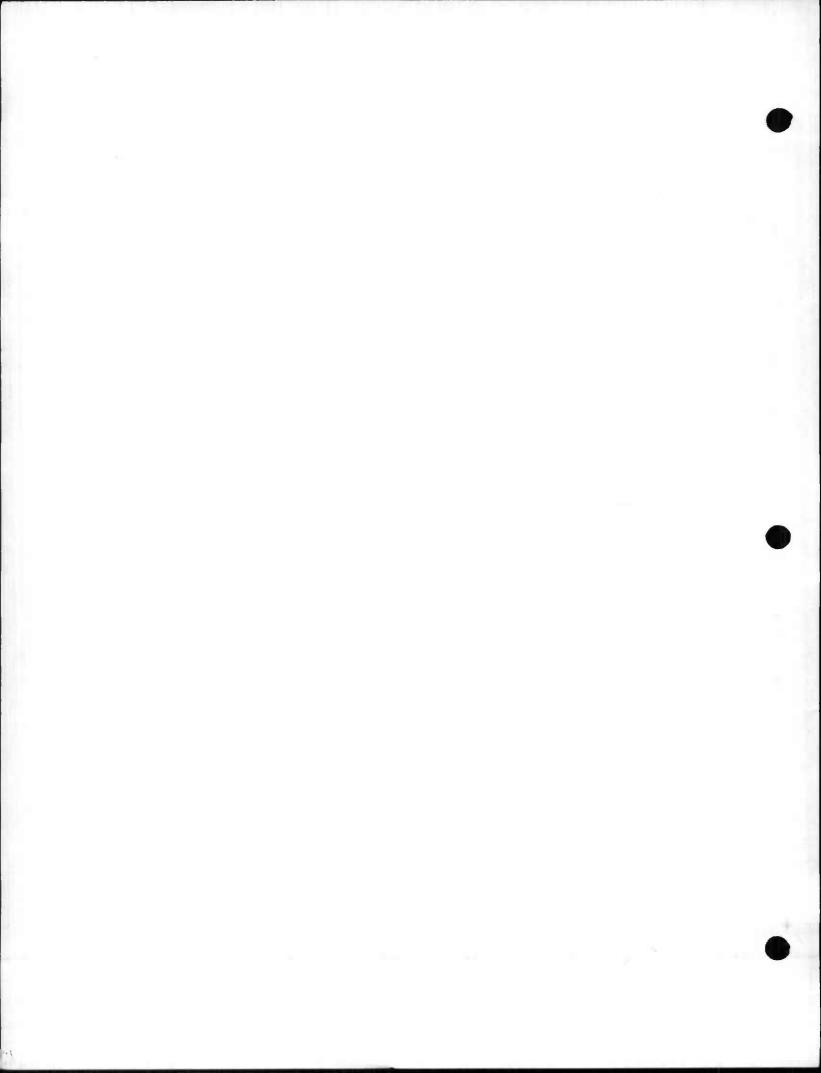
	1 - FOR STATE (	F MARYLAND / DEPARTMENT OF CERTIFICATE O	HEALTH AND MENTA	L HYGIENE REG. NO.								
	1111111	du		OF DEATH	3. TIME OF DEATH							
	4. SOCIAL SECURITY NUMBER  S. SEX  1 M 2			OF BIRTH th, Day, Year)	BIRTHPLACE (State or Foreign Country)							
TOR	98. FACILITY NAME (If not Institution, give street and number) 2000 W 96. CITY, TOWN OR LOCATION OF GEATH 96. COUNTY OF DEATH RESIDENCE OF DECEDENT  RESIDENCE OF DECEDENT											
DIRECTOR	10a. STATE 10b. COUNTY	BAITO	CATION	-	10d. INSIDE CITY LIMITS? 1 TES 2 NO							
FUNERAL	2844 W Mulbery	shut	101. ZIP CODE QIQQ3	10g. CITIZE	N OF WHAT COUNTRY?							
ВУ	1 D Never Married 2 Married FORCES?	1 M YES 2 NO If yea,	ECENDENT OF HISPANIC ORIGI specify Cuban, Mexican, Puarto ES 24 NO Specify:	N? (Specify Yea or No — 14 Rican, etc.)	Block White, etc. Specify: Bluck							
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4)	(Give kind of work done during the Do NOT use retind.)		KIND OF BUSINESS/INDUS	Jan. Was							
BE COM	17. FATHER'S NAME (First, Middle, Last)	DAVIS	18. MOTHER'S NAME (First,	Middle, Maiden Surname)	2							
TO	190. INFORMANTS NAME (Type/Pint) Davis	2844W.	Mark and Number or Rural Route Num	ber City or Jown, State Zip Co	D. 21223							
	20. METHOD OF OISPOSITION 1 Paurist 2 Cermation 3 Removal from Start 1 Of miles 5 Other (Specify) 21. In Appre OF FUNERAL SERVICE LICENSES/	The second second	PEST VEY 3/3	26 Owings/	nills, MD.							
	Duneveret. K	ell Ro	AND ADDRESS OF FACILITY	Spelice A	121 J. MONZOE ST.							
	3. PART I. Enter the disease, or complications abook, or haert failure. List pnly one IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	that ceuaed the death. Do not enter the ricause on each line.	Saulul	diac or reapiratory arread	Approximata interval Between Onset and Death							
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury	E TO (OR AS A CONSEQUENCE OF):		V								
CERTI	resulting in death) LAST											
PHYSICIAN: MEDICAL	PART III. Other algorithment conditions contribution	g to death but not reauthing in the underly	ing ceuse given in Part I.	24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO							
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		PLACE OF OEATH (Check only or	19)								
	1 YES 2 MO 1 Impatient  27. MANNER OF DEATH 288. DAT  1 Morrial 5 Pending	2 ER/Outpetient 3 DOA 4 Nursing HE E OF INJURY (th, Day, Year)  28b. TIME OF 1NJURY (th, Day, Year)	ome 5 Rasidenca 8 Other NJURY AT 28d. DE: VORK? YES 2 NO	or (Specify) SCRIBE HOW INJURY OCCUR	EO							
TED BY	2 Accidant Investigation 3 Suicide 8 Could not be detarmined 28a. PLA bulk	CE OF INJURY — At home, farm, street, factory, of ling, etc. (Specify)	fice 281, LOC	ATION (Street and Number or lor Town, State)	Rural Route Number,							
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the be	at of my knowledge, death occurred at the time, do	ite and place, and due to the car death occured at the time, data	use(a) and manner as stated, and place, and due to the co	suse(a) and manner as stated.							
TO BE C	29b. SIGNATURE AND TITLE OF CONTIFIED	v	29c. LICERSE NUMBER	.63 P 5	GNEO (Month, Day Year)							
	JUAN A. POEC	CAUSE OF DEATH (ITEM 27) (Types Print)  TO ANY (1940 C	W. BALT S	T, BAU	MD 21223							
	MAY 28 1992 gula Jan	HOLON-MANUE										



DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
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STATE OF		/ DEPARTMENT				MENTAL	HYGIENE
	C	ERTIFICATE	OF	F DEAT	Ή		REG. NO.

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFI			MENTAL HYGIEN REG. NO		
1., DECEDENT'S NAME (First, Middle, Last)	MARZALA	DePASQ	UALE		Admin .	5/24/92 4 92	
3. SOCIAL SECURITY NUMBER 105-03-1397  9s. FACILITY NAME (If not institution, give st	1 🗆 M 2 🗓 F 💀	E (In yrs. lest birthday) 88 YRs.	F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) MAY 7, 190	4 NE	RTHPLACE (State or Foreign suntry) W YORK
ST. AGNES HOSPITA			BALT1		EATH	9c. COUNTY O	F DEATH
10e. STATE 10b. COUNTY	ARUNDEL		SADENA	ATION			10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER		PA		Of, ZIP CODE			1 VES XX NO
4616 MOUNTAIN RC  11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	s 2XXNO	If you, a	pecify Cuben, Mexica	NIC DRIGIN? (Specify Yes	or No — 14. R	ACE — American Indian, leck, White, atc.
3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DECEDENT'S L	JSUAL OCCUPAT	S 2/1/NO Specify	16b. KIND OF BUS		WHITE
Elementary/Secondary (0-12)	College (1-4 or 5+)	HOMEMAK		ost of working	OWN	HOME	
17. FATHER'S NAME (First, Middle, Last) SAUL HICKS				AMEL			
19a. WFORMANT'S NAME (Type/Print) DAN DePASQUALE					ASADENA, MD		
20a, METHOD OF DISPOSITION 1 Duriel 2 Cremation 3 XXemo 4 Donation 5 Other (Specify)	ovel from State	OB. PLACE AND DATE O	F DISPOSITION (/	lame of	DATE 20c. LO /28/92 RES	CATION — City o	
21. SIGNATURE OF FUNEBAL SERVICE LIC	ENSEE	9		MD ADDRESS OF FA	SELL C WIT	ZKE FUN	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	B A CONSEDUENCE OF	):	<i>t</i>			
PART II. Other significant conditions	s contributing to death	but not resulting in	the underlyle	ng ceuse given in	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 ND
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE DF DEATH (Ch			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Year	Y 28b, TIME	OF 28c. IN	JURY AT DRK? YES 2 ND	28d. DESCRIBE HOW II	NJURY OCCURED	
3 Suicide 6 Could not be determined	28a. PLACE OF INJUI building, atc. (S)	RY — At home, ferm, st pec/fy)	reet, factory, offi	ce	28t. LOCATION (Street e City or Town, Stete)	and Number or Rui	nal Route Number,
	CIAN: To the best of my kno						se(e) end manner ee atated.
29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUN	Agres		IED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO  M. (A.O.), St. Agnos  31. DATE F. FD (Month, Day, Year)	O COMPLETED CAUSE OF I	o caton	orine)	Bretim	ne, Mo		
MAY 2 2 4	2 10	× 50					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours eiter death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

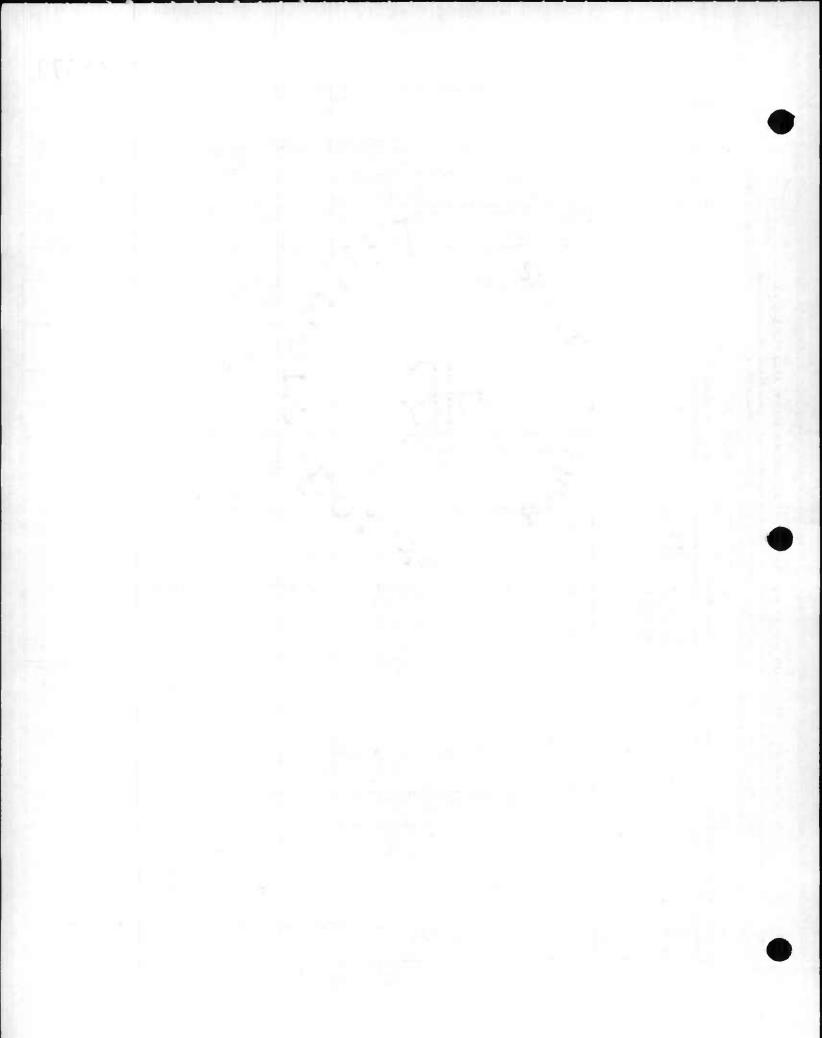
FOR STATE REGISTRAR

1.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. D	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH						
	BLANCHE DAUBERT													5:30 P M	
4. S			5. SEX 6. AGE (In yrs. last		last birthday) YRS.	MONTHS		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.		(Month	OF BIRTH , Day, Year)	Day, Year) Cou		THPLACE (State or Foreign intry)	
9a. I	FACILITY NAME (# not in	stitution, give a	street and number)			9b. CITY	, TOWN O	R LOCAT	ION OF DI		16-191	9c. COUN		ARYLAND	
RE 10a.	WELLS SPRING NURSING HOME GLEN BURNII							NIE							
10a.	STATE	10b. COUNT	Υ		10c. CI	TY, TOWN C	OR LOCAT	ION			_			10d. INSIDE CITY	
1	MARYLAND ANNE ARUNDEL					G	LEN	BURN	NIE					LIMITS?	
10e.	STREET AND NUMBER						101	ZIP COO	E			10g. CITIZ	EN OF V	WHAT COUNTRY?	
10a.	7355 FUR	NACE I	BRANCH RO	DAD					2106	50			US	A	
	11. MARITAL STATUS  1 Never Married 2 Merried  12. WAS DECEDENT EVER IN U FORCES? 1 YES FYES, GIVE WAR OR DATE FYES, GIVE WAR OR DATE					2 NO It yes, specify Cuber, Mer			en, Mexics	kican, Puarto Rican, etc.)			14. RACI Blaci Spec	RACE — American Indien, Black, White, etc.	
4	Widowed 4 🗌 Dive	rced						X					ф	"Y: WHITE	
	15. DEC (Specify onl)	EDENT'S EDU y highest grade	CATION completed)		DECEDENT'S				Ina	16b.	KIND OF BUS	SINESS/INDU	JSTRY		
1	Elementary/Secondary (6	1-12)	College (1-4 or 5	- 4	lie. Do NOT u	ALES			7.0		ī	BAKER	7		
17. F	FATHER'S NAME (First, M	liddle Last)			Di	TILLO	CHLI		WED'D NA	ME (E)	fiddle, Meiden				
-		OSEPH	SCHAF	PIRO				10. MOI	HEN S NA	RO		(UNKN	IOWN	)	
190.	INFORMANT'S NAME (		COUNTY								or, City or Tow DO 3-1		Code) BING	21009 DON, MD	
20a.	MR. JACK		DIETM	20h PLAC	EANDDATE				CI.	OATE	7	CATION - C			
'X	Burial 2 Crematic	(Specify)	noval from State	cemetery, c	rematory or o	other place)			-	1					
	BIONATURÉ OF FUNERA		CEMSEE /		EBRE	22.	NAME AF	ID ADDRE	SS OF FA			ATIM		BROS., IN	
	> ( John	11/21	121			6	010	RETS	STER!		_			MD 21215	
Sec if a cau CAI that resi	quentially list condition uiting in death)  quentially list condition, leading to immese. Enter UNDERLY USE (Disease or injuit initiated events uiting in deeth) LAS	diate ING ery	c	O (OR AS A CONS O (OR AS A CONS O (OR AS A CONS	EOUENCE O	IF): IF):					24a. WAS AN PERFOR	AUTOPSY		WERE AUTOPSY FINDINGS AMAILABLE PRIOR OF CAUSE	
											1 TES 2	но		OF DEATH?	
25. V	WAS CASE REFERRED TO	O MEDICAL					26. PI	ACE OF O	EATH (CA	eck only one	1				
	EXAMINER?		HOSPITAL:	ER/Outnetient	3   DOA	OTHER	₹:								
27. MANNER OF DEATH  280. DATE OF INJURY (Month, Day, Year)  280. TIME OF 180, TIME						NJURY OCCI	JAED								
2 Accident Investigation M 1 YES 2 NO						28f. LOCA	TION (Street a	and Number o	or Rural F	loute Number,					
1	Homicide	determined		our (opeony)						City o	r Town, State)				
			ICIAN: To the best of											) end manner se stated.	
1	One) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner see 296. SIGNATURE AND TITLE OF CERTIFIER  290. SIGNATURE AND TITLE OF CERTIFIER  290. D23 8 LI  5 - 23 - 9														
L	name and adoress of	. For	May A	ISE OF DEATH (IT	407	Print)	era				Bura	ie,	ul	21061	
31. D	MAY 28 19	392	guha wayo	AS SIGNATURE	راک										





BALTIMORE, MARYLAND 21215-0020

1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the bursa-transf permit. Places		
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at the d	by the	and Men	y injury
distant	peudes u	/ Health	DWS 30
he law re	has bee	a Dept. o	m 23 m
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NUTENDI	CTOR: A	affer do	28 11
TAL OR	AL DIRE	72 hours	II Item
TO THE MOSPITAL OR ATTENDING PRYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	E FUNER	be filed within 72 hours after death with the State Dept. of Health and Mental Hygene prior to burtal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE	THE CL	be filed	MPO

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31. DATE FILED (Month, Day, Year)

MAY 20 1992

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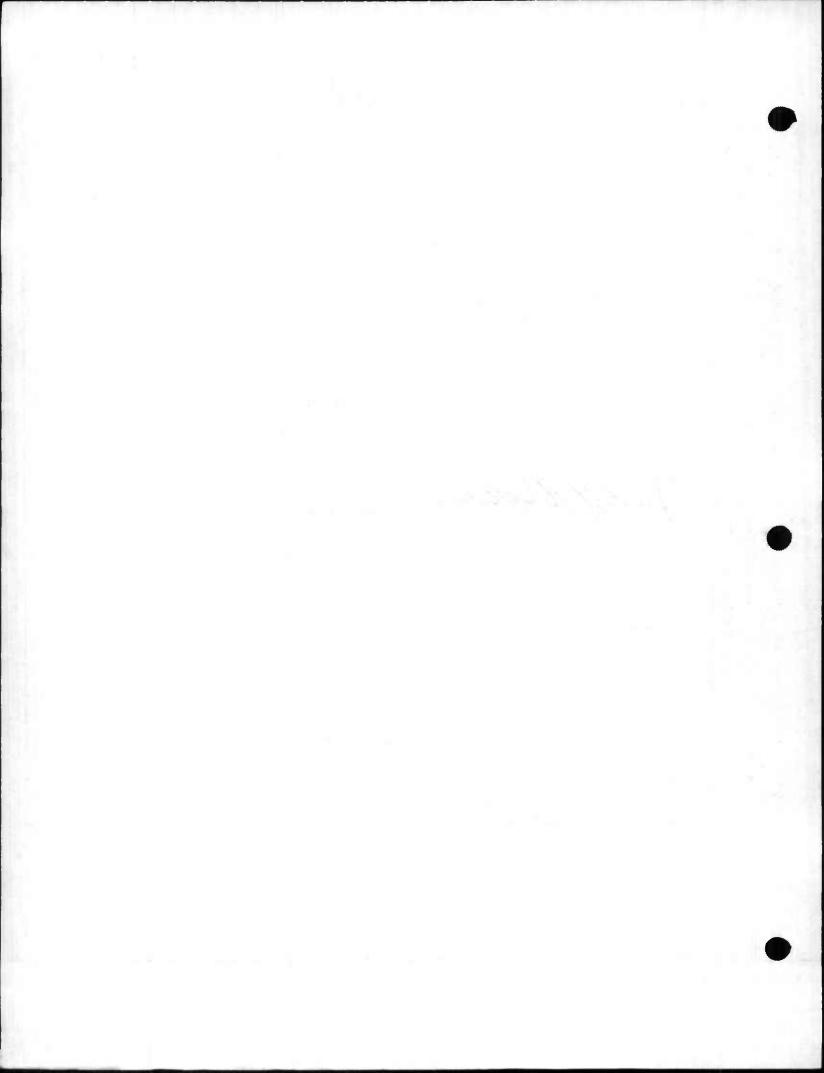
32. REGISTRAR'S SIGNATURE

92 14680 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 2. DATE OF DEATH DAY 1. DECEDENT'S NAME /First, Middle, Lead) 3. TIME OF DEATH Fitz water YEAR Carr 011 574-93 IV. A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yes, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRE. 7. DATE OF BIRTH (Morth, Day, Worl) 8. BIRTHPLACE (State or Foreign DAYS \*X\* 2 [ F Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Montgomery Co 403 N. Horners Lane Rockville RESIDENCE OF DECEDENT 10s. CITY, TOWN OR LOCATION Rockville Montgomery Co 1 WES 2 NO FUNERAL 10s. STREET AND NUMBER IN. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 403 N. Horners Lane 11. MARHTAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE -- American Indien, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Married 1 TES 2 NO Specify BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 186. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 17. PATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Majden Surname) BE 19s. BEFORMANT'S NAME /Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 DME 20s. METHOD OF DISPOSITION

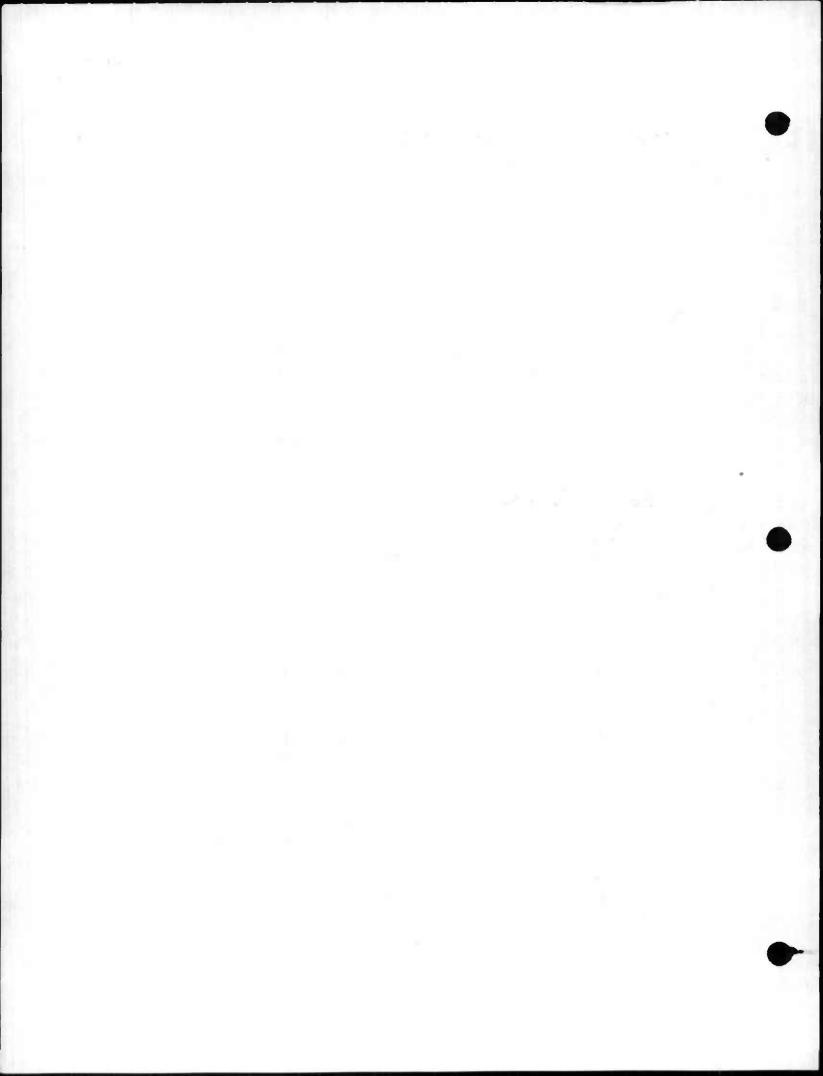
1 Burtal 2 Cremation 3 Removal from State
4 Denetion 5 Other (Specify) In State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE 21. SIGNATURE ON FUNERAL SERVICE LICENSEE BODAld Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 5/26/92 555 W. Baltimore St, Balto.,MD 21201 RT I. Enter the disease, or complications that caused the der shock, or heart failure. List only one cause on each line. is, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) Cardio vosa las Piscose DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING **GAUSE** (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL 244. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS **WAILABLE PRIOR TO** COMPLETION OF CAUSE OF DEATH? T YES 2 NO I TYES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINERY YES 2 NO HOSPITAL: OTHER: ng Home Residence 8 - Other (Specify) 27. MANNER OF DEATH 28s. DATE OF HUURY 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORKY 1 Statural 2 Accident 5 Pending investiga 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 3 Duicide 28f, LOCATION (Street and Number or Plural Route Number City or Town, State) 6 Could not be determined COMPLETED 4 Hoenleide The CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and piece, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER. 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) Don andre P0854L 5-16-92 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print)

8218 WISOMSIU AVE

BeThesda



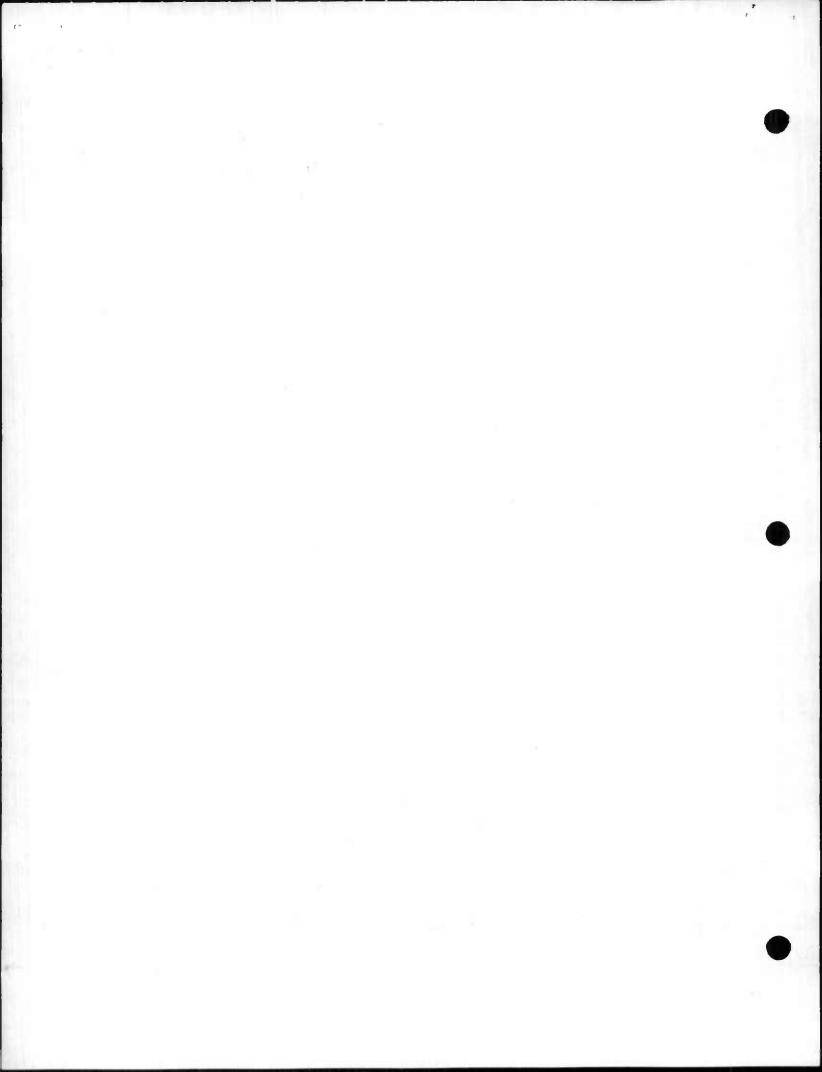
REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)				ICATE O	DEA	un_	2 DATE	OF OEATH	).		Samuel Commission
mennie	6	nam	Kel	2			MONT		I P	9 SAR	. TIME OF OEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER 1 YEAR		R 24 HRS.		OF BIRTH	1	6. BIRTHPL	ACE (State or Foreign
216-14-4128	1 □ M 2 □XF		68 YRS.	MONTHS DAYS	HOURS	MIN.		1, Day, Year)	24	Country)	MARYLAND
9a. FACILITY NAME (If not institution, give 3218 SOUTHGE	street and number)			9b. CITY, TOWN						NTY OF OEA	
RESIDENCE OF DECEDENT	CLLIA ICD.			В	ALTIN	1ORE				BALT	IMORE
10a. STATE 10b. COUNT	TY		10c. CIT	Y, TOWN OR LOC	ATION					10	Dd. INSIDE CITY
	BALTIMORE				BALTI	MORE				1	LIMITS?  YES 2 NO
3218 SOUTHGREEN	RD.				Of. ZIP CO				10g. CITI	ZEN OF WHA	AT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN	IT EVER IN U.S. A	RMED	13. WAS DE	CENDENT	OF HISPAN	IIC ORIGIN	l? (Specify Ye	or No.		- American Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2 Y	NO	If yes, a	pecify Cub	an, Maxicai Specify	n, Puerto I	Rican, etc.)		Black, V Specific WI	Vhite, etc.
15. DECEDENT'S EDU	CATION	18e. D	ECEDENT'S	USUAL OCCUPAT	ION		Ties	. KINO OF BU	DINESS WID		1110
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 -		Give kind of w fe. Do NOT us	rock done during a	ost of work	ing	100	. KINO OF BU	SINESS/IND	USTRY	
10			LEGAI	SECRE	CARY				LAW		
17. FATHER'S NAME (First, Middle, Last)				CCTIOCE-IIII- 141	18. MOT	THER'S NAI	ME (First, I	Aiddle, Maiden	Surname)		
JULIUS GL	ICK						ECKY		KLIN	IGELMA	N
BATSHUA L. FRAN	עביו	1		ADDRESS (Street							
20e. METHOD OF DISPOSITION		20b PLACE		SOUTHO		RD.	BA	ALTIMO			207
XX Buriel 2 Cremation 3 Rem	noval from State	cemetery, cr	PREANE	her place)	ieme or	5/25	5/92			City or Town,	
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE		21 (12/11/1	22. NAME A		SS OF FAC	HITY			E, MD	)
1 June 1	JA.	Ll.		5	OL L	EVINS	SON 8	BROS	. TN	IC.	
23. PART L Enter the diseeses, or a mack, or heart fellure.	complications that	t ceused the d	leath. Do n	601	O RE	ISTER	RSTOM	IN RD	BAT.	TO	Approximate
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IMMEDIATE CAUSE Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29. CERTIFIER (Check only one)  MEDICAL EXAMINE	a	(OR AS A CONSE  (OR AS A CONSE	EQUENCE OF COUENCE OF	OTHER:  28. POTHER: 4   Nursing Hor of part of the time, date, in my opinion, or part of the time, date, in the time, date,	LACE OF D  LACE OF D  TO BE  T	ISTERING, auch	Part i.  Ck only one  3 Other  281. LOCAL  City of the cause of the ca	24a. WAS AN PERFOR 1 YES 2  (Specify)  CRIBE HOW IN Town, Stete)	BAIL retory arro  AUTOPSY MED?  NO  NUMBER OCC	24b. WE AM CO OF 1 [	Approximate interval Between Onset and De 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -



al or attending physician. for use as the burial-transit permit. Pages 1, 2, 3 should 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flows after death. Page 6 may be retained by the hospita TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filled within 72 buts after death with the State Dept. of Health and Mental Hygine prior to burial, cremation, or removal, or removal.
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	1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HE		MENTA	REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Las	r)	\	OAIL OI L	LAIII	2. DATE	OF DEATH		3. TIME OF DEATH
	BABY GIRL (	BETHANY	LEE) (	FANGE		MONT			12 9:40 PM
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)		F UNDER 24 HRS.	-	OF BIRTH		BIRTHPLACE (State or Foreign
		1 🗆 M 2 💢 F	YRS.		OURS MIN.	(Monti	13 9 g		Country)
	9e. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN OR	OCATION OF D		13.7.	9c. COUNT	MARYCAND
H.		ICAL CEN		BALTI			MD.	SC. COUNT	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT	7-112 2210	1-1-	DNCTI	7/01	-/	12		
R	10a. STATE 10b. COUN	ITY		TOWN OR LOCATION					10d. INSIDE CITY
	PID.			3ALT11	TORE				1 YES 2 NO
MA	10s. STREET AND NUMBER	AVICILIRE	RD	10f. Z	P CODE			10g. CITIZE	N OF WHAT COUNTRY?
FUNERAL	V /	AYSHIRE	120		212	130			U-S.A.
5	11. MARITAL STATUS  1 Never Merried 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED	13. WAS DECEN	DENT OF HISPA y Cuben, Mexic	NIC ORIGIN	? (Specify Yee	or No — 14	. RACE — American Indian, Black, White, etc.
ВУ	3 Widowed 4 Divorced	IF YES, GIVE WAR OR D	ATES		NO Speci		ncan, atc.)		Specify: WHITE
	15. DECEDENT'S ED	HOATION			``				10////
TE	(Specify only highest grad	de completed)	(Give kind of wo life. Do NOT use	rk done during most o	f working	16b.	KIND OF BUS	INESS/INDUS	TRY
٦	Elementery/Secondery (0-12)	College (1-4 or 5 +)		NFANT					
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								
	THE THE THE PAST, MICHON, ELST,			,	MOTHER'S NA	AME (First, A			
BE	19e. INFORMANT'S NAME (Type/Print)				PIT	1/-/	GA		
2		ERLET		DDRESS (Street end		-	4		
	20e. METHOD OF DISPOSITION			FRCY					TER
	1 Buriel 2 Cremation 3 Red 4 Donation 8 Other (Specify)		PLACE AND DATE OF betery, cremetory or other		OF .	OATE	20c. LOC	ATION — City	y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE Ronald W	ada pi	22 NAME AND	OODESS OF EA	ACHITY			
	1			22. NAME AND		S.	tate A	natomy	Board
	Harman!	- Co-ce	5/27/92	655 W.	Baltim	ore S	t, Bal	to.,M	D 21201
	23. PART I. Enter the diseases, or shock, or heart failure	complications that caused List only one cause on e	I tha death. Do no ach iine.	t enter the moda	of dying, suc	ch se card	iac or raepin	etory erree	
	IMMEDIATE CAUSE (Finel				- 0				interval Between Onset and Death
	disease or condition reaulting in death)	OUE TO (OR AS A	ATUR	174 -	23 4	VEE	KS	GES	T. LIFE
		OUE TO (OR AS A	CONSEQUENCE OF):						
S S	Sequentielly list conditione,	b							
RTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):						
윤	CAUSE (Disease or injury thet initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):						
	resulting in death) LAST								
ᄬ		d							
SA	PART II. Other eignificent condition	ona contributing to death be	ut not resulting in	the underlying c	use given in	Part i.	24s. WAS AN A PERFORM		24b. WERE AUTOPSY FINDINGS
-							1 YES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
2									1 YES 2 NO
PHYSICIAN: MED									
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OF DEATH (Ch	neck only one	)		
Z	1 TYES 2 NO	1 Inpatient 2 ER/Outp		OTHER:  Nursing Home	Reeldence	6 Other	(Specify)		
H	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME (	OF 28c. INJURY WORKS		26d. OES	CRIBE HOW IN	JURY OCCUR	ED
B	1 Natural 5 Pending 2 Accident Investigation			M 1 TES	2 NO				
ED.	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Speci	<ul> <li>At home, ferm, strength</li> </ul>	eet, fectory, office		28f. LOCA	TION (Street en	d Number or I	Rural Route Number,
COMPLE	290. CERTIFIER (Check only	SICIAN: To the best of my knowle	edge, death occurred	at the time, date end	plece, end due	to the ceus	e(e) end menn	er ee atated.	
5	one) 2 MEDICAL EXAMIN	ER: On the besie of examination	end/or investigation,	In my opinion, death	occured at the	time, date	end place, end	due to the co	euse(e) end menner ee stated.
	296. SIGNATURE AND TITLE OF CENTIFIE		1		c. LICENSE NUI				GNED (Month, Day, Year)
OBE	Morald ).	Sultaly	+ M	- D. 1	:DO:	35	88	>5/	13/92
=	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, P	rint)					
- 10	11 . 1								
	RONACD L.	GUTDER.	CET M	. 7.	MER	CY	MFD	ICA	L CEITER
	31. DATE FIREO (Month, Day, Year)	GUTDER 32. REGISTRAR'S SIGNA GUNDALINGI VILLE	TURE	. P.	MER	CA	MED	ICA	L CENTER



use as the burial-transit permit. Pages 1, 2, 3 should

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notified

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medical examiner

the attending physician and completely filled in by the Mental Hygiene prior to burial, cremation, or removal.

funeral director, page 5 should be detached

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	3	B	6	Ĕ
	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in b.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or ren	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medi-
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8	cute	8	urial	lic
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	A.P.	SE	90	23
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92 14683 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH Goutos 11 00 Gus Goutos 5 4. SOCIAL SECURITY NUMBER, 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH a. BIRTHPLACE (State or Foreign Country) 215-12-7863 1 M 2 | F DAYS HOURS YRS. 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore 105LDh DIRECTOR lowson RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Harford Jarrettsville 1 TYES ZXXNO FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1408 Dalewood Drive 21084 S. A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ∑ YES 2 ☐ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yee, specify Cuben, Mexican, Puerto Rican, atc.)

1 YES 2 XXNO Specify: 1 Never Married 2 Merried Specify: White BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KINO OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) NA Sheet Metal Worker Federal Government NA 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) John Goutos Caliope Makris 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 2 Richard J. Goutos (Son) 1408 Dalewood Dr., Jarretsville, Md. 21084 20s. METHOD OF DISPOSITION

1 Suries 2 Cremetion 3 Removel from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Gardens of Faith Cemetery Baltimore, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Homes, Inc. 3331 Brehms Lane, Baltimore, Md. 21213 23. PART . Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, Approximata ahock, or heert fellure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death ESPIRATORY DUE TO (OR AS A CONSEQUENCE OF): disease or condition resulting in death) PRDS DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions. if any, leading to immediate couse, Enter UNDERLYING CAUSE (Disease or Injury EMPHYSEMA BOTH LUNGS that initiated events resulting in deeth) LAST PART II. Other aignificent conditions contributing to deeth but not reculting in the underlying cause given in Pert i. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS PERFORMED? WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 100 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 - YES 2 AO 1 Impatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending 1 YES 2 NO BY Investigation 28e. PLACE OF INJURY — At home, ferm, atreet, fectory, office building, atc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be COMPLETED 4 Homicide

29e. CERTIFIER
(Chack ank)

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated. 2 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner se stated. 295 STONATURE AND TITLE OF CENTRE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) HOSPITAL-MO lo ( MO 92

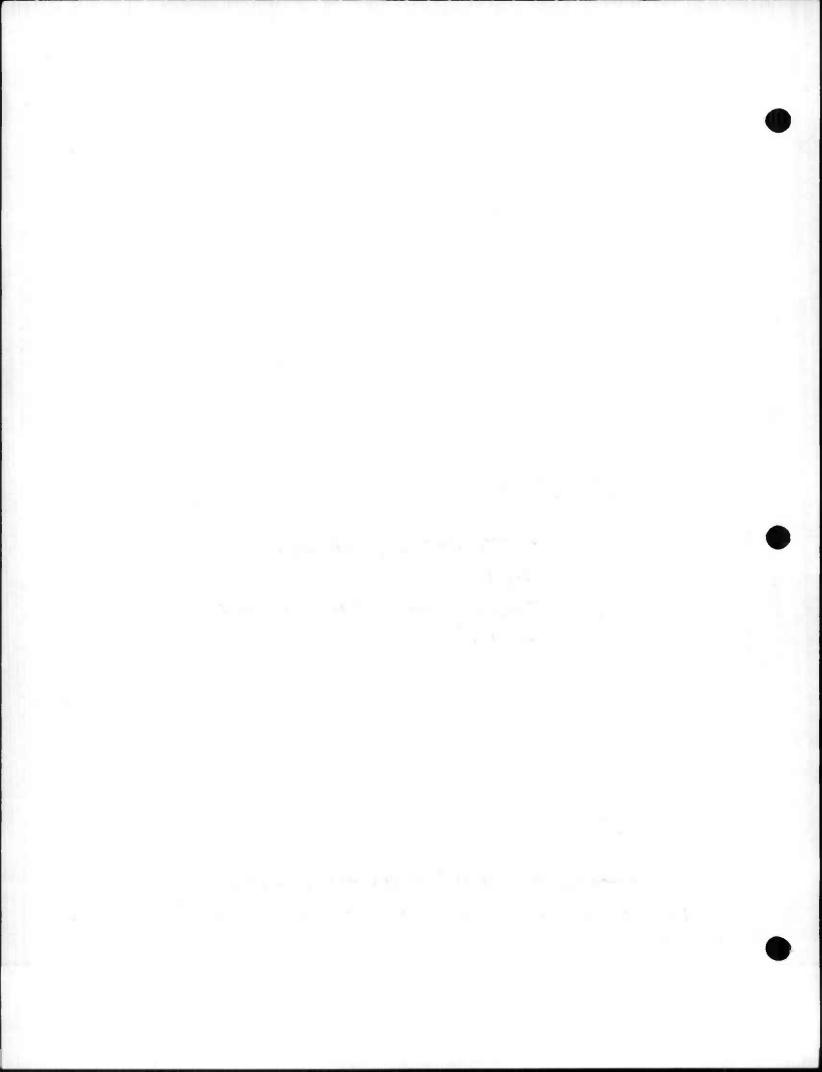
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. LOPE VILLA ARMANDO A. REAL, MD. 31. DATE FILED (Month, Day, Year)

MAY 28 1992

32. REGISTRAR'S SIGNATURE the Davidson-Randall

BE



8. BIRTHPLACE (State or Foreign

3. TIME OF DEATH

11:40 A

EMM

IF UNDER 1 YEAR

DAYS

HOURS

MONTHS

GATLING

6. AGE (In yrs. last birthday)

2. DATE OF DEATH

MONTH 05

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

7. DATE OF BIRTH (Month, Day, Year)
9 2202 7-03-8417 1 M 2 M F Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH INNS OF EVERGREEN
RESIDENCE OF DECEDENT BA Lt DIRECTOR 10e STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIGHTS? 1 YES 2 NO mD BAUT permit. FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? W BELVEDERE 2525 for use as the burial-transit USA 1209 2 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMER FORCES? 1 YES 2 10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No. 14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

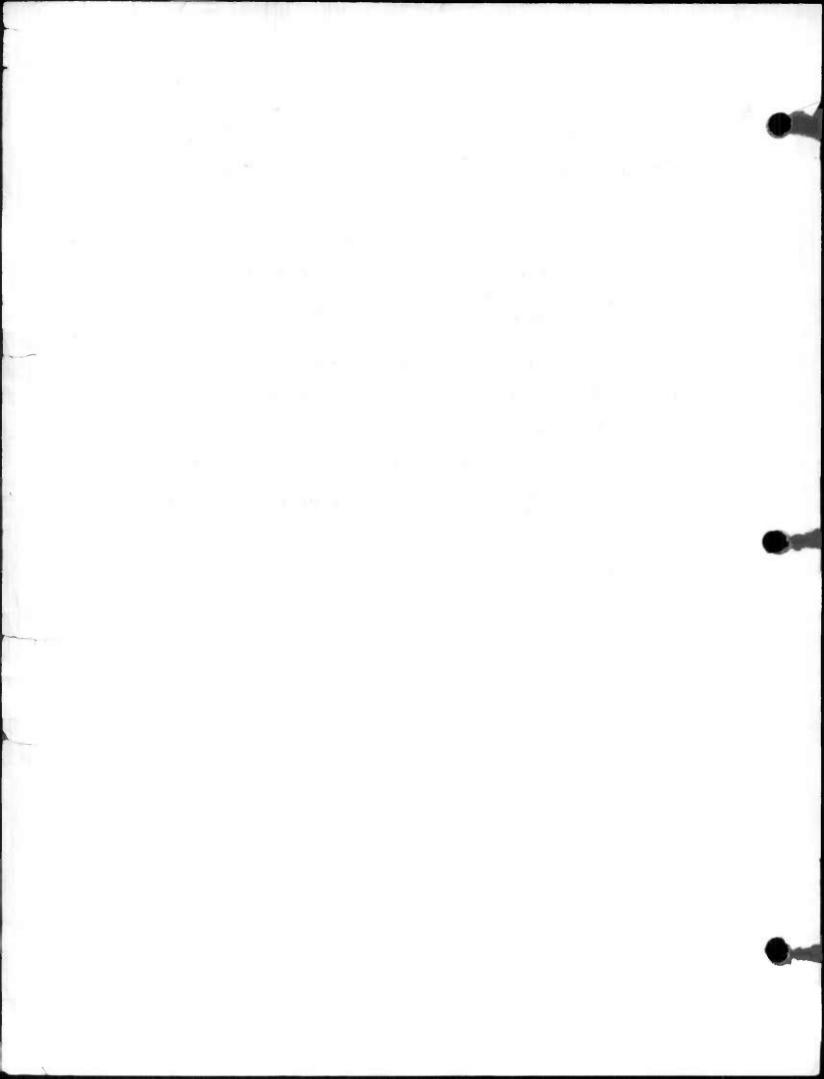
1 YES 2 Specify: 1 Never, Married 2 Merried IF YES, GIVE WAR OR DATES BY 3 Nidowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY most of working eendary (0-12) College (1-4 or 5 +) +1/1 ysician and completely filled in by the funeral director, page 5 should be detached iprior to burial, cremation, or removal. Ch WIFE notified at once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Meiden Surname) WILLIE TURNER TURNER 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and N ILLIAM GATL 2/2/3 2 20b. PLACE AND DATE OF DISPOSITION (N OATE 20c. LOCATION - City or Town, State must matory or other place) STAR 5 BA 4. 4 Donation 5 Other (Specify) CEM the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Luner 1129 N. CAROLINE 57: 23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart fellure. Liet only one ceuse on each line. pferval Between IMMEDIATE CAUSE (Finel disease or condition resulting in death) C rour OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within or other traumatic event, CERTIFICATION this certificate has been signed by the attending physician and with the State Dept. of Health and Mental Hygiene prior to bur kided, or Nem 23 shows any Injury, or other traumatic Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Infiliated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): PART II. Other significant conditions MEDICAL to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS COMPLETION OF CAUSE OF DEATH? TIT YES DATE M I TER 2 NO He multiple PHYSICIAN: 26. PLACE OF DEATH (Check only or EXAMINER? spatient 2 - ER/Outpatient 3 - DOA ig Home 5 □ Residence 6 □ Other (Specify) 4 D Nurs 27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day Year) 28c. NJURY AT WORK? 284. DESCRIBE HOW INJURY OCCURED marked, 1 ( Natural BY 1 YES 2 NO THE HOSPITAL OR ATTENDING F THE FUNERAL DIRECTOR: After filed within 72 hours after death 2 Accident 26e. PLACE OF INJURY -- At home, farm, street, fectory, office building, etc. (Specify) 3 🔲 Swicide .00 28f. LOCATION (Street and Number or Flural Route Number, Oily or Town, Statu) COMPLETED 6 Could not be 4 | Homicide 28 Item : 1 R CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29b. SIGNATURE AND TITLE OF FRIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE Lucando (kueez M.D FX SINA 5724/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MERA MI FERNANDO to PITAL INAI 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Mandelle whice Davidson MAY 28 1992 24 9 DHMH-15 Rev 1/89



Ars after death. Page 6 may be retained by the hospital or attending physician.	UNEERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should repet the fact beath with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.	the medical examiner must be notified at once.
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within it after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be fled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MARYLAND / DEPARTMENT OF H CERTIFICATE OF		ENTAL HYGIENE REG. NO.		
22	1. DECEDENT'S NAME (First, Middle, Last)  JAMES GRANT	2	MONTH 5 - DAY	2- 4a	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR MONTHS DAYS OAYS	IF UNDER 24 HRS. 7	DATE OF BIRTH (Harth, Day, Year)	(Country)	LACE (State or Foreign
OB	HARBOR HOSPITAL BOLT	R LOCATION OF DEAT	SE S	BALTI	
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
IL DI		ZIP CODE	10	0g. CITIZEN OF WI	1 ☐ YES 2 🔀 NO
FUNERAL	2217 E Lowells Glen Rd	2133		USA	
BY	1 Never Marriad 2 Marriad FORCES? 1 YES 2 NO If yes, spe	ENDENT OF NISPANIC ocity Cuban, Maxican, 1 2 NO Specify:	ORIGIN? (Specify Yea or Puarto Rican, atc.)	Specify	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during mount in the property of the pr	N st of working	Jehn He		Join
MPLE	College (1-4 or 5+) 12 College (1-4 or 5+) FINANCE Direct				
00	MELVIN E. Grant	18. MOTNER'S NAME	E (First, Middle, Meiden Sur	Harris	
TO BE	19a. INFORMANT'S NAME (Type/Print) FAMILY RECORDS  19b. MAILING ADDRESS (Street a	1,100			
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cendence) A A A Control of the Cont	netery, crematory or		FION — City or Tox	
	4 Donation 5 Other (Specify) Breen Mount C	remator	LITTU .	ro.C.+	<b>y</b>
	Palent Waves EVAN	S Chape	RD Rd Mem	BALTO.	Md. 21234
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mo shock, or heart fallure. List only one cause on each line.				Approximate Interval Between Onset and Death
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):	EMP	ollism	)	Clisar sing pasair
TION	Sequentially list conditions, if any, leading to immediate				
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST				
	PART II. Other significant conditions contributing to death but not resulting in the underlying	cause given in P	art I. 24a. WAS AN AU	ITOPSY 24b.	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL		-URE	PERFORMI  1 YES 2	ED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
AN:	25. WAS CASE REFERRIGO TO MEDICAL 26, P.I.	ACE OF DEATN (Chec.	ok nak one)		
YSICI	EXAMINER? HOSPITAL: OTHER:	e 5 🗆 Residence 8			
	1 M Netural 5 ☐ Pending M 1 ☐ ·	URY AT CRIC PRIC PRIC PRIC PRIC PRIC PRIC PRIC	28d. DEŞCRIBE NOW INJ	URY OCCURED	
TED BY	2 Accident investigation 3 Suicide 8 Could not be determined 28a. PLACE OF INJURY — At home, farm, streat, factory, office building, stc. (Specify)		28t. LOCATION (Street and City or Town, State)	1 Number or Rural R	oute Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data one)  2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, or				and menner as stated.
TO BE	29 SIGNATURE AND TITLE OF CERTIFIER  ALO 36 MUNQUE MD . INTERN	AS244	16123	PA 5	(Month, Day, Year) 22 9 2
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  DR. AFROZE MUNEER 3001 S. HAN	IOUER	STREET	MD	21225
	31. OATE FILEO (Month, Day, Year) 32. REGISTRAN'S SIGNATURE				
	BIGT MILL AND				





pinou

DIRECTOR

FUNERAL

BY

COMPLETED

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CERTIFICATION

PHYSICIAN: MEDICAL

BY

4 Homicide

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92 14686 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2 DATE OF OFATH 3. TIME OF DEATH 05 27 1992 Charles 7;30 A M Edward Gross 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 10 20 213-76-2609 1 Q M 2 | F 33 Maryland 1958 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c, COUNTY OF DEATH O'donnell St. 6711 Baltimore. 21224 RESIDENCE OF DECEDENT Maryland 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Baltimore 1 X YES 2 | NO 10a. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? O'donnell St. 6711 21224 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yea, specify Cuban, Maxican, Puarto Ri

1 YES 2 NO Specify: 1 Never Married 2 Married Specify. White 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KINO OF BUSINESS/INDUSTRY ntary/Secondary (0-12) College (1-4 or 5+) Correction Officer State Of Maryland 17. FATHER'S NAME (First, Middle, Last) 16, MOTHER'S NAME (First, Middle, Maiden Surname) NMN Cook Marie Harry NMN Gross Jr 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
South Ellwood Ave 6 Balto., Md. 21224 Magie Gross 20a. METHOD OF OISPOSITION
120 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE Gardens of Faith 5/30 Baltimore, Maryland 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
W. Dabrowski/Chojnacki Funeral Chapel 1005 Dundalk Ave. Balto., Md. 21224 23. PART I. Enter the diseases, or complications that caused the death. Do not antar the mode of dying, such as cerdiec or respiratory errest, ock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Fine) Onset and Death disease or condition LEUK OSTAS).

OUE TO (OR AS A CONSEQUENCE OF): resulting in death) CHRUNIC MYER GENOUS LEVERMI RISIS Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING Lokemia HRONIC HRONG MYEROGENOUS
DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algoriticent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? NomEGA 1 TES 2 NO 1 | YES 2 | NO

25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	Check only one)		
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHI	6 Cother (Specify)			
27. MANNER OF GEATH  1 Natural 5 Pending 2 Accident Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK7 1 YES 2 ND	28d. OEŞCRIBE HOW INJURY OCCUREO		
3 Suicide 6 Could not be	25e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	ctory, office	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)		

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and placa, and due to the ca

296. SIGNATURE AND TITLE OF CERTIFIER	29c, LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
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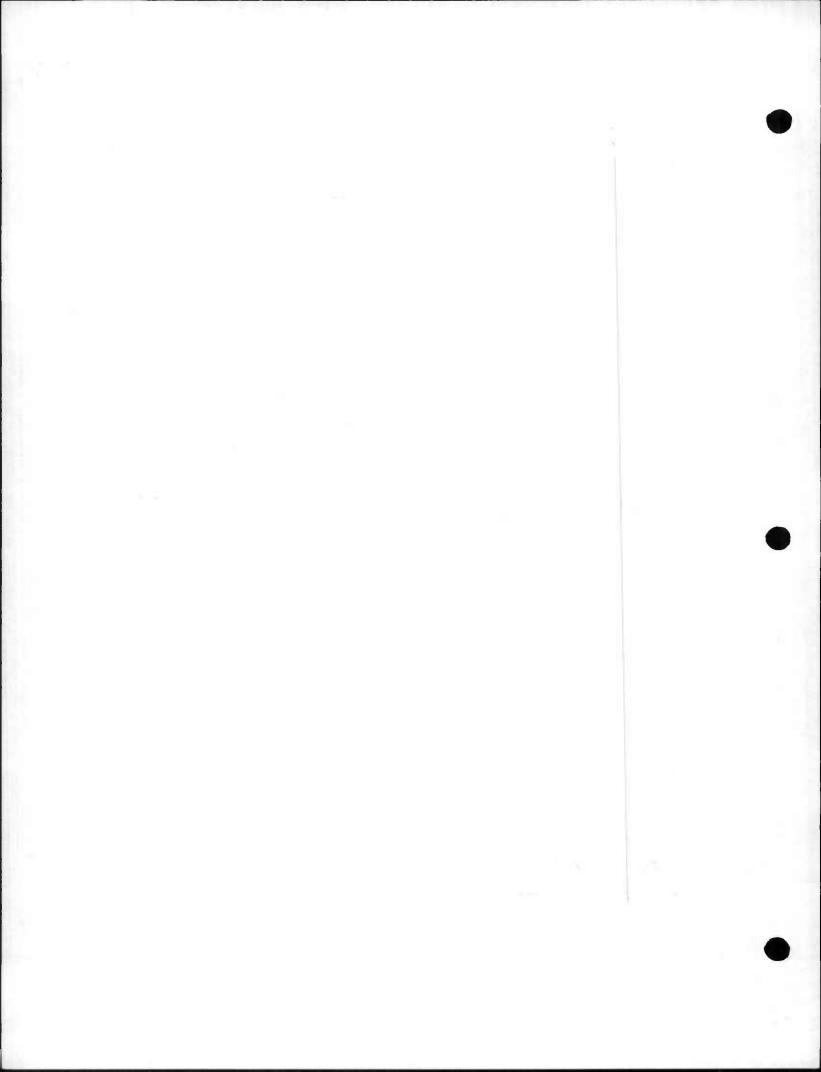
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32. REGISTRAR'S STORATURE DE

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFI	TMENT OF H	EALTH AND	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Las	HERM	ANDEZ			2. DATE OF OEATH	~22_	19 12 LOP M
	4. SOCIAL SECURITY NUMBER 583-20-3002	1 M 2 🗆 F	(In yrs. lest birthday) 39 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year)	52	BIRTHPLACE (State or Foreign Country) Puerto Rico
OR	90. FACILITY NAME (If not institution, given Seton Hill Mane				imore	EATH	9c. COUNT	Y OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	ITY	10c. CITY	TOWN OR LOCAT	ION			10d. INSIDE CITY
	Maryland 100. STREET AND NUMBER		В	altimor				LIMITS?
RA	2919 Christian	Street		101.	ZIP CODE			EN OF WHAT COUNTRY? TO RICO
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 XNO	If yea, apo	21223 ENDENT OF HISPAN solfly Cuban, Maxica 2 NO Specify		or No— 1	4. RACE — American Indian, Black, White, atc.  Specify: Hispanic
ED	15. DECEDENT'S EL (Specify only highest gra	OUCATION	16a. DECEDENT'S L	JSUAL OCCUPATIO	)N	PUERTO RI		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+) 2 yrs.	DISA		st of working			
BE CO	17. FATHER'S NAME (First, Middle, Lest) ROQUE HERNANDE				FRANCI	ME (First, Middle, Maiden SCA AYALA	Surname)	
TO	190. INFORMANT'S NAME (Type/Print)  MELINDA HERNANI	DEZ	196. MAJLING /	EW HAMP	Number or Rurel F	Poute Number, City or Town E. NW/WASH	n, State, Zip C	N, D.C. 20036
	2qe. METHOD OF DISPOSITION 1   Buriel 2   Cremetion 3   Re 4   Donation 5   Other (Specify)	movel from State	D. PLACEAND DATE OF THE DISHELL ME	FDISPOSITION (National National  GARDENS		DALK,	ty or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE	te X-C	Jones	WM.C.I	MARCH F.	H./1101 E.	NORTH	A AVENUE
SATION	IMMEDIATE CAUSE (Final disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	s	CONSEQUENCE OF	25	da of dying, auch	has cardled or respi	retory arrea	Approximata interval Batween Onset and Death
CERTIFICATION	CAUSE (Disease or injury thet initieted events resulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF)	:				
MEDICAL	PART II. Other significent condition	one contributing to death b	ut not resulting in	the underlying	ceuse given in I	Part i. 24a, WAS AN. PERFOR. 1 YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	ck only one)		
YSI	1   YES 2   10	HOSPITAL: 1   Inputlent 2   ER/Outp		OTHER: Nursing Home	5 - Residence	8 Other (Specify)		
ву рну	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	RY WOR		28d. OESCRIBE HOW IN	JURY OCCUP	łED
8	3 Suicide a Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, atr	reet, factory, offica		2af, LOCATION (Street a: City or Town, State)	nd Number or	Rural Route Number,
COMPLET	290. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	SICIAN: To the best of my knowl IER: On the basis of examination	ledge, death occurred and/or investigation,	at the time, deta a	and place, and due that the t	to the cause(a) and mand	ner se stated.	ause(a) and manner as stated.
TO BE (	290. SIGNATURE AND STILE OF CERTURE	woolul	M		29c. LICENSE NUM  27-0	3 4	29d. DATE S	IGNED (Month, Day, Year)  527_9 L
	HAM AND ADDRESS OF PERSON W	Cowt Rose	OSute	20, R	andalls	form W	211	33
	31. DATE FILED Month, Day, Year)	32. REGISTRAR'S SIGNA	TURBLESS					II.



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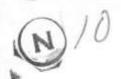
FOR STATE REGISTRAR 1 CERTIFICATE OF DEATH 1. DECEOENT'S NAME (First, Middle, Last) 2. DATE OF DEATH YEAR Babu tairsine 4. SOCIAL SECURITY NUMBER B. SEX T, DATE OF BIRTY 6. AGE (in vrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 12119 1 M 2 mD YRS. 5 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Mercy RESIDENCE OF DECEDENT 10a. STATE Mb. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO FUNERAL 10g. CITIZEN OF 10e, STREET AND NUMBER 10f. ZIP CODE WHAT COUNTRY 25 1122 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-HACE Black, If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Men IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 18e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Robert Lour BE 19a, INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or 2 Medical METHOD OF DISPOSITION
Burlel 2 Cremetton 3 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c, LOCATION — City or Town, State 1 Buriel 2 Cremetton 3 Donation 5 Other (Specify) 21. SIGNATURE OF FUTERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 5/27/92 655 W. Baltimore St, Balto.MD 21201 23. PART I. Enter the diseasee, or complications that caused the deeth. Do not enter the mode of dying, such se cerdiac or respiratory errest, Approximeta Interval Between shock, or heart fellure. List only one cause on each line. **Onaet and Death** IMMEDIATE CAUSE (Final disease or condition resulting in death) AMIAC + KEPIMTONY
DUE TO (OR AS A CONSEQUENCE OF): AMEST REMATURIN PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditione, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING 10 MIN PRETERM DELIVERY CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initieted events reaulting in death) LAST INCOMPETSNT CERVIX PART II. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER: 1 | YES 2 Inpatient 2 - ER/Outpatient 3 - DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO 28b. TIME OF 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Dev. Year) BE 21/92 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) WILLAND 343 CALVERT 57 SUSAN 32/HEGISTRAR'S MONATURE 31 AN ALVILED (North; 19921)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE, MARYLAND 21215-0020

,	Robert C		e Honkins	3						2. DATE OF DEATH MONTH May 23,	1992	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. las	at birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTI	IPLACE (State or Fore	
	216-20-33	17	1 ₹ M 2 □ F	66	YRS.	MONTHS	BYAG	HOURS	MIN.	June 26,	1925	Man	yland	
								OR LOCATION	ON OF DE			INTY OF D	<u> </u>	
DIRECTOR	4103 Pined	iale D	rive				Ba	1timo	ore_		]	Balti	more	
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	Maryland	В	altimore			Balti	.mo	re					LIMITS?	
¥	10e. STREET AND NUMBER	t					10	. ZIP ÇODI	E		10g. CI1	IZEN OF	WHAT COUNTRY?	
崱	4103 Pine	edale	Drive						212	236	U.	. S.	Α.	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2)  3 Widowed 4 Divi	-		NT EVER IN U.S. AR INTERPORT I		14.	/ee, sp	DENDENT OF	n, Mexica	IIC ORIGIN? (Specify on, Puerto Ricen, etc.)	fes or No—	14. RACI Blac Spec	E — American Indian k, White, etc.  White	
	15. DEC	CEDENT'S EDU	JCATION	16e. DE	CEDENT'S L	SUAL OCC	UPATIO	ON		16b, KIND OF E	USINESS/IN	DUSTRY		
COMPLET	Elementary/Secondary (		College (1-4 or 5	HAn.	ive kind of wo Do NOT use	ork done du retired.)	ing mo	ost of workin	ng					
를	NA		NA	Ele	ctric	al Er	gi	neer	Tech	1. B. G	. & E.	•		
ġ I	17. FATHER'S NAME (First, A	Aiddle, Last)						16. MOTI	HER'S NA	ME (First, Middle, Maid	en Surname)			
BE	David Clare							M	lamie	Waltjen				
2	19a. INFORMANT'S NAME (									Route Number, City or 1				
	Doris Hopk	-	Wife)		4103	Pinec	al	e Dr.	, Ba	altimore,	Md. 2	21236		
	20a. METHOD OF DISPOSIT 1 Burlat 2 Cremetic	on 3 🗆 Ren	noval from State	20b. PLACE A	AND DATE OF	F DISPOSIT	ON (N	ama of			LOCATION -			
	4 Donation 5 Other		-tucce	Parkwe	ood-G						ltimo	re, M	ld.	
	Schimunek Funeral Home													
	Schimunek Funeral Home 9705 Belair Rd., Baltimore, Md. 21236													
CERTIFICATION	Sequentially list condit if sny, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING	c /	OR AS A CONSECUTION OF AS A CONSECUTION AS A CONSECUTION OF A CONSECUTION OF AS A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSECUTION OF A CONSE	tai	tu	10	Pre		ar teste (	CA			
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PHYSICIAN:	EXAMINER?	ER/Outpetient 3		OTHER:				6 Other (Specify)						
Ĭ	27. MANNER OF DEATH		28e. DATE OF	INJURY	28b. TIME	OF 2	c. INJ	JURY AT		28d. DESCRIBE HOV	/ INJURY OC	CURED		
- 1		Pending Investigation	(Month, D	Auy, Year)	INJU	M		ORK? YES 2 [	ON [					
LED BY	2 Accident 3 Suicide 6 Could not be deformined  26e. PLACE OF INJURY — At home, term, atreet, factory, office City or Yown, State)  26t. LOCATION (Street and Number or Rural Route Number of Rural Ro										loute Number,			
IPLETE	4 Homicide  29e. CERTIFIER (Check only	desermined	ICIAN: To the best of	my knowledge, de						City or Town, Sta	enner ee sta			
	29b. SIGNATURE AND INTO	11			17	e l		29c, LICE						
H	4	A	ZINA	ok.	VM	. 11	1		249		29d. GAT	ESIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS O	FUERSON	10 COMPLETED CAUS	SE OF DEATH (ITE	1 27) (Type.	Print)		<u> </u>	27)	07	1	7/2	-6/7 5	
	Dr. Alan I				- /		S	nite	206	. Baltimo	re. M	d. 2	1204	
	31. DATE FILED (Month, Day,	Year)	32. REGISTRA	AR'S SIGNATURE	TWOLF	II DL	J	UT FE	200	, Darcimo	20, 11			
2	MAY 281	992	guia David	AR'S SIGNATURE	ماتا									



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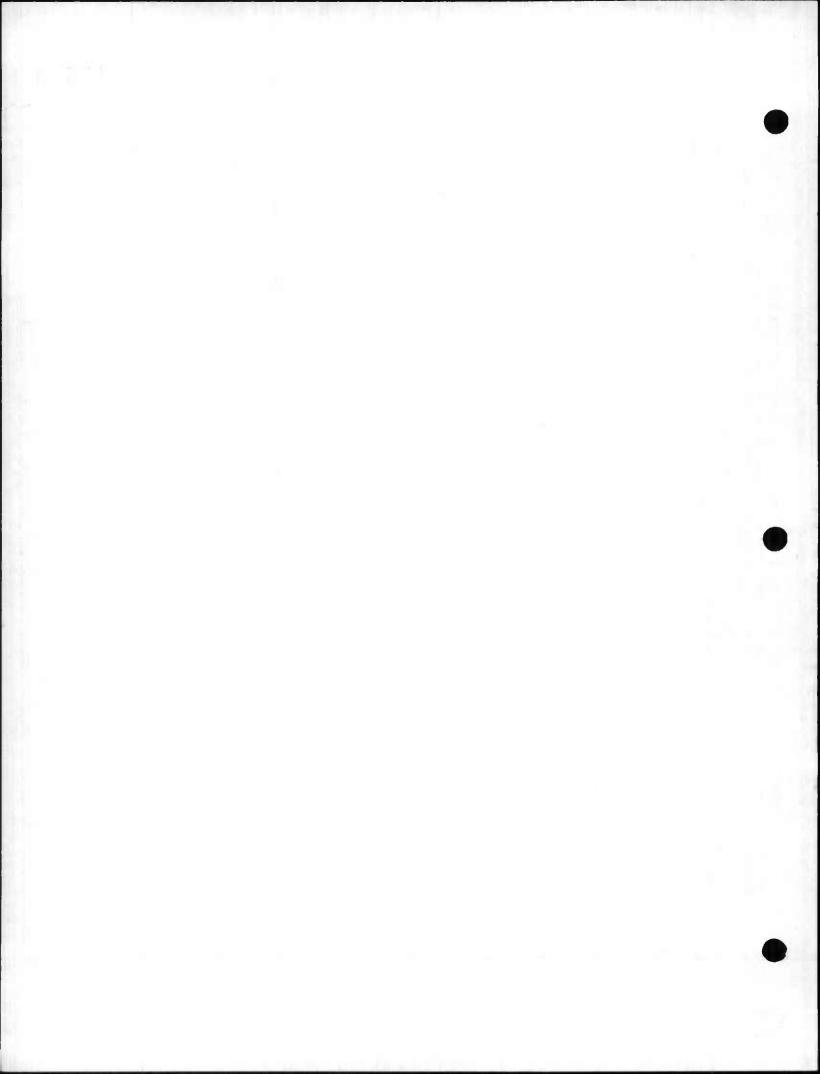
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2. DATE OF DEATH 5 22-92/EAR Peyman 15.00 VICO 1/2 5-Z 92 S. SEY 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER IF UNDER 1 YEAR 7. DATE OF BIRTH IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 6-25-1899 DAYS 1 M 2 F YRS. POLAND Se. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR BALTIMORE CO. GENERAL HOSPITAL RANDALLSTOWN BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE BALTIMORE 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21209 USA 2928 MARNAT ROAD, APT. 20 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 NO Specify: 1 TES 2 NO Widowed 4 Divorced BY Specify: WHITE COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ry/Secondary (0-12) College (1-4 or 5+) 12 AT HOME HOUSEWIFE 17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **JENNIE** NUSBAUM HASKELL BERENHOLTZ BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 MR. CHARLES B. HEYMAN 3409 OLD POST RD., BALTIMORE, MD 21208 20s. METHOD OF DISPOSITION

NFL Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION -- City or Town, State DATE TFILOH CONG. 5-25-92 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD., BALTO., MD 23. PART I. Enter the diseases, or emplications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory arrest, ehock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel Onset and Death disease or condition resulting in death) Advanced generalized Arterio sclerus cardio van MANY 4-16 DUE TO (OR AS A CONSEQUENCE OF): ebsis 2 WKs CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease Dr injury DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PERFORMED' 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) HOSPITAL: 1 YES 2 NO 1 N inpetient 2 ER/Outpetient 3 DOA 4 Nursing Name 5 Residence 6 Other (Specify) 27. MANNER OF DEATN 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29e. CERTIFIER 1 X CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) House 5 2 WRO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) cien Baltimone (and all stomm. MI) 31. DATE FILED (Month, Day, Year)
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR STATE

	CERTIFIC	ATE OF	DEATH	REG. NO.		
	N HESS			2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH
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ve street and number)	9			ATH 9c. C		MARYLAND DEATH
NTY	10c. CITY,					10d. INSIDE CITY LIMITS?
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er m/n	Wedern	no.	35N 415		5/23	(Month, Day, Year)
WHO COMPLETED CAUSE OF I	) Tuner	110 John	Hopkun		. Wil	4 St Baltimos
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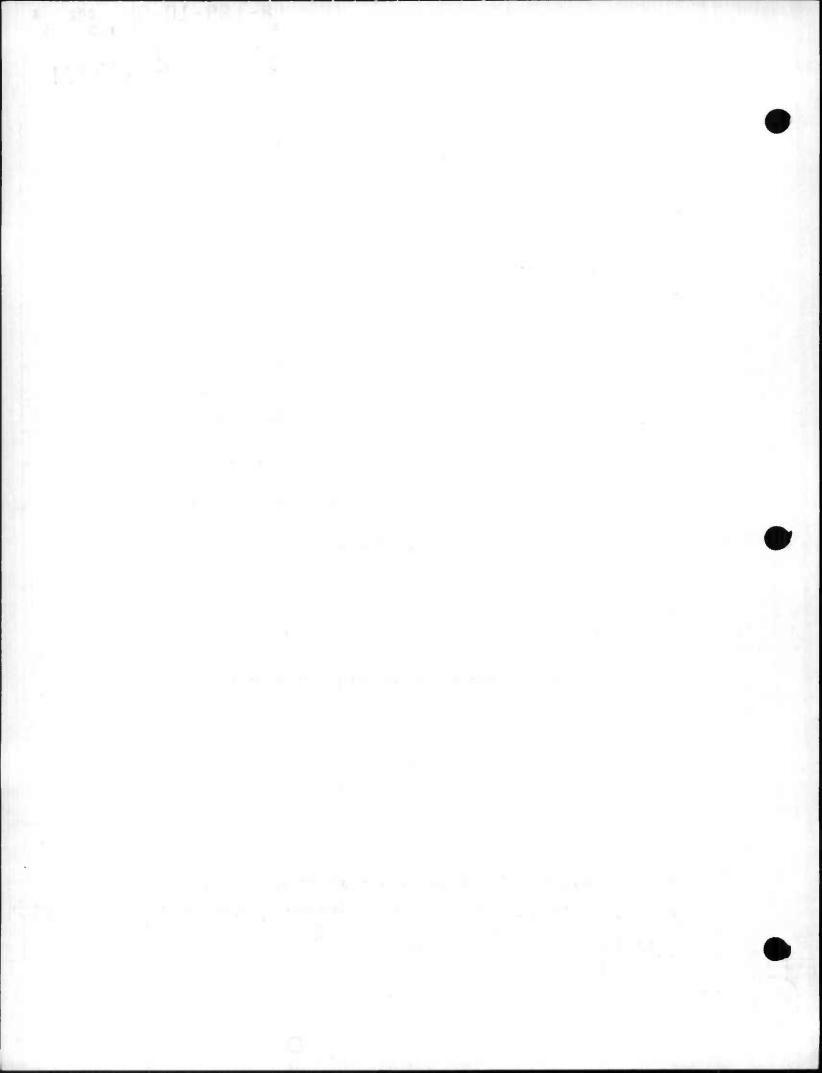
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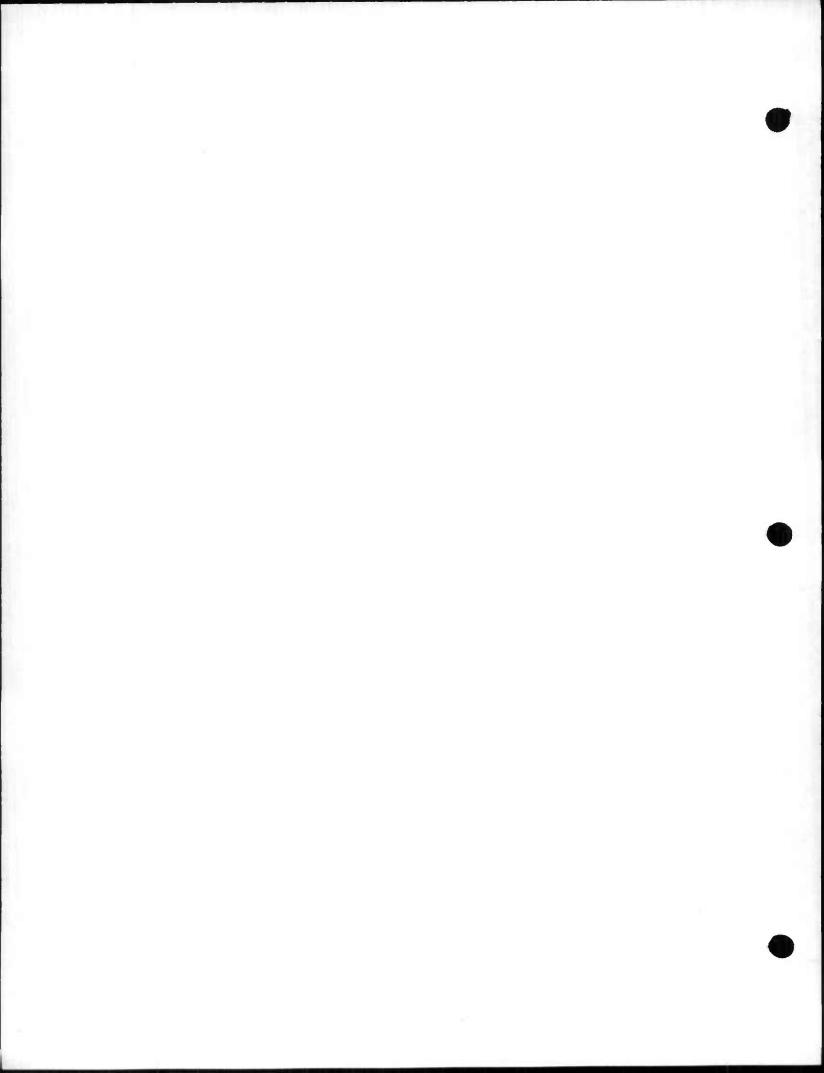


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			TCHETT	Þ			2. DATE OF DEATH DA	V YEAR	3. TIME OF DEATH
pin		4. SOCIAL SECURITY NUMBER 217-01-4418 D	1 - M 2 X F	yrs. last birthday)  9 yrs.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year) 1/11/19	0. 8im Cour N.	HPLACE (State or Foreign try) CAROLINA
, 2. 3 sho	TOR	SO. FACILITY NAME (If not institution, give a LIBERTY MEDIC RESIDENCE OF DECEDENT			BALTI	OR LOCATION OF DE	АТН	9c. COUNTY OF	DEATH
permit. Pages 1, 2, 3 should	DIRECTOR	MARYLAND 106. COUNTY			Y, TOWN OR LOCA BALTIMO				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
Usit	FUNERAL	100. STREET AND NUMBER 4314 KATHLAND	AVENUE		10	1. ZIP CODE 21207		10g. CITIZEN OF	WHAT COUNTRY?
attending physician. ise as the burial-transit	ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	U.S. ARMED 2 XNO	If yes, sp	CENDENT OF HISPAN Hecity Cuban, Mexical 2 X NO Specify		or No- 14. RAC	CE — American Indian, ck, White, etc.
spital or ed for u	COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)		18e. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION work done during mose retired.)	ON ost of working	16b. KIND OF BUS	INESS/INDUSTRY	
# E	BE COM	17. FATHER'S NAME (First, Middle, Last)  GEORGE RUSS	ELL			MINNI	ME (First, Middle, Malden : E RUSSELI		
y be retained lage 5 should be notified	2	JAMES BURTON		4314	KATHL	AND AVE	NUE BALT		MD 21207
e 6 ma ector, p must	- 59	20e. METHOD OF DISPOSITION   X  Buriel 2   Cremetion 3   Remote   4   Donation 5   Other (Specify)     21. SIGNATUSE OF FUNERAL SERVICE LICE	Wal from State MA	RYLANI	OF DISPOSITION (Na NATIO)	NAL CEM	ETERY LAU	JREL, MA	RYLAND
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the beam certificate be executed within 24 nours after the attending physician and completely filled in by the difference prior to burial, cremation, or remove injury, or other traumatic event, the medical	CERTIFICATION	23. PART I. Piter the diseases or cebock, or heert silium. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF CONSEQ	Tynli Fi:	ide of dying, auch	acrel	atory srreet,	Approximate interval Between Onset and Death
red by the attending lith and Mental Hygier any injury, or oth	CAL CER	PART II. Other significent conditions	contributing to death but				Part 1. 24a. WAS AN A		. WERE AUTOPSY FINDINGS
TO THE MOST INL. OR ALTENDING PRISIDENT: THE LAW REQUIRES THAT TO THE FUNERAL DIRECTOR: After this certificate has been signed by the filed within 72 hours after death with the State Dept. of Health and IMPORTANT: If I I I I I I I I I I I I I I I I I I	MEDI	- CHRO	VIC RO	enal	In	su B	PERFORM 1 YES 2	-	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
certificate har the State Dr. or Item 2	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPIFAL:	lent 3 🗆 DOA	OTHER:	ACE OF DEATH (Che			
After this cer death with the	ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIM INJ	E OF 28c. INJI		28d. DESCRIBE HOW IN	JURY OCCURED	
OR ALLENDING DIRECTOR: After hours after death liem 28 is ma	ETED I	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Specify	- At home, ferm, s	street, factory, office		28f. LOCATION (Street an City or Town, State)	d Number or Rural i	Route Number,
FUNERAL DIRECTION OF WITHIN 72 hours	COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my knowled On the bests of examination a	ige, death occurre	ed at the time, date	end place, end due t	o the cause(s) and mannime, date and place, and	er es stated.	a) end manner es stated.
TO THE FUNER TO THE FUNER TO THE WITHIN	O BE	29b. SIGNATURE AND TITLE OF CERTIFIER R. M-8hal n=				29c. LICENSE NUME	BER V	29d. DATE SIGNED	(Month, Day, Year)
_	¥	30. NAME AND ADDRESS OF PERSON WHO R-M-SHALL	· CMC	2000		erry	HAVE	Box	The state of the s
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE					



DHMH-18 Rev 1/89



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE (	OF DEA	HTA		REG. NO	).		
	1. DECEDENT'S NAME (First, Middle, Last)								OF DEATH			3. TIME OF DEATN
	Henry	L.			Johns	son	Sr.	0.5	26	DAY 1	992	6:27 PM
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	birthday)	IF UNDER 1 YE		ER 24 HRS.	7. DATE	OF BIRTH			PLACE (State or Foreign
	245-10-3428	1 M 2   F	75	YRS.	MONTHS DA	YS HOURS	MIN.	gMon 9 -	10-19	16	Country	" N.C.
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY, TO	WN OR LOCA	TION OF I			-	INTY OF D	
DIRECTOR	3208 Sequoia Ave	2.			Balt:	more						
E C	10a. STATE 10b. COUNT			10c. CIT	Y, TOWN OR L	OCATION		_			T	10d. INSIDE CITY
	MD			BAL	TIMOR	E						LIMITS?
FUNERAL	3208 SEQUOIA	AVE.				10f. ZIP CO	215				JSA	HAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	TEVER IN U.S. ARI YES 2 N MAR OR DATES	WED O	If yo	DECENDENT L. specify Cu YES 2 X N	ban, Mexic	en, Puerto	N? (Specify Ye Rican, etc.)	a or No-	14. RACE Black Specifi	- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 s	(G)	CEDENT'S ve kind of a Do NOT us	USUAL OCCU work done during se retired.)	PATION g most of wor	king	166	. KIND OF BU	JSINESS/IN	DUSTRY	
Ž	17. FATHER'S NAME (First, Middle, Last)											
BE CC	ERNEST JOHNSO	N				18. MC	MAR (	GARE	Middle, Maide T BEA	SLE	1	
10 E	BERNICE JOHNS	ON	196	320	ADDRESS (St.	UOIA	A V [	Route Num	ber, City or Tox ALTO.	wn, State, Zi		215
	20s. METNOD OF DISPOSITION 1 Gurial 2 Gremation 3 4 Donation 5 Other (Specify	OMEMENT*	20b. PLACE A	ND DATE	F DISPOSITIO	N (Name of	PARK	DA1	E 20c. LO	ALTO.	City or Too	wn, State
	21. SIGNATURE OF FUNERAL SERVICE LIC								HOME -			
	Mynis	B-Ac	ott						HUME- E. BA			21215
	23. PART I. Enter the diseases, or shock, or heart failure.	complications that	caused the de	th. Do r	ot enter the	mode of d	lying, au	ch aa car	diec or resp	olretory ar	reet,	Approximate
	IMMEDIATE CAUSE (Final	. ARTERI			'ARDTO	/ASCUT	AR C	TSEA	SE			Interval Between Onset and Death
7	rooming in dealing		(OR AS A CONSEC			710001	ZIIC D	LOLE	<u> </u>			
CERTIFICATION	Sequentially liet conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSEC	UENCE O	<b>ን</b> :							
E I	CAUSE (Disease or Injury that initiated events	c. DUE TO	(OR AS A CONSEO	UENCE O	F):							
E	resulting in deeth) LAST	d										
O	PART II. Other significent condition	e contributing to	death but not re	eultina	in the under	wine course	bron le	Don't	24a, WAS AF		200	
DICAL				Journal	in the under	ying cause	givenin	Tall I.		RMED? 2 RJ- NO	240.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
W										X		1 TES 2 NO
ż					_				INQU	TRY		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				8. PLACE OF	DEATH (C	heck only o				
YS!	1 TYES 2 NO	1 inpatient 2	ER/Outpatient 3	□ DOA	OTHER:	Home 5 🖳	Residence	6 🗆 Othe	r (Specify) 3	208 9	Securo	ia Ave
Y PHYSICIAN: MEI	27. MANNER OF DEATH	28e. DATE OF (Month, De	INJURY ny, Year)	28b. TIM INJ	E OF 28c	INJURY AT WORK?	□ NO		CRIBE HOW			ra ave
ED BY	1 Natural 5 Pending											
W .	1 Natural 5 Pending 2 Accident investigation 3 Suicide 8 Could not be determined	26s. PLACE Of building,	F INJURY — At horetc. (Specify)	ne, farm, i	street, factory,	office		281, LOC City	ATION (Street or Town, State	and Numbe	r or Rural A	oute Number,
E	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	building,	etc. (Specify)					City	or Town, State	)		oute Number,
OMPLETE	2 Accident investigation 3 Suicide 8 Could not be 4 Homicide determined	CIAN: To the best of	my knowledge, dea	th occurr	ed at the time,	data and place		e to the ca	or Town, State	inner as sta	fed.	
) BE COMPLETED	2 Accident investigation 3 Suicide 8 Could not be determined  29e. CERTIFIER (Check only) 1 CERTIFYING PNYSI	CIAN: To the best of R: On the beels of a	my knowledge, dea	th occurr	ed at the time,	data and placen, death occ		e to the ce e time, deta	or Town, State	inner as ste nd due to 1	ited. he couse(s) TE SIGNED	
	2 Accident 3 Suicide 4 Homioide 8 Could not be determined  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of R: On the beels of a	my knowledge, dea camination and/or is	th occurrence that the control of th	od at the time, n, in my opinio	data and placen, death occ	CENSE NU	e to the ce time, dete	or Yown, State	inner as sta nd due to 1 29d. DAT	ned. he couse(a) E SIGNED	and manner as stated. (Month, Day, Year)

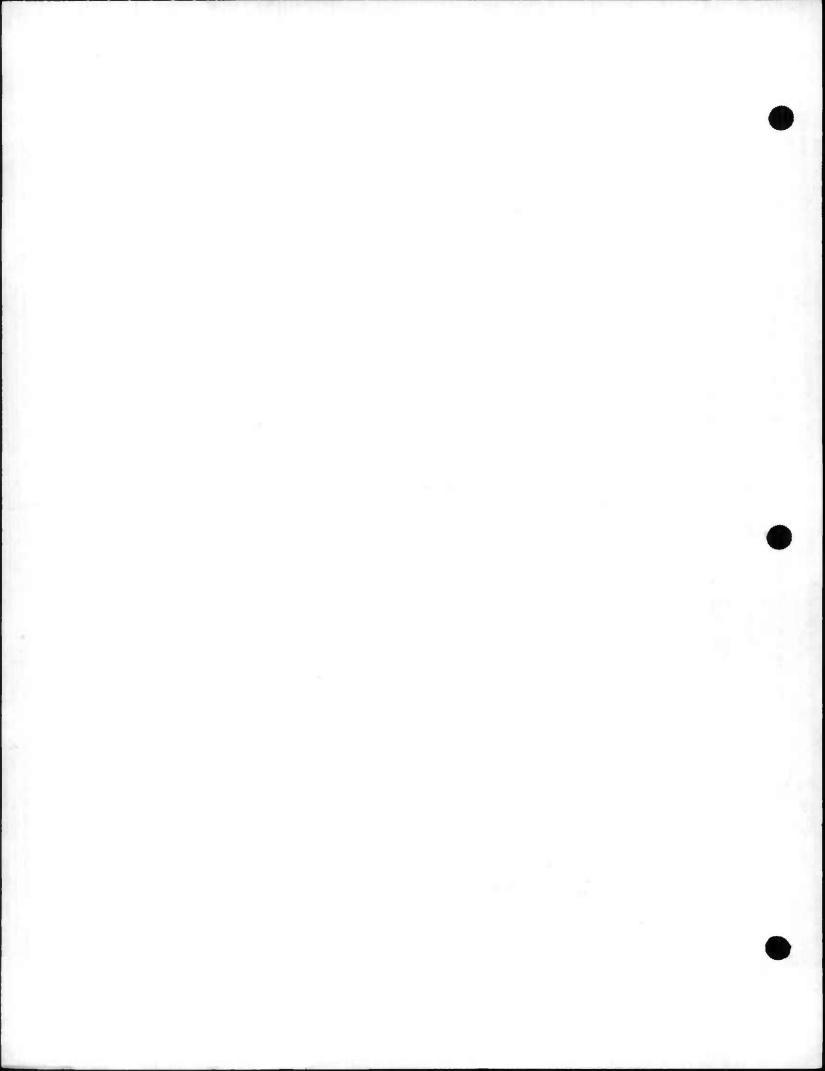
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



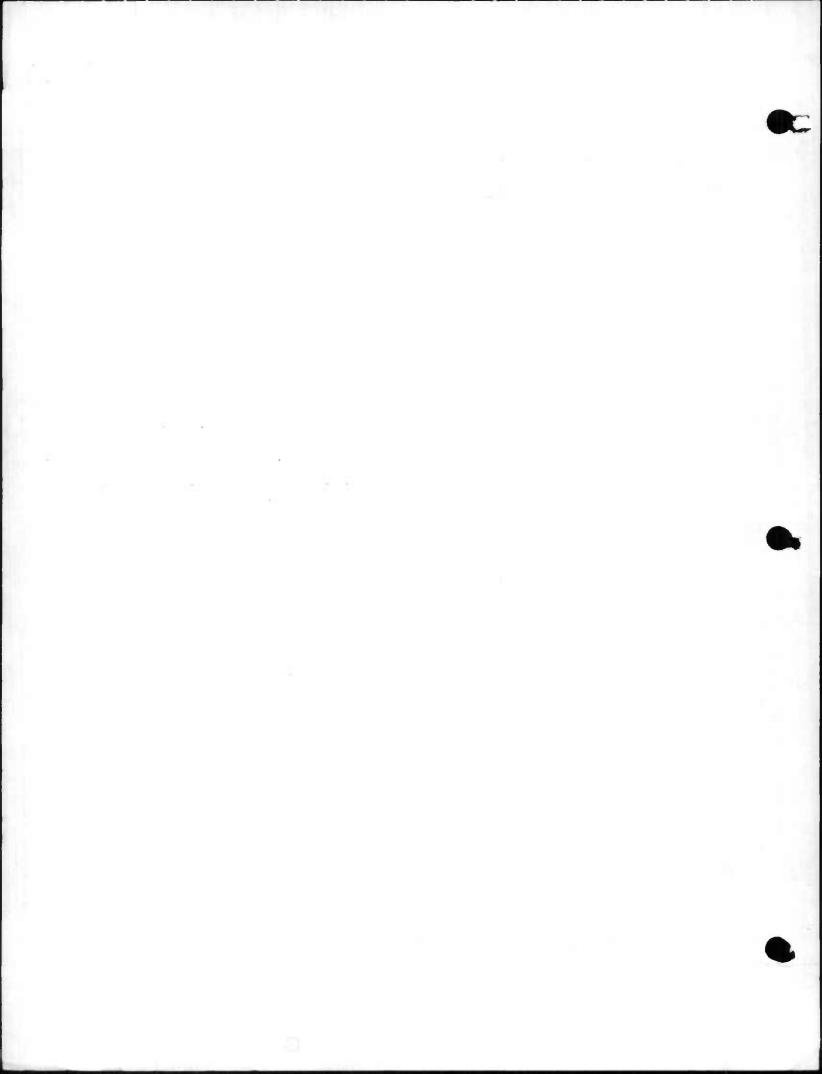
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OF VITAL RECORDS, P.O. F	
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DIVISION	
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-	PAULINE JO	NNSON					2. DATE OF DEATH	9 9 8	S. TIME OF GEATH		
	4. SOCIAL SECURITY NUMBER 207-28-7950	1 🗆 M 2 🚉 👍	E (In yrs. last birth	RS. MONTHS	DAYS HOU	-	7. DATE OF BIRTH (Month, Pey, Year)	8 8	BIRTHPLACE (State or Foreign Country)		
TOR	9a. FACILITY NAME (If not institution, give : ST, JOSEPH // RESIDENCE OF DECEDENT	SPITAL		9b. CITY,	OWSC		EATH /	9c. COUNTY	OF DEATH		
L DIRECTOR	MARYLAND  106. STREET AND NUMBER	Υ		BALTIM	ORE				10d. INSIDE CITY LIMITS? LIMITS? LIMITS?		
FUNERAL	5413 SAGRA RO	AD			10f. ZIP (	L239		US US	N OF WHAT COUNTRY?		
B	11. MARITAL STATUS  t Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	H		Juban, Mexica	NIC ORIGIN? (Specify Year, Puerto Rican, atc.) y:	e or No 14	. RACE — American Indian, Black, White, etc. Specify: BLACK		
APLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kin	d of work done d OT use retired.)	AL OCCUPATION done during most of working red.)  SALES						
BE COMPL	17. FATHER'S NAME (First, Middle, Last)  ELIAS M	ME (First, Middle, Maider THA		ERGUSON							
٩	FRANKLIN JOHNS	ON		LING ADDRESS			BALTIO.		21239		
	20e, METHOD OF DISPOSITION   Quriel 2   Cremetton 3   Rem 4   Donetton 5   Other (Spé)ity)	CENSEE	ROBERT CONTROL OF THE PROPERTY	ON FOR	EST V	PHILL	5/28 OW 5/28 OW IPS FUN. MONROE	INGS I	PA.		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR AS	S A CONSEQUENT	DE OFF			resonda		Cours		
MEDICAL	PART II. Other significent condition	s contributing to death	but not result	ing in the und	erlying cou	se given in	Part i, 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		F OEATH (Ch	eck only one)				
Y PHYSICIAN	1 VES 2 NO  27. MANNER OF OEATH  1 Natural 5 Pending Investigation	1 inpatient 2 ER/On 28e. DATE OF INJUR (Month, Day, Year	Y 26b	DA 4 I Nurs		Т	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURED			
тер ву	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJUI building, etc. (Sp		28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
Ē	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner as stated.  2 MEDICAL EXAMINER: On the best of axamination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) end manner as stated.										
COMP											

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.





REG. NO.

FOR STATE REGISTRAR

68760,	And other property for the same and the same
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	and Canha has
RDS, P.	A she done
RECOF	named and the same
VITAL	HARL The land
JO NO	CINCO CINCO
DIVISIO	On ATTEND

1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH HELEN KOWALEWSKI 3. TIME OF DEATH DAY 22 YEAR Helen 05 awalewski 4.35a m 22 92 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year) 9 - 30 - 08 5. SEX 8. AGE (In vrs. lest birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign Country) IF UNDER 24 HRS. MONTHS DAYS 1 M 2 AF HOURS 217-03-4743 83 MARYLAND page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore Church Home Hospital FUNERAL DIRECTOR Baltimore RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7 FOX HILL COURT 21128 USA retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cubsn, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 14. RACE — American Indian, Black, Whits, etc. FORCES? 1 YES 2 1 Never Married 2 Married BY Specify: WHITE 3 💢 Widowed 4 🔲 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 9 YEARS HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at SPINEK BE 19s, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. GEORGE T. KOWALEWSKI FOX HILL COURT BALTIMORE, MARYLAND 21128 after death. Page 6 may be pe 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Stats 20s. METHOD OF DISPOSITION

1 | X Burlei 2 | Cremation 3 | Removal from State

4 | Donation 5 | Other (Specify) \_\_\_\_\_\_ DATE must the funeral director. ST. STANISLAUS CEM. 5-26 BALTO. CITY MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND AGORESS OF FACILITY
KACZOROWSKI FUNERAL HOME MC-24 2525 FLEET ST. BALTO. MD. medical 23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart fellure. Liet only one ceuse on each line. been signed by the attending physician and completely filled in by on the learth and Mental Hygiene prior to burial, cremation, or remo **Approximats** 24 hours Interval Between IMMEDIATE CAUSE (Final Onset and Death the Overwhelming disease or condition resulting in death) Sepsis traumatic event, OUE TO (OR AS A CONSEQUENCE OF): Pheumonia Bilat CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING 8 Congestive Heart CAUSE (Disease or Injury other t DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST Chronic Obstructive Pulmonary Tesuse 10 Injury, PART II. Other algorificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? MEDICAL 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO shows any COMPLETION OF CAUSE 1 TES 2 NO OF DEATH? 1 TES 2 000 PHYSICIAN: certificate has be the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) Item HOSPITAL:
1 Winpatient 2 ER/Outpatient 3 DOA **EXAMINER?** OTHER:
4 | Nursing Home | 8 | Residence | 6 | Other (Specify) 1 YES 2 NO 0 27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year) with t 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED marked, 1 Matural 5 Pending Investigation . DIRECTOR: After the hours after death w 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 69 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 28 4 Homicide Item 29e. CERTIFIER
(Check ant)

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dus to the cause(s) and manner as stated. 8 HOSPITAL FUNERAL I within 72 h = 2 MEDICAL EXAMINER: On the basis of sxamination and/or investigation, in my opinion, death occurred at the time, data and placs, and due to the cause(s) and manner as stated. THE HOSPIT.

TO THE FUNERA

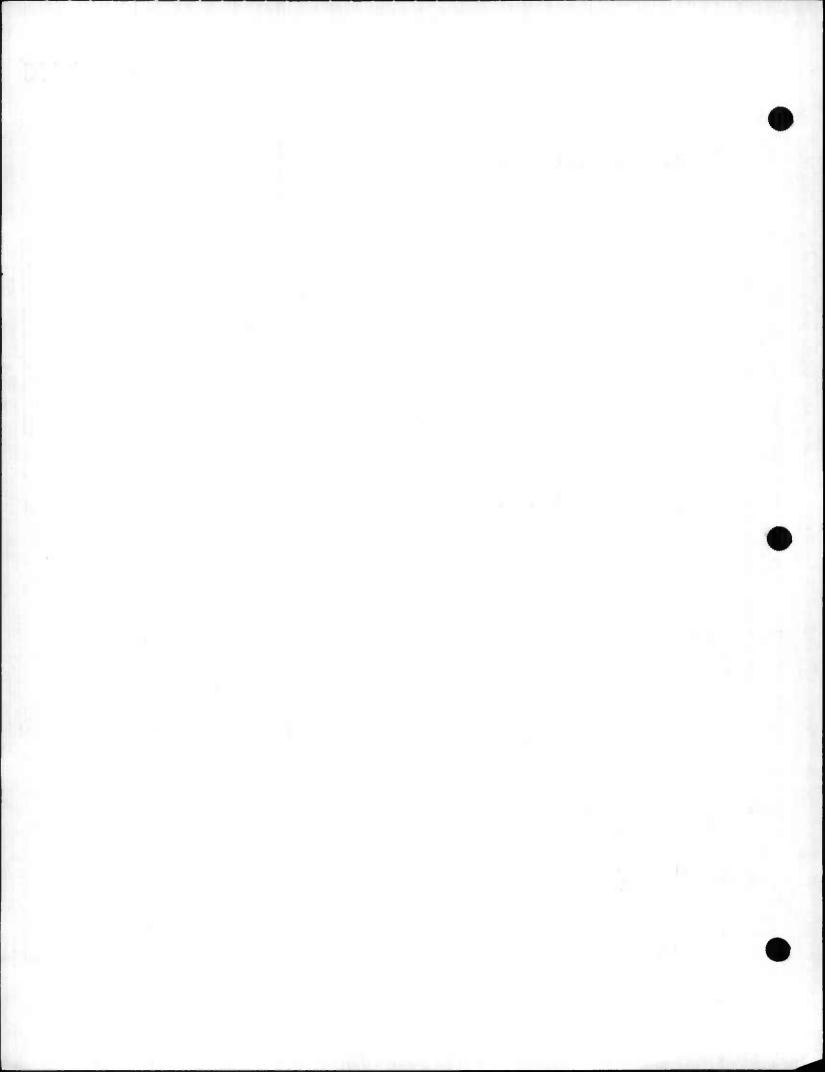
De filed within ?

IMPORTANT: II 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE JEVVCU ELEVINT HOUSE DOCTOV

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 5/12/92 93 2 Clockmo Kerven . 22, 5. Greene Street Balt 32. REGISTRAN'S SIGNATURE HA DANGSON FRANCES 31. DATE FILED (Month, Day, Year)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

MAY 28 1992



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to buriat, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

GLADYS G		GLADYS BBY	GOR	E LIBBY			2. DATE OF MONTH	DEATH DAY		3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 195-10-0/34	5. SEX	8. AGE (In yrs. les	YRS.	IF UNDER 1 YEAR MONTHS DAYS	# UNDER	24 HRS. MIN.	7. DATE OF I	BIRTH by, Ybar)	C	HRTNPLACE (State or Fore
9a. FACILITY NAME (If not institution, give str STEUA MA	9			9b. CITY, TOWN	DR LOCATIO		ATN		9c. COUNTY	OF DEATH LTIMORE
RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY  Maryland Bal	to Count	EV		y, town or local	-			0		10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	ourt				1. ZIP CODE					OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. AR   YES 2   I	no no	If yes, sp	ecify Cubar	n, Maxica	IIC ORIGIN? (S n, Puerto Rice /:			RACE — American Indian Black, White, atc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		(G		USUAL OCCUPATI work done during me se retired.)		9	18b. KIN	ID OF BUSI	NESS/INDUST	RY
17. FATHER'S NAME (First, Middle, Last) Arthur E. Gore				P			ME (First, Midd n Jane			1,000
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street	and Number	or Rural I	Route Number, (	City or Town,	State, Zip Cod	io)
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 N Donation 5 Other (Specify)	oval from State			E OF DISPOSITION or other place)	I (Name		DATE	20c, LOC/	ATION City	or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE Rona	ald Wade	, Di:				ore St		-	y Board
23./PART I. Enter the diseases, or co	omplications the									
shock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List Dnly one ce		0.							
shock, or heert fallure. L IMMEDIATE CAUSE (Finel disease or condition	a. ACU7 DUE TO	use on each line	OUENCE O	タ <u>ア</u> プリ <u>で</u> ค: ค:						Approxima Interval Be
shock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	DO OR AS A CONSE	OUENCE O	871 UE FI: FI:	HE	AR	T F.		UITOPSY MED?	Approxima Interval Be
shock, or heert failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	DO OR AS A CONSE	OUENCE O	STIVE FI:  In the underlylr  O - VA  Dis	HEAS 1	APPORT IN APPORT	Part I. 24	e. WAS AN A PERFORM	UITOPSY MED?	Approxima Interval Be Onset and Onset and 24b. WERE AUTOPSY FI AMAILABLE PRIOR COMPLETION OF COP DEATH?
shock, or heert failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other aignificent conditions  ARTERIAL  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO DU	O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	OUENCE O	F):  In the underlying the second of the sec	HE SCULL THE STATE OF DIMENSION OF STATE OF DIMENSION OF STATE OF	Arc given in Arc Example 10 to	Part I. 24	e. WAS AN A PERFORM	UITOPSY MED?	Approxima interval Be Onset and Onse
shock, or heert failure. L  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  PART II. Other algnificent conditions ARTERIAL  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending	DUE TO DU	O (OR AS A CONSE	OUENCE O	F):  In the underlying the second of the sec	HE SCULL THE STATE OF DIMENSION OF STATE OF DIMENSION OF STATE OF	Arc given in Arc Example 10 to	Part I. 24  1  Deck only one)  8  Other (S)  28d. DESCR	A-I CU  a. WAS AN A PERFORM  YES 2 [  pecify)  IBE NOW IN.	WITOPSY MED?	Approxima interval Be Onset and Onse
shock, or heert failure. L  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions ARTYRIAL  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO  27. MANNER OF DEATH 1   Netural 5   Pending 2   Accident 3   Suicide 8   Could not be detarmined  29a. CERTIFIER Check only  CERTIFYING PHYSK	DUE TO DU	DO (OR AS A CONSE DO (OR AS A	OUENCE O	F):  In the underlying the street, factory, officed at the time, date of the street of	If the state of th	given in	Part I. 24  1  1  Oneck only one)  8 Other (S  28d. DESCR  28f. LOCATH City or 1	e. WAS AN A PERFORM PERFORM VES 2 [ Pecify] BE NOW IN. ON (Street and own, State)	MUTOPSY MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Approxima Interval Be Onset and Onse

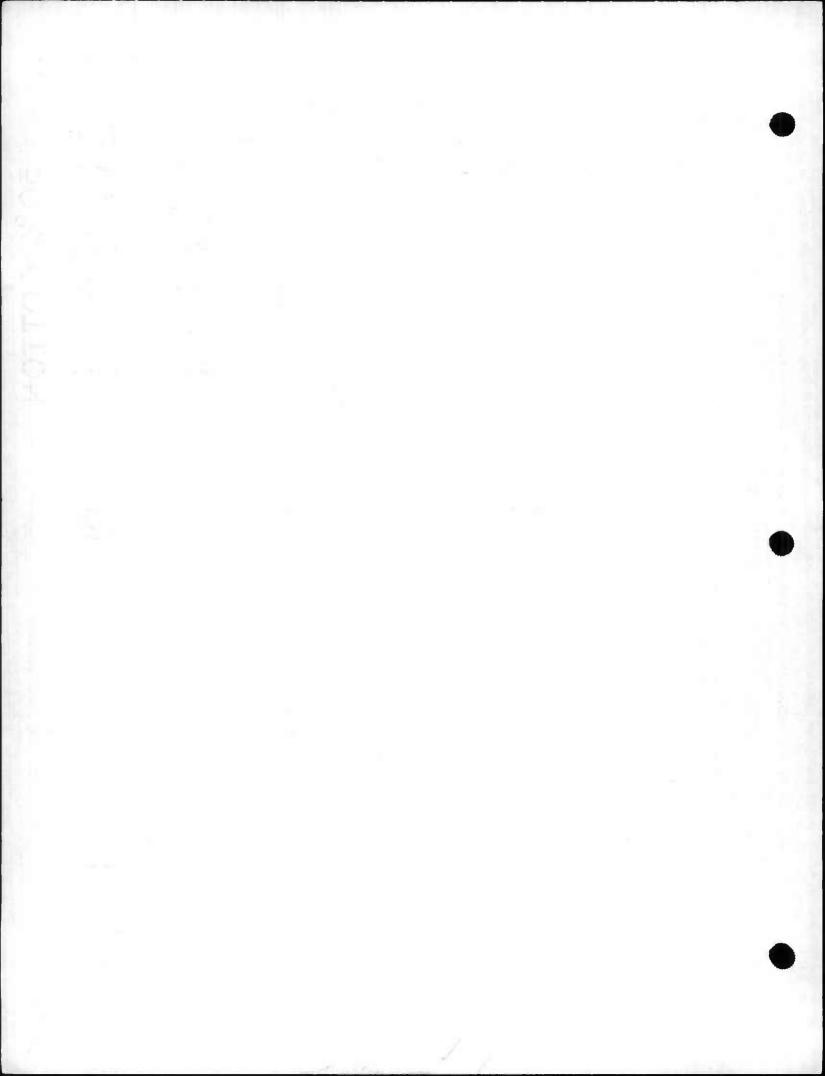
32. REGISTRAR'S SIGNATURE

31 MARYLED/MONTH 1992

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FOR STATE REGISTRAR

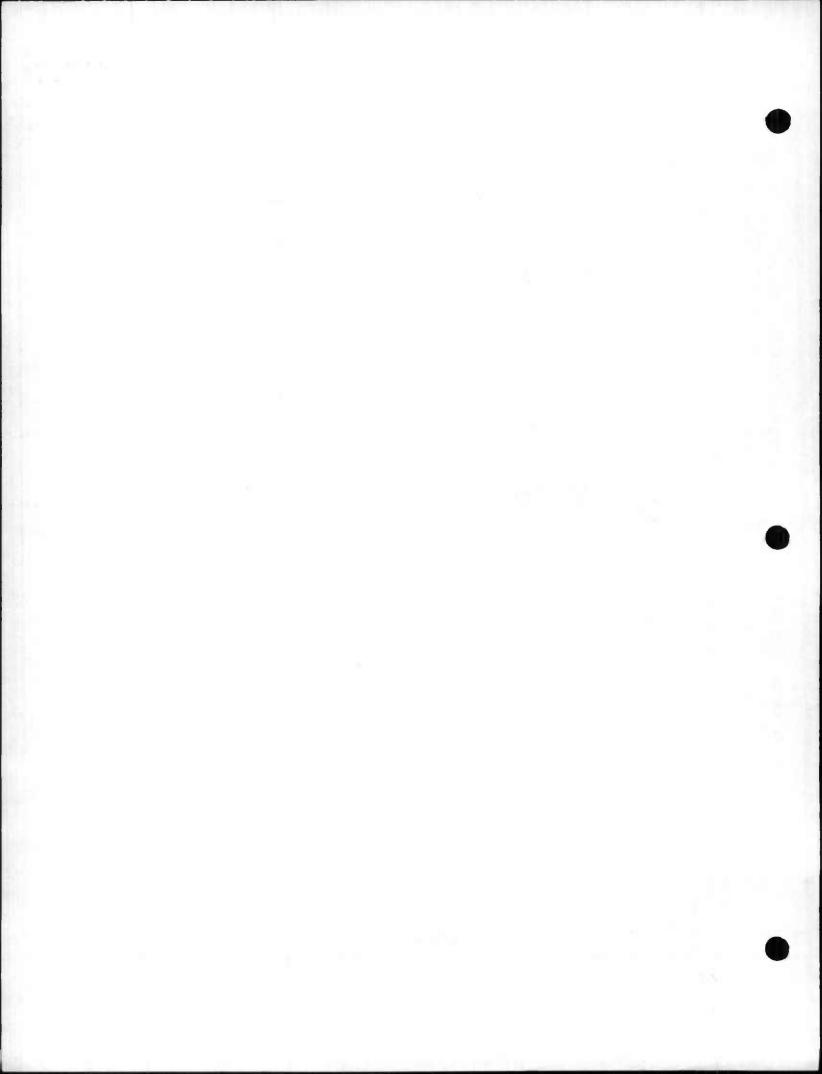
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)									2. DATE OF OEATH MONTH PAR 26, 1992 YEAR 3. TIME OF DEATH 3: 55PM M				
	Ella W. Le		5. SEX	Internation and	2.5300	-						1992		3:55PM M
	215-94-0793		1   M 2XXF	6. AGE (In yrs. less	YRS.	IF UNDER MONTHS	DAYS	HOURS	MIN,	7. DATE OF (Month, D	ny, Year)	1898	Count	
COMPLETED BY FUNERAL DIRECTOR	98. FACILITY NAME (If not institution, give street end number)  Franklin Square Hospital  Baltimo							EATH	Sept. 26,1898 Virginia  Sc. COUNTY OF DEATH  Baltimore					
	RESIDENCE OF DECEDENT							MOIC						
	26 1 1						TOWN OR LOCATION							10d. INSIDE CITY LIMITS?
	100. STREET AND NUMBER						imore Int. ZIP CODE				1 ☑ YES 2 ☐ NO			
	5022 E. Oliver St.					21205				U. S.			Α	
	11. MARITAL STATUS 1 Never Merried 2 Merried 35/Widowed 4 Divorced				ARMED 13. WAS DECENDENT OF HIS				OF HISPAI on, Mexica	ANIC ORIGIN? (Specify Yes or No- 14 can, Puerto Rican, etc.)			14. RACI	E - American Indien, k, White, etc.
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working				ing	16b, KIND OF BUSINESS/INDUS				
	Elementary/Secondary (0-12) College (1-4 or 5 +) NA NA			+) Iffe.	Homemaker					Own Home				
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Maiden Sumame)					
BE C	T T ! . 1							Anna	a P. Parsons					
2									illsboro, Del. 19966					
	20a. METHOD OF DISPOSITION		(Dgntr)						Mil					
	1 Burlel 2 Cremation	3 Pemor	val from State	cemetery, cree Meadow	natory or o	corpisposition (Name of other place) ge Memorial Park				OATE	Date 20c. LOCATION — City or Town, State  Baltimore, Md.			
	21. SIGNATURE OF FUNERAL		NSEE			22.	2. NAME AND ADDRESS OF FACILITY							
	Schi 3331						chin	imunek Funeral Homes, Inc. 1 Brehms Lane, Baltimore, Md. 21213						
N: MEDICAL CERTIFICATION	disease or condition resulting in death)  a. Lymphocytic Leukemia  Due to (or as a consequence of):  Congestive Heart Failure  Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  Lymphocytic Leukemia  Due to (or as a consequence of):  Renal Failure  Due to (or as a consequence of):  Due to (or as a consequence of):													
	PART II. Other eignificant conditions contributing to deeth but not resulting in Hypertension					In the un	the underlying ceuse given in P				24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 X NO		24b	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO I		HOSPITAL:					ACE OF E	EATH (Ch	eck only one)				
YSI	1 TYES 2X NO		1 N Inpatient 2	ER/Outpatient 3	□ DOA	OTHER 4   Nun		• 5 🗆 R	esidence	6 🗆 Other (S)	pecify)			
ВУ РН	27. MANNER OF DEATH  1 \( \) Netural 5  \text{Pending} \\ 2  \text{Accident}  \text{Investigation}  \text{Investigation}  \text{28b. Time OF injury injury}    28b. Time OF injury   \qq \qq    \qq  \qu							NO NO	28d. DESCRIBE HOW INJURY OCCURED					
8	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)								281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end menner as stated.  MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(s) end menner as stated.													
H	296. SIGNATURE AND TITLE OF CERTIFIER LOSSIES NO 29c. LICENSE M						ENSE NUN	1UMBER 29d. DATE SIGNED (Month, Day, Year)  ▶ 5/26/92						
2	Dr. Rachelle LaForce, M. D. 9000 Franklin Square Drive -21237													
	31. DATE FILED (Month, Day, Yes	ir)	32. REGISTRA	AR'S SIGNATURE	١,			2000						
	MAY 28 199	6 7	with himse											





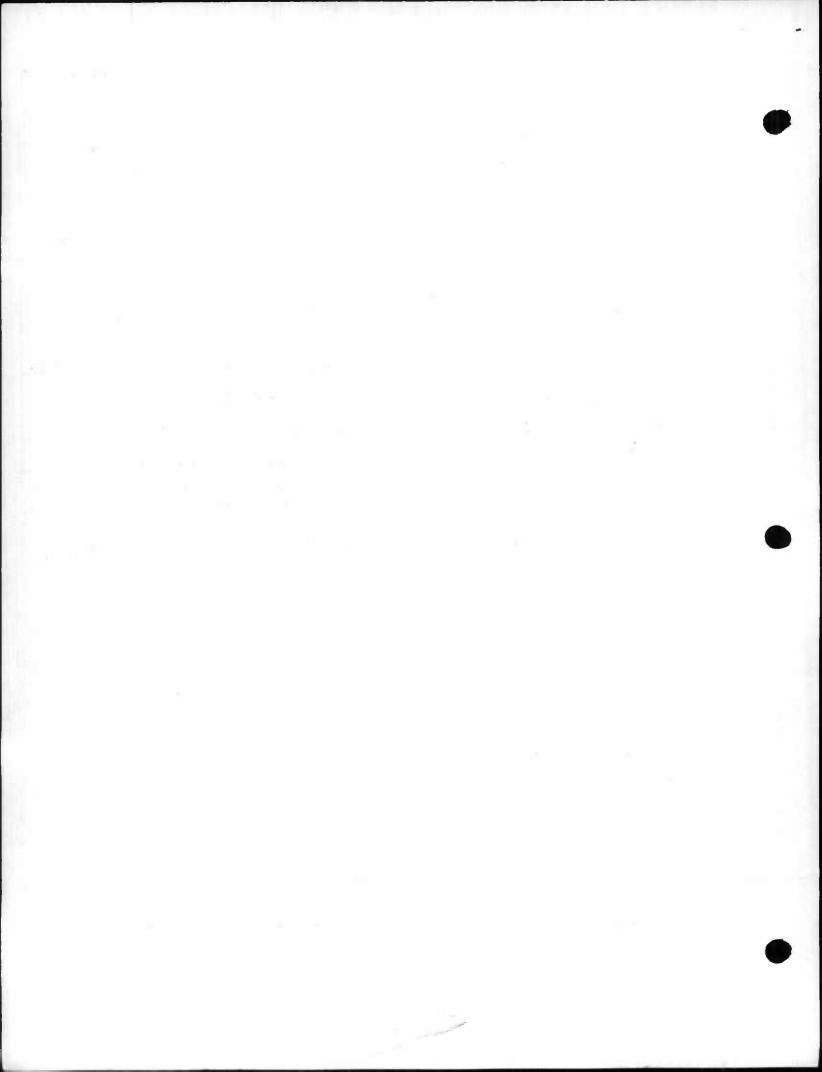
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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Memal Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE OF MA	ARYLAND / DEPARTMENT CERTIFICATE	OF HEALTH AND MEN' OF DEATH	TAL HYGIENE PEG. NO.	2 14698					
	1. DECEDENT'S NAME (First, Middle, Last) KATIE B.	DDLR		ATE OF DEATH	YEAR 3. TIME OF DEATH					
BY FUNERAL DIRECTOR	337 12 4934 10 M 2XF	AGE (In yrs. last birthday)   F UNDER 1   WONTHS			8. BIRTHPLACE (State or Foreign Country)					
	9a. FACILITY NAME (If not institution, give street and number)  G. D. C.  RESIDENCE OF DECEDENT		OWS ON	90. COUNTY OF DEATH BALLIMORE						
	MARLAND BALLIMORS	10c. CITY, TOWN OR	LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO					
	100. STREET AND NUMBER 1031 KENILWORTH	DRIVE	101. ZIP CODE 21204	10g. CITIZ	10g. CITIZEN OF WHAT COUNTRY?					
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. Was DECEDENT   FORCES? 1 FYES, GIVE WAF	YES 25 NO If	S DECENDENT OF HISPANIC OR les, specify Cuban, Maxican, Puer YES 2 NO Specify:	GIN? (Specify Yas or No— rto Rican, atc.)	14. RACE — American Indian, Black, White, atc. Specify:					
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S USUAL OCC (Give kind of work done dur life. Do NOT use retired.)	UPATION ing most of working	16b. KIND OF BUSINESS/INDU	A					
	17. FATHER'S NAME (First, Middle, Last)	SERRIAN	1 00.001	SALTIMORY st, Middle, Maiden Surname)	ALTIMORE LO. HEALTH D. Middle, Maiden Surname)					
TO BE	190. INFORMANT'S NAME (Typo/Prigo)	Street and Number or Rural Route N	Y FARKS  Ite Number, City or Town, State, Zip Code)							
	20e. METHOD OF DISPOSITION  1 Burles 2 Cremation 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION/Name of Camelogy, crematory or giber place)  20c. LOCATION — City or Town, State									
	21. SIGNATURE OF LINERAL SERVICE DICENSES  22. NAME AND ADDRESS OF FACILITY  EVANS CHARLY OF CHICKS  23. NAME AND ADDRESS OF FACILITY  EVANS CHARLY OF CHICKS  24. NAME AND ADDRESS OF FACILITY  EVANS CHARLY OF CHICKS  25. NAME AND ADDRESS OF FACILITY  EVANS CHARLY OF CHICKS  26. NAME AND ADDRESS OF FACILITY  EVANS CHARLY OF CHICKS  27. NAME AND ADDRESS OF FACILITY  EVANS CHARLY OF CHICKS  28. NAME AND ADDRESS OF FACILITY  EVANS CHARLY OF CHICKS  EVANS CHICKS									
	23. PART I. Enter the diseasea, or complications the coused the death. Do not enter the mode of dying, such as cardlec or respiratory arrest, ehock, or heert failure. List only one couse on each line.  IMMEDIATE CAUSE (Finei disease or condition resulting in deeth)  a. Approximate interval Between Onset and Death 3 mon.									
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  d									
MEDICAL	PART II. Other significent conditions contributing to de	ath but not resulting in the unde	rlying couse given in Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1  YES 2 NO					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 2 Replace OF DEATH (Check only one)  OTHER:  4 Nursing Home 5 Residence 6 Other (Specify)									
ву РНУ										
		NJURY — At home, farm, street, factory (Specify)		CATION (Street and Number or Rural Route Number, y or Town, State)						
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of exemination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.									
TO BE C	29b. SIGNATURE AND THIS OF CENTIFIER Q		29d. DATE SIGNED (Month, Day, Year)  MAY 28 1992							
-	DR. CHARLS A. PADGETT SEOI LOCH RAVED BLVDBALTO. 21239									
	MAY 28 1992 She Devide	SIGNATURE And SEC								





TO BE COM	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detache val.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital properties of the second of the se

	1. DECEDENT'S NAME (First, Middle, Las	Α.	1:4	ge/	hast		2. DAT	TE OF DEATH		YEAR 92	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	B. AGE (In yrs. Ig		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DAT	E OF BIRTH	-			
	218 46 1649	1 M 2 K F	89	YRS.	MONTHS DAYS	HOURS MIN.	Apr	11°21',	1903 Country) MD			
	90. FACILITY NAME (If not institution, given St. Joseph Ho				96. CITY, TOWN OR LOCATION OF DEATH TOWSON					9c. COUNTY OF DEATH Baltimore		
	RESIDENCE OF DECEDENT  10a. STATE 10b. COU	JTY		1 400 CITY	TOWN OR LOC	TION						
	MD	Baltimor	e	10e. CITY		imore					10d. INSIDE CITY LIMITS? 1 \( \text{\text{Y}} \text{ YES } 2 \text{\text{\text{\text{N}}} NO} \)	
	7801 A Birn	e.		1	of. ZIP CODE 2123	14		10g. CIT	U S	WHAT COUNTRY?		
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U. FORCES? 1 YES 2  13 Wildowed 4 Divorced  15 YES, GIVE WAR OR DATE			RMED NO	If yes, a	CENDENT OF NISP pecify Cuban, Mexic S 2 X NO Spec	can, Puert	NN? (Specify Yes o Rican, etc.)	or No-	Speci	E — American Indien, k, White, etc. #y: Thite	
	15. DECEDENT'B EI (Specify only highest gra	DUCATION	18a. D	ECEDENT'S	USUAL OCCUPAT	ION	10	Sb. KIND OF BU	SINESS/INI		1711 00	
	Elementary/Secondary (0-12)	e. Do NOT use	ork done during n retired.) ONE	ost of working								
	17. FATHER'S NAME (First, Middle, Last) Theodore C. Li	ngelbach				18. MOTNER'S NAME (First, Middle, Meiden Surneme) Anna E. Foos						
	19a. INFORMANT'S NAME (Type/Print) Theodore J. Kir	ngelbach	1	780	ADDRESS (Street	and Number or Rura irmingha	M AV	mber, City or Tow	n, State, Zij altin	nore,	Md. 2123	
	20s. METHOD OF DISPOSITION  10 Burlel 2 Cremation 3 Removal from State  20b. PLACEANDDATEOF DISPOSITION (Name of cemetery, cramatory or other place to the complete completely and completely baltimore, Md.											
I	Baltimore Cemetery 5/26 Baltimore, Md.											
	22. NAME AND ADDRESS OF FACTOR FILE OF THE PROPERTY OF THE PRO											
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,									Approximate			
interviols  IMMEDIATE CAUSE (Final disease or condition									Onset and De			
	resulting in death)											
ĺ		Sanore Stumps about										
	Compositative lies and data.	· Soc	ing	en	e .	Stu	my.	220	for	e Kn	90	
	Sequentially list conditions, if any, leading to immediate	b OUE TO	OH AS CONSE	QUENCE OF	-,	Stu	J.	n,a	for	eny	a constant	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		OR AS A CONSE	0.000	2. 3.542	Stu	J.	na	one	enty	ac .	
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	E. DUE TO	OR AS A CONSE	QUENCE OF	·	Stu	my.					
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	E. DUE TO	OR AS A CONSE	QUENCE OF	·	ng cause given in	n Part i.		AUTOPSY		. WERE AUTOPSY FINDIN	
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	E. DUE TO	OR AS A CONSE	QUENCE OF	·	ng cause given in	n Part i.	24e. WAS AN	AUTOPSY MED?		. WERE AUTOPSY FINDIN	
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	E. DUE TO	OR AS A CONSE	QUENCE OF	·	ng cause given in	n Part I.	24s. WAS AN PERFOR	AUTOPSY MED?		. WERE AUTOPSY FINDIN AWALABLE PRIOR TO COMPLETION OF CAUS	
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are supported to the significant conditions.	E. DUE TO	OR AS A CONSE	QUENCE OF	·	ng cause given in	n Part i.	24s. WAS AN PERFOR	AUTOPSY MED?		. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
	If amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the condition of the condition of the cause of the caus	d. one contributing to	OR AS A CONSE	reaulting in	the underlying the un	PLACE OF DEATH (C	heck only	24a. WAS AN PERFOR	AUTOPSY MED?		. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
	if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the condi	one contributing to  HOSPITAL: 1   Inpetient 2	death but npt	resulting in	26. F OTHER:	PLACE OF DEATH (C	theck only	24a. WAS AN PERFOR	AUTOPSY MED? NO	246	. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are conditionally in the conditional conditions are conditionally in the conditional condition	DUE TO  th.  HOSPITAL: 1   Inpetient 2    28e. DATE OF (Month, D.)	death but npt	reaulting in	26. F OTHER: 4   Nursing Ho OF   28c. IN	PLACE OF DEATH (Come 5 - Residence	theck only	24a. WAS AN PERFOR	AUTOPSY MED? NO	246	. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH?	
	if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions to the condition of the condi	HOSPITAL: 1   Inpetient 2   28e. DATE OF (Month, D) 28e. PLACE O	death but npt	resulting in	26. F OTHER: 4   Nursing Ho OF   28c. N W M   1	PLACE OF DEATH (Come 5 Residence UNRY AT ORK? YES 2 ND	6 Ott 28d. Di	24a. WAS AN PERFOR	AUTOPSY MED? NO	24b	. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions are significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Pending Investigation investigation and investigation are significant conditions. Significant conditions are significant conditions. Significant conditions are significant conditions. Significant conditions are significant conditions. Significant conditions are significant conditions. Significant conditions are significant conditions. Significant conditions are significant conditions. Significant conditions. Significant conditions. Significant conditions are significant conditions. Significant conditions. Significant conditions. Significant conditions are significant conditions. Significant conditions. Significant conditions. Significant conditions. Significant conditions. Significant conditions are significant conditions. Significant conditions.	HOSPITAL: 1   Inpetient 2   28e. DATE OF (Month, D) 28e. PLACE Of building,	death but npt  DER/Outpetlant INJURY By, Year)  F INJURY — At hetc. (Specify)  my knowledge, d	reaulting in	26. F OTHER: 4   Nursing Ho OF   28c.  N   W   Treet, factory, offil	PLACE OF DEATH (Come 5 Residence UURY AT ORK? YES 2 ND	28d. Do	24a. WAS AN PERFOR  1  YES 2  Ther (Specify)  ESCRIBE NOW IN  CATION (Street a y or Town, State)	AUTOPSY MED? NO NJURY OC	CURED r or Rural F	. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO	

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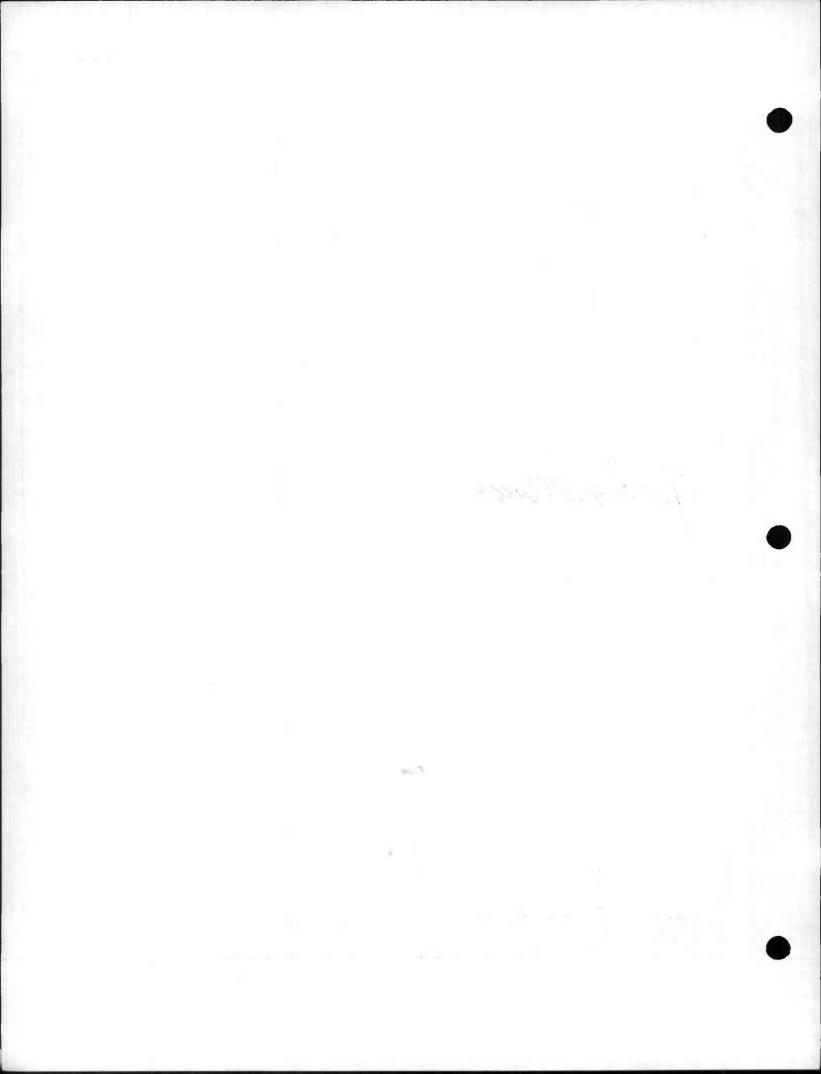
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IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

### STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CERT	IFICATE	OF	DEATH		REG. NO.					
1. DECEDENT'S NAME (First, Middle, Last)							OF DEATH			3. TIME	OF DEATI	1
KENNETH		М	ILLER			04	20	199	YEAR 2	11	:58	F
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthde	MONTHS	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH h, Day, Year) 27-196				State or For	
9e. FACILITY NAME (If not institution, give s	treet and number)		9b. CITY,	TOWN O	R LOCATION OF DE		2, 150	9c. COUN	TY OF D	EATH	_	_
FRANCIS SCOTT	KEY HOSE	ITAL	BA		n							
Maryland na	*	19c.	19c. CITY, TOWN OR LOCATION Baltimore							10d. INSIDE CITY LIMITS?  N YES 2 NO		
10e. STREET AND NUMBER 2311 E. F	airmont Av	enue	101. ZIP CODE 2 1 2 2 4				10g. CITIZ			EN OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	VER IN U.S. ARMED YES 2 NO OR DATES	14	yes, spe	ENDENT OF HISPAN Inclify Cuben, Mexica 2 NO Specifi	n, Puerto		or No—		, White,	dcen indie etc.	٦,	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind	T'S USUAL OCI of work done du If use retired.)	CUPATIO uring mos	N at of working	160	KIND OF BUS	SINESS/INDU	JSTRY			
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First,	Middle, Maiden	Surneme)			**	
19a. INFORMANT'S NAME (Type/Print) OCME		19b. MAIL	ING ADDRESS	(Street ar	nd Number or Rural i	Route Num	ber, City or Tow	n, State, Zip (	Code)			
20a. METHOO OF DISPOSITION 1 Burlel 2 Cremation 3 Rem	oval from State	20b. PLACE AND DA cemetery, cremetory		TION (Nar	me of	OAT	E 29c. LO	CATION — C	ilty or To	wn, State		_
#1. Bignature of Fundatal Service Licenses Bonald Wade, Dir 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655 W. Baltimore St, balto.MD 21201												
'disease or condition resulting in death)  a. Narcotic intoxication  DUE TO (OR AS A CONSEQUENCE OF):												
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted eventa resulting in death) LAST												
PART II. Other algorificant condition	a contributing to de	eth but not resulting	ng in the und	derlying	, ceuse given in	Part I.	244. WAS AN PERFOR 1 YES 2	MED?	24b.	AVAILAB COMPLE OF DEAT	UTOPSY FIN LE PRIOR T THON OF C TH?	O NU!
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ACE OF DEATH (Ch	eck only or	99)					
1 💢 YES 2 🗌 NO  27, MANNER OF DEATH	1 [ Inpetient 2 EF		A 4 I Nursi	ng Home	5 🗆 Residence	-		At theme of the	45.5			_
1 Natural 6 Pending	(Month, Day, 1) 4-20-92 f	bar) Found	TIME OF SINJURY	26c. INJE WOI 1   Y	RK?		ect inc			0		
2 Accident investigation 3 Suicide 6 X Could not be		JURY - At home, far			4.6	28f. LOC	ATION (Street of Town, Stete)				nber,	_
4 Homicide determined	unknown	(			AD	unkr						
and the same of th	CIAN: To the best of my									) end ma	nner sa st	rte
294 SIGNATURE AND TITLE OF CENTIFIE	-00 (				29c. LICENSE NUI			29d. DATE				_
J. J.	gall A	1/2			O.C.M.			▶4-				
	O COMPLETED CHISE O	.4410		PENI	N ST. B		TMORF	MAR	VT. D	ND	2120	) 1
31. DATE AILEO (Month, Day, Year)	32. REGISTRAR'S	1. 01	, LV . I	LINI	A DI. D	WILL	IFIORE	, PIPAR.	TUM	LAD	2120	-

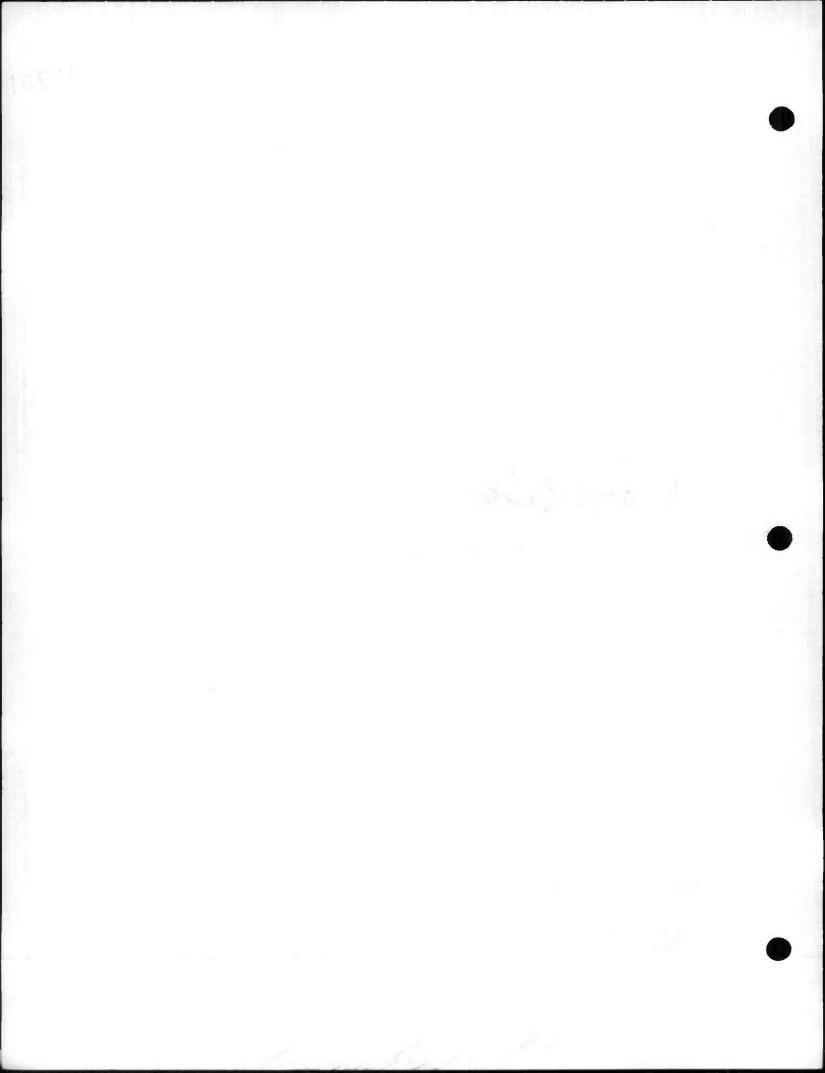


## BALTIMORE, MARYLAND 21215-0020 the dath. Page 6 may be retained by the bresidal of attached physician.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAH			ENTIF	ICALE	UL	DEAL	п	F	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last							Jr	2. DATE OF	OEATH 02	1.0	YEAR .	TIME OF DEATH
	CARL  4. SOCIAL SECURITY NUMBER		В.				IILLE	R.			13		0:18 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In	YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF (Month, Did 1 - 1 -	ly, Year)		8. BIRTHPL Country)	ACE (State or Foreign
. 19	9s. FACILITY NAME (If not institution, give	street and number)		_	9b. CITY, TOWN OR LOCATION OF GEATH					9c. COU	NTY OF DEAT	'H	
H	JOHNS HOPKINS H	OSPITAL			BALTIMORE						na		
E	RESIDENCE OF DECEDENT				DI DI TITOTO						na		
DIRECTOR	10a, STATE 10b, COUN	na na		10c. CIT	10c. CITY, TOWN OR LOCATION Baltimore								d. INSIDE CITY LIMITS?  YES 2 NO
	10e. STREET AND NUMBER				10f. ZIP CODE					10g. CITIZEN OF WHAT COU			
FUNERAL	11 W 20th Str	eet	Apt 9						iog. Grizer				
5	11. MARITAL STATUS	12. WAS DECEDENT			13. V	AS DEC	ENDENT O	F HISPAN	IC ORIGIN? (S	pecify Yes	or No-	14. RACE -	American Indian, /hita, atc.
ВУ	1 Never Married 2 Merried  3 Widowed 4 Divorced  FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES						2 NO			n, arc.)		Specify:	White
ED	15. DECEDENT'S ED	UCATION	16a, D	ECEDENT'S	USUAL OC	CUPATIO	ON		16b. KJI	D OF BUS	INESS/IND	USTRY	
COMPLETED	(Specify only highest grade completed)  (Give kind o  (Give kind o  (Give kind o  (Give kind o  (Give kind o  (Give kind o  (Give kind o  (Give kind o  (Give kind o  (Give kind o  (Give kind o  (Give kind o  (Give kind o					uring mo	st of working	7					
COM	17. FATHER'S NAME (First, Middle, Lest)						18. MOTH	ER'S NAI	AE (First, Midd	le, Maiden S	Sumame)		
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	/Street a	nd Number	or Runal B	oute Number,	City or Town	State 7in	Code	
T0	ocme					1011001 11	TO TOMOG	or Florida 1	outs resinibility	only or rown	, Orene, 2.10	0000)	٠
	20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Rai 4 Donation 5 Other (Specify) 1	state//	cemetery, cr	ematory or o							State		
	21 SIGNATURE OF JUNERAL SERVICE L	ICENSEE Romalo	Wade,	Dir					Stat			my Bo	
	PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,  Approximate												
	ahock, or haert failure IMEDIATE CAUSE (Finel disease or condition resulting in death)	E5	F):								Intarval Between Onset and Death		
TION	Sequentially list conditions, If any, leading to immediate  b. DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUENCE O	ог):										
岜		d				-							
EDICAL	PART II. Other algorificant condition CHRONIC ALCOM	reaulting						24a. WAS AN AUTOPSY PERFORMED?		CC	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH?		
						-			- [			1 1	YES 2   NO
M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF OE	ATH (Che	ck only one)				
Sic	1 XYES 2 NO	HOSPITAL:	ER/Outpatiant	DOA	OTHER		a 5 🗆 Ras	udence :	B ☐ Other (S <sub>i</sub>	necify)			
PHYSICIAN: M	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF 5-2-19	INJURY	28b. TIM A. M	E OF	28c. INJ			28d. DESCRI	BE HOW IN			ATRS
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF	FINJURY — At he		street, facto				28f. LOCATIO	BJECT FELL DOWN STAIRS  LOCATION (Street and Number or Rural Route Number, City of Town, State) 229 ST. PAUL ST. BALTO, MD			
E	29a. CERTIFIER												LIO PED
COMPLETED	(Check only one)  1 CERTIFYING PHY  2 MEDICAL EXAMIN	SICIAN: To the best of IER: On the basis of ax											nd manner as stated.
	296. SIGNATURE AND TITLE OF CERTIFI	ER					29c. LICE	NSE NUM	BER		29d, DATI	E SIGNEO (M	onth. Day, Year)
TO BE	Wonald II.	Wright	MD				0.C.					3-1992	
	DONALD G. WR	IGHT 1.	1D DCME	111	N. P	ENN	ST.	BALI	TIMORE	,MAR	YLANI	2120	1
	31. WAY 28 1992	Jula Devis	R'S SIMPLIME	الما									



FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

3. TIME OF DEATH

5:25

YEAR

REG. NO

12

DAY

2. DATE OF DEATH

05

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1992 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS HOURS (Month, Day, Year) 1-21-1935 57 1X M 2 F YRS. detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not inatitution, give street and number, 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2503 VIOLET AVE BALTIMORE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland na Baltimore 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2503 Violet Avenue Apt 101 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11 MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried If yes, specify Cuben, Mexican, Puerto Rican, etc.) IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify Specify: Black BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle Maiden Sumame) 2 75 BE funeral director, page 5 should notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number City or Town, State, Zio Code) 2 ocme 8 20a. METHOD OF DISPOSITION
1 Burial 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE must 4 Donation 5 Other (Specify) in state 22. NAME AND ADDRESS OF FACILITY State Anatomy Board medicai examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 5/26/92 655 W. Baltimore St, Balto.,MD 21201 completely filled in by the rial, cremation, or removal. 23. PART I. Enter the diseases, or complications that ceused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death the disease or condition DSCORT ten HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within OUE TO (OR AS A CONSEQUENCE OF) resulting in death) injury, or other traumatic event, burial. CERTIFICATION the attending physician and I Mental Hygiene prior to bur Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24e. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL e Dept. of Health and N m 23 shows any Inji COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) this certificate hi with the State C irked, or item Item HOSPITAL . OTHER:
4 □ Nursing Home 5 ☒ Residence 6 □ Other (Specify) TXYES 2 NO 1 ☐ Inpetient 2 ☐ ER/Outpetient 3 ☐ DOA 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c, INJURY AT WORK? 26b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED is marked, 5 Pending Investigation Natural Accident L DIRECTOR: After the 2 hours after death w fitem 28 is mark 1 YES 2 NO BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITAL OF THE FUNERAL DE FIEED WITHIN 72 ho 2 📈 MEDICAL EXAMINER: On the beels of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 19 SIGNALURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d, CATE SIGNED (Month, Day, Year) BE arm 5-12-1992 O.C.M.E 2 MAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) LALON 111 N. PENN ST. BALTIMORE, MARYLAND 21201 MAY 28 1992 32. REGISTRAR'S SIGNATURE a Devidson-Produce

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

MITILS

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

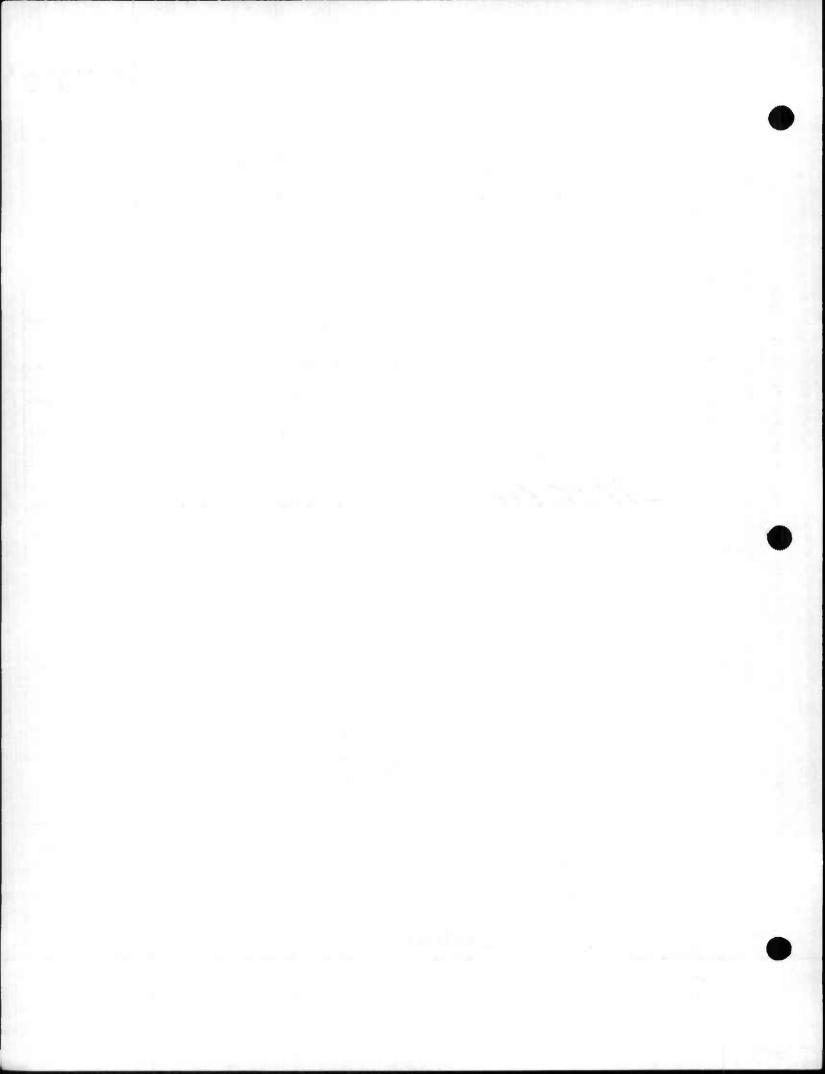
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

		Tarrier San						DEA		HEG	NO.			
	1. DECEDENT'S NAME (First,	Middle, Last)	locanh	Frankani	.1.	MECC	T 3 5 7			2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMB	60	Joseph 5. SEX	6. AGE (In yrs. I		MESS IF UNDER				May		1992	8:20 p™	
	213-34-3789	En	1√2M 2 □ F		YRS.	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRT (Month, Day, Ye	ar)	Country		
	90. FACILITY NAME (If not ins	stitution also s		54		Oh CITY	9b. CITY, TOWN OR LOCATION OF DEATH							
Œ				1										
6	Franklin	EDENT	: nospita	1	-	Baltimore					Baltimore Count			
DIRECTOR	10e. STATE	10b. COUNTY			10c. CI1	Y, TOWN	OR LOCA	TION			10d. INSIDE CITY LIMITS?			
	Maryland	Ba	altimore			Baltimore						1 YES 2 XXO		
¥	10e. STREET AND NUMBER						10	. ZIP COD	_		10g. Cf	HAT COUNTRY?		
FUNERAL	9007 Carlisle Avenue					21236							S. A.	
5	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 DEVES 2 DEFENDENT OF THE PROPERTY OF TH					13.	WAS DEC	ENDENT (	OF HISPAN	NC ORIGIN? (Speci n, Puerto Rican, etc	y Yes or No-	14. RACE Black	- American Indian, White, etc.	
B	3 Widowed 4 Divor	rced	IF YES, GIVE W	AR OR DATES			1   YES	2 X NO	Specify	y:		Specifi		
03		DENT'S EDU			ECEDENT'S					16b. KIND O	F BUSINESS/IN	DUSTRY	MILLE	
COMPLETED	Elementary/Secondary (0-	highest grade	College (1-4 or 5 -	546	Give kind of a. Do NOT u	work done se retired.)	during me	ist of world	ng					
절	NA		NA		Fue!	Ins	pect	tor		State	e Comp	troll.	er's	
Ö	17. FATHER'S NAME (First, Mile	ddle, Last)						7	HER'S NA	ME (First, Middle, M				
BE (	Salvatore 1		ıa							eresa Rai				
2	190. INFORMANT'S NAME (Ty			-10	Db. MAILING	ADDRESS	S (Street	and Number	or Rural F	Route Number, City of	r Town, State, Z	(ip Code)		
-	Mary A. Mes		(Wife)		9007	Car1	isle	e Ave	. , E	Baltimore	e, Md.	2123	6	
	20e. METHOD OF DISPOSITION 1	ON n 3 □ Rem	oval from State	20b. PLACE cemetery, cr	ematory or o	ther plecel					c. LOCATION -	- City or Tov	vn, State	
	4 Donetion 8 Other (			Du1	aney	Val1					Cimoni	um, Ma	aryland	
	21. SIGNATURE OF FUNERAL	SENVICE LIC	ENSEE	,			22. NAME AND ADDRESS OF FACILITY Schimunek Funeral Home							
	16 F bell												21236	
	23. PARTY Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,										Approximate			
	ahock, or heart feliure. List only one cause on each line.  IMMEDIATE CAUSE (Final									Interval Between Onset and Death				
	disease or condition resulting in death)	<b>+</b>	. Highl	y Suspe	cted	Myoc	ard	ial :	Infai	rction				
	a. Highly Suspected Myocardial Infarction  DUE TO (OR AS A CONSEQUENCE OF):													
N	Sequentially list conditions.  Suspected Coronary Artery with Ischemia  OUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	if any, leeding to immed cause. Enter UNDERLY!!	liate	DUE TO	(OR AS A CONSE	QUENCE O	F):								
F.	CAUSE (Disease or Injur		c. DUE TO	OR AS A CONSE	OUENCE O	El·							-	
Ē	resulting in death) LAST			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. ,.							İ	
CE			d										1	
EDICAL	PART II. Other aignificar	condition	a contributing to	death but not	t resulting in the undarlying cause givan in Pa					Part 1. 24a. WAS AN AUTOPSY PERFORMED?			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO	
음										1 🗆 YI	5 2 XNO	- 1	COMPLETION OF CAUSE OF DEATH?	
ME					1 7 7 2 5 7 10							1   YES 2   NO		
ž														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:			OTHER		ACE OF D	EATN (Chi	eck only one)				
ΙΥS	1 YES 2 NO		1 Inpetient 2			4 🗆 Nun	ing Nom		esidence	8 Other (Specify				
급	1 Natural 5 F	Pending	28e. DATE OF (Month, Di		28b. TIN	URY M		RK?	7.00	28d. DESCRIBE H	OW INJURY O	CCUREO		
B∡	I Control	nvestigation	28e PLACE O	F INJURY — At h	ome leem	m l		YES 2	] NO	ant togetion of		0.15		
		Could not be letermined	building,	etc. (Specify)	onne, 101111,	atreet, vact	ory, orne	•	l	281. LOCATION (S City or Town,		er or Hural Ho	oute Number,	
	29a. CERTIFIER													
COMPLETED	(Check only		CIAN: To the best of											
8				ammation eng/or	investigatio	on, in my o	pinion, d	esth occur	red at the	time, date end plac	e, and due to t	the cause(e)	end manner ee stated.	
BE	296. SIGNATURE AND THE	OF CENTIFIER	110						ENSE NUM		29d. DA	TE SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF	Mar on	May	- OF				1)2	6/2	Sp		3/29	192	
	Sandra Joh	TITSON WA	M.D. Q	OF GEATH (ITE	M 27) (Type	Print)	ara	Driv	0 D	al+imam	Maria	Jane	21027	
	31. DATE FILEO (Month, Day, Y	har)	32 BEGISTEA	R'S SIGNATURE	IN FIL	. Jqu	ure	אווע	c, D	allinor	, mar	yrand	21237	
	MAY 28 19	392	32. REGISTRA	Jan-Hand	ell.									
				all and the same of		1								



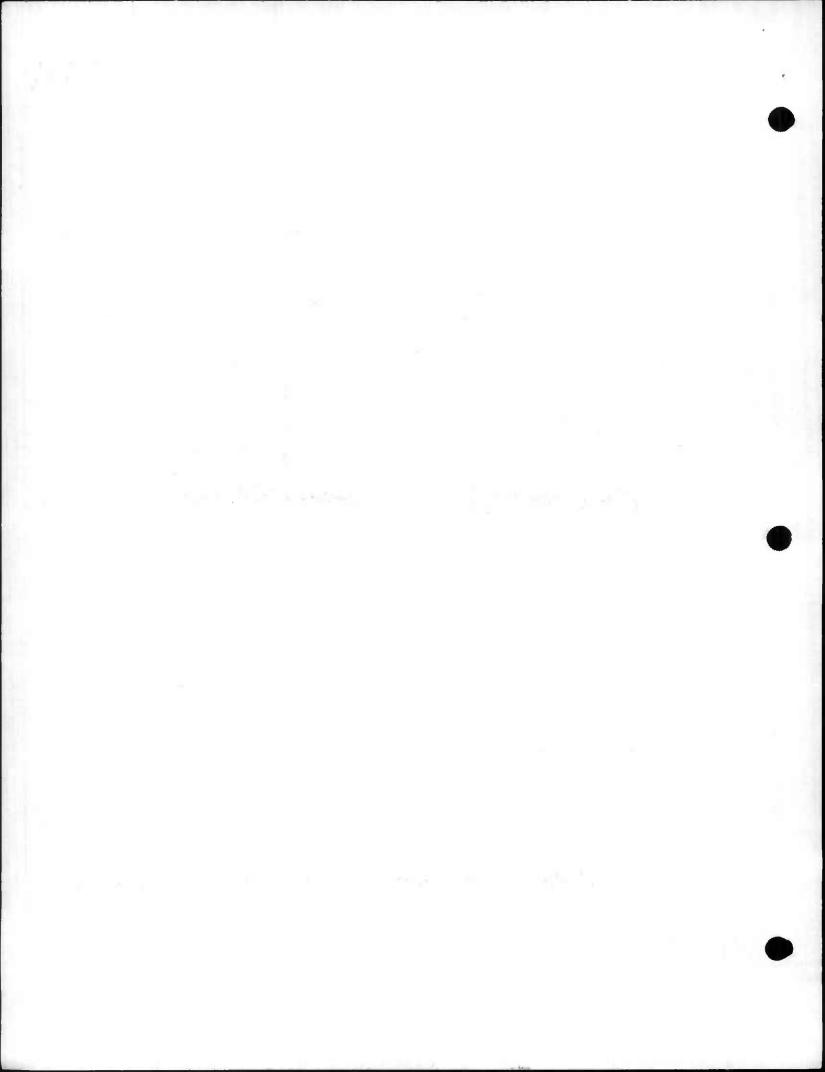


# DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal.
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

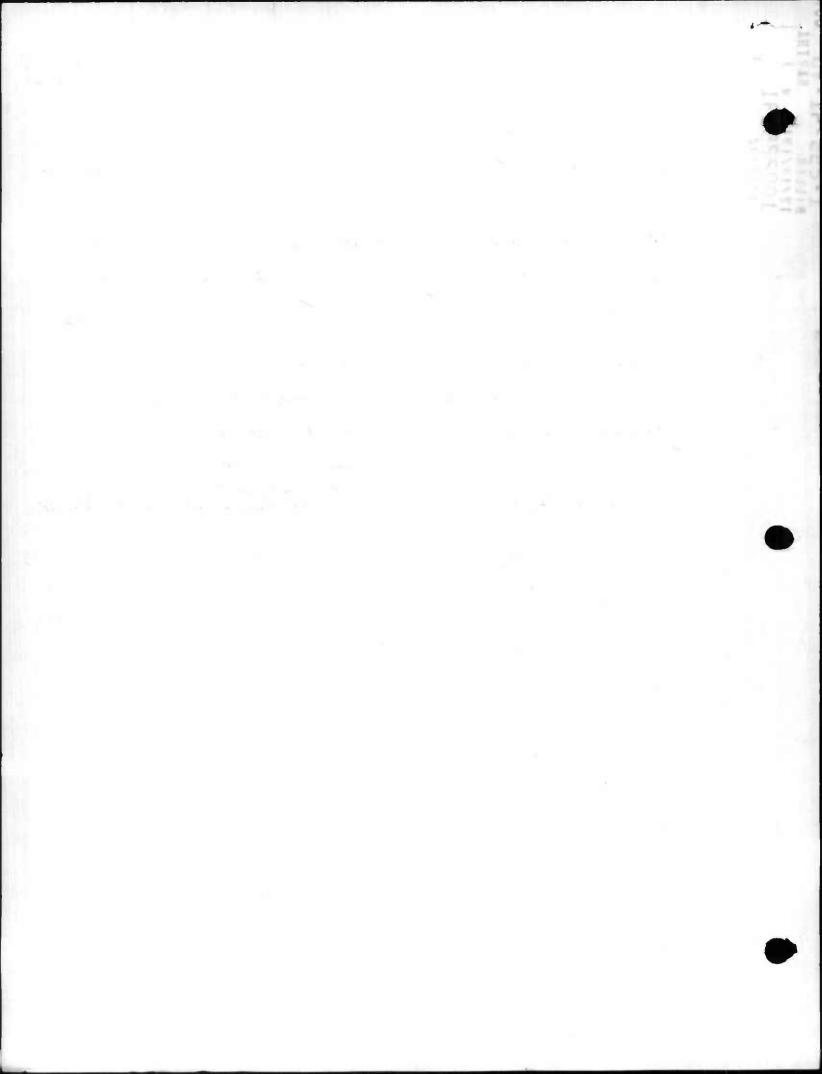
	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	E	14/04				
- 8	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	W WELD	3. TIME OF DEATH				
	GEORGE	D.		ZADRA	05 20		09:18P M				
	4. SOCIAL SECURITY NUMBER	the second second second	MOR	INDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cour	THPLACE (State or Foreign htry)				
	216-05-6397	1 X M 2 D F	73 YRS.		01/24/19		MARYLAND				
Œ	9a. FACILITY NAME (If not institution, give			CITY, TOWN OR LOCATION OF E	DEATH	9c. COUNTY OF					
DIRECTOR	GREATER BALTING	MORE MEDICAL	CENTER	TOWSON		MORE					
RE	10a. STATE 10b. COUNT			WN OR LOCATION		10d. INSIDE CITY LIMITS?					
		ALTIMORE	BA	LTIMORE - TAG	KVILLS		1 - YES 2 NO				
RA	10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
FUNERAL	2321 ELLEN AT	VENUE	NIIS ADMED	21234	AND ODIONIS IS	V-	J-A.				
F	1 Never Married 2 W Married		2 NO	II yes, specify Cuban, Maxic	an, Puarto Rican, etc.)	Bie	CE — American Indian, ck, Whita, etc.				
BY	3 Widowed 4 Divorced	ILW.W		1 VES 296, NO Spec	ny:	1 6	3 TiHC				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	JCATION e completed)	16a. DECEDENT'S USU (Give kind of work	done during most of working	16b. KIND OF BUS	INESS/INDUSTRY					
<b>E</b>	Elementary/Secondary (0-12)	College (1-4 or 5+)	Itte. Do NOT use ret	red.)	0.01	- ^	- 0				
<u> </u>	17. FATHER'S NAME (First, Middle, Last)		KAT	A HOTHERIC II	AME (First, Middle, Maiden	· 6.+	. 6.				
Š	PSTS	DELLADRA		INC. MOTHER'S IN	DRY SCI	2RA					
) BE	19a. INFORMANT'S NAME (Type/Print)	1223-110		RESS (Street and Number or Rural	H	n, State, Zip Code)					
일	FAMILY KE	20907	Se	- A. A.	OVS						
	20s METHOD OF DISPOSITION 128 Burial 2 Cremation 3 Ran	noval from Stata	PLACE AND DATE OF DI			CATION — City or	Town, State				
	4 Donation 5 Other (Specify)		refery, crematory or other processing		5-33	ARKVILL	5. 170.				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY 8800 HARFORD ROAD										
	23. PART / Writer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest.										
	23. PART timer the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, hock, or heart fallure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final										
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  RESPIRATORY FAILURE										
	resulting in death)										
_			NCHITIS								
CERTIFICATION	Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or injury		ASTATIC LU	NG CANCER							
	that initieted events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):								
		d									
A	PART II. Other significent condition	ns contributing to deeth b	ut not reculting in th	e underlying cause given in	Part i. 24a. WAS AN		b. WERE AUTOPSY FINDINGS				
음					1 _ YES 2	E NO	COMPLETION OF CAUSE OF DEATH?				
ME							1   YES 2   NO				
ÿ		<b>T</b>									
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C							
H H	1 TYES 2 NO  27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME OF	Nursing Home 5 Residence 28c, INJURY AT	8 Other (Specify)  28d. DESCRIBE HOW II	HIRY OCCUPED					
	1/2 Natural 5 Pending Investigation	(Month, Day, Year)	үяициі	WORK?  M 1 YES 2 NO	Lou. Degonine now in	OCCORED					
0 87	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY	— At home, farm, street	, factory, office	281. LOCATION (Street a	nd Number or Rural	Route Number,				
	4 Homicide determined	building, atc. (Spec			City or Town, State)						
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my know	ledge, death occurred at	the time, data and place, and du	to the cause(a) and man	ner as stated.					
Š O	one) 2 MEDICAL EXAMINE	ER: On the beals of examination	end/or investigation, in	my opinion, death occured at the	time, data and place, and	due to the cause	(a) and manner as atated.				
BEC	296. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSE NU		29d. DATE SIGNE	D (Month, Day, Year)				
2	G. C.		Coller		730	<b>&gt;</b> []	21/92				
	30. NAMÉ AND ADDRESS OF PERSON WH	IO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print								
	31 DATE SUED (Month Day Visal	Las esperano con	ATHRE ST.								
	MAY 28 1992	32. REGISTRAR'S SIGN									
	U		-				DIMAN 40 By 400				





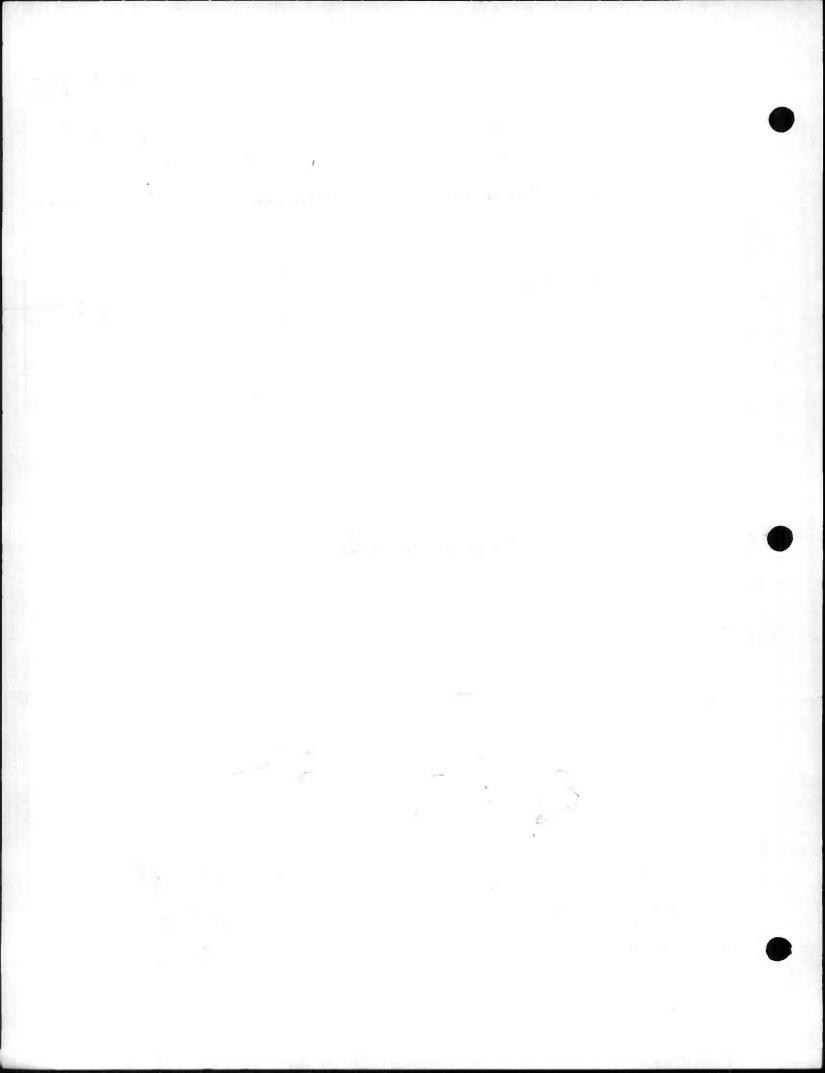
	1 - FOR STATE REGISTRAR	ATE OF MARYLAND / DEPAR CERTIFI	TMENT OF HEALTH AND	MENTAL HYGIENE REG. NO.	25 14/03						
	1. OECEDENT'S NAME (First, Middle, Last)			2. DATE OF DEATH DAY	YEAR 3. TIME OF DEATH						
	4. SOCIAL SECURITY NUMBER 5. SE	MILLER		05 21	92 2:30 p M						
	188-32-3586 10	M 2 0 F 72 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) /2-18-19	8. BIRTHPLACE (State or Foreign Country)  ENOLA PA						
DIRECTOR	98. FACILITY NAME (If not institution, give street and number)  99. CITY, TOWN OR LOCATION OF GEATH  90. COUNTY OF DEATH  BALTIMORE CITY  BALTIMORE										
ECI	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LOCATION		10d, INSIDE CITY						
1.0		PA. POLPHIN HARRISCURG  100. STREET AND NUMBER  101. ZIP CODE									
FUNERAL	6231 ELMER AU	10g. CITIZ	U.S.A								
BY	1 Never Married 2 Married	AS DECEDENT EVER IN U.S. ARMED DRCES? 1 ☐ YES 2 ØNO YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPA If yea, specify Cuben, Maxic t YES 2 NO Speci		14. RACE — American Indian, Black, White, etc. Specify:						
E I	15. DECEDENT'S EDUCATION (Specify only highest grade comple	led) (Give kind of w	USUAL OCCUPATION ork done during most of working	16b. KIND OF BUSINESS/IND							
COMPLETED	Elementary/Secondary (0-12) Colle	ge (1-4 or 5+) He. Do NOT use INS SCHOOL	retired.)								
	17. FATHER'S NAME (First, Middle, Last)  CONNEAD E.	VELTER		AME (First, Middle, Maiden Surname)							
) BE	19a. INFORMANT'S NAME (Type/Print)		ADDRESS (Street and Number or Rural	Route Number, City or Town, State, Zip							
유	FAMILY RECOIL	205	SAME AS	1	,						
	20e, METHOD OF DISPOSITION  1 **Burlel 2   Cremetlon 3   Removal from State  4   Donation 5   Other (Specify)   Other (Specify)    20b, PLACE AND DATE OF DISPOSITION (Name of cemstery, crematory or other place)    MT. LAUREL   5/24/2										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  EVANS CHAPEL OF MEMORIES										
Ш	John Emille	APEDRA PA. Z	134 - PARKUILE								
	23. PART L'Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)  a. Malanar hishocy rous of pelvis:  Dob TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  b. PLPAL Facture  2 Welks  2 weeks										
Ö	PART II. Other eignificent conditions cont	Thuting to death but not condition in		1							
MEDICA	as atove.	the second section of the second seco	The underlying cause given in	Part I. 24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO						
ä											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOS	PITAL:	28. PLACE OF DEATH (C)	neck only one)							
ΙλS		patient 2 - ER/Outpatient 3 - DOA	4 - Nursing Home 5 - Residence	6 Other (Specify)							
ВУ РН	1 Netural & Panding	(Month, Dey, Year)  O IN WYY		28d. DESCRIBE HOW INJURY OCC	URED						
ETED I	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, etreet, factory, office City or Rown, State) 28t. LOCATION (Street and Number or Rural City or Rown, State)										
COMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the MEDICAL EXAMINER: On the	the best of my knowledge, death occurred basis of examination end/or investigation	i at the time, data and place, and due in my opinion, death occured at the	to the cause(a) and manner as state time, date and place, and due to the	d, cause(a) end manner as stated.						
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	ista	29c. LICENSE NU		SIGNEO (Month, Day, Year)						
2	30. NAME AND AGORESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (ITEM 27) (Type, I	(1) 1/6 8m	cet Bally	umo						
		REGISTRAR'S SIGNATURE	000	- Faccour							





	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIFI	MENT OF HEA	LTH AND MENT EATH	AL HYGIENE REG. NO.	92 1470				
	1. DECEDENT'S HAME (First, Middle, LI Baby 61	W 1 1 -	ON		MOI		YEAR 3. TIME OF DEATH				
	4. SOCIAL SECURITY HUMBER	1 🗌 M 2 🖾 F	E (In yrs. lest birthday) YRS.	MONTHS DAYS HO	NURS MIN. (Mo	TE OF BIRTH With, Day, Year) 14 192	B. BIRTHPLACE (State or Foreign Country)  M				
CTOR	RESIDENCE OF DECEDENT	Ce, Medial C	enten	Belt	emb Re	9c. COUN	Bolt, mon				
L DIRE	10e, STATE 10b, COL	INTY	10c. CITY	TOWN OR LOCATION	more		10d. IHSIDE CITY LIMITS? 1 -VES 2 - HO				
NERAL	1014 1.101	notonides	24	101. ZIP	20616		ZEN OF WHAT COUNTRY?				
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, specify	ENT OF HISPANIC ORIG Cuban, Mexican, Puerl NO Specify:	BIN? (Specify Yes or No o Ricen, etc.)	14. RACE — American Indian, Black, White, etc.  Specify: Bleck				
PLETED	15. DECEDENT'S I (Specify only highest g Elementary/Secondary (0-12)	EDUCATION rade completed)  College (1-4 or 5 +)	16e. DECEDENT'S ( (Give kind of w life. Do NOT use	USUAL OCCUPATION ork done during most of retired.)	working	6b. KIHD OF BUSIHESS/INO					
BE COMPL	17. FATHER'S NAME (First, Middle, Last)	Young		18.	MOTHER'S HAME (Firs	, Middle, Melden Surname)	10000				
TO .	19a. IHFORMANT'S HAME (Type/Print)	, 7	19b. MAILIHG	ADDRESS (Street and N	lumber or Rurel Route Nu	mber, City or Town, State, Zip	Code)				
	20a. METHOD OF DISPOSITION  1 General Commence of Comm										
	21. SIGNATURE OF FUNERAL SERVICE			22. NAME AHD A	DORESS OF FACILITY	. Bait Me					
	23. PART I. Enter the diseases, or complications that caused the desth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  DUE TO (OR AS A COHSEQUENCE OF):  Approximation and the mode of dying, such as cardiac or respiratory arrest, interval Be Onset and Interval Be Onset										
FICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A COHSEQUENCE OF):  DUE TO (OR AS A COHSEQUENCE OF):										
CERTIFI	resulting in death) LAST	d									
MEDICAL (	PART II. Other significent condit	iona contributing to death	but not resulting in	the underlying ca	use given in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS DF DEATH?				
AN:	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF OEATH (Check only	one)					
IYSICI	EXAMIHER?  1 YES 2 HO  27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER/Ou 28e. DATE OF INJURY	tpatient 3 DOA		☐ Residence 8 ☐ Ott						
ВУ РНУ	1 Hatural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU	M 1 YES		ESCRIBE HOW INJURY OCC	URED				
ED	3 Suicide 6 Could not determined	building, etc. (Sp	IY — At home, farm, at ecily)	reet, factory, office		CATION (Street and Number of ty or Town, Stete)	or Rural Route Number,				
COMPLET		YSICIAN: To the best of my kno									
BE	296. SIGNATURE AND TITLE OF CERTIF			29c	LICEHSE NUMBER	29d. DATE	SIGNED (Month, Day, Year)				
TO.	30. NAME AND ADDRESS OF PERSON  DA EYAL	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type, I	940 Es	rkan Ave	nu					

92 14706



BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF		DEPARTMENT			MENTAL	HYGIENE
	CE	ERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR STATE REGISTRAR	STATE OF M			OF HEALTH		MENTAL HYGIENI REG. NO.	E	14/0/		
	1. DECEDENT'S NAME (First, Middle, LA EVELYN M. McD						2. DATE OF DEATH DA MAY 23		3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 219-20-8303	5. SEX 1  M 2 XXF	8. AGE (In yrs. lest birthdo	MONTHS	YEAR IF UNDER	MIN.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign		
OR	9e. FACILITY NAME (II not institution, go Meridian Multi	Medical			town or location of death  WSOn  Baltimore						
DIRECTOR	100. STATE 100. COL Maryland B:		10c.	Cockey				10d. INS			
FUNERAL	100. STREET AND NUMBER  4A Honey Bee Co	ourt			10f. ZIP COD 21.03	_		10g. CITIZEN OF WHAT COUNTRY U.S.A			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	H y		ırı, Mexican	IC ORIGIN? (Specify Yea 1, Puerto Rican, etc.)		ACE — American Indian, lack, Whita, etc. pecify: White				
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondery (0-12)  12	College (1-4 or 5+)	T'S USUAL OCC of work done du Tuse retired.)	ing most of world	HER'S NAM	Own H	ome	Y			
TO BE	George realize Fannie Hopps										
	20ay METHOD OF DISPOSITION 1 © Burlet 2 □ Cremation 3 □ F 4 □ Donation 5 □ Other (Specify) □		TEOFDISPOSITION OF THE CONTRACT OF THE CONTRAC	ON (Name of	Town, State Maryland						
	21. SIGNATURE AND ADDRESS OF FACILITY Feld Home Mitchell-Wiedefeld Home 6500 York Road, Baltimore, MD 2										
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory errect, shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OH AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST										
MEDICAL CE	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERENCE TO MEDICAL EXAMINENT HOSPITAL: OTHER										
	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	29s. DATE OF I (Month, De	NJURY 26b. 1	TIME OF 21	g Home 5 Ra lc. ShJURY AT WORK? 1 YES 2		8 Other (Specify)  28d. DESCRIBE HOW IN	JURY OCCURED			
TED BY	2 Accident Investigation 3 Suicide 6 Could not defarmined	be 25s. PLACE OF	INJURY — At home, fam tc. (Specify)			281. LOCATION (Street at City or Town, State)	nd Number or Rui	tel Route Number,			
COMPLET	29s. CERTIFIER (Check only 1)  ERTIFYING PHYSICIAN: To the basis of my knowledge, deeth accurred at the time, date and place, and due to the ceuse(a) and menner as stated.  MEDICAL EXAMINET. On the basis of examinating indire mysisgation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner se stated.										
TO BE	296. SIGNATURE AND SPICE OF CONTY	non	Coly	111	29c. LICE	Z Y S	64	29d. DATE SIGN	IED (Month JOay, Year)		
	Alan Shorofsky  31. DATE FILED (Month, Day, Vear)		Kenilworth		Baltin	more,	, Maryland				
		8 1992 S	Lie Davidon	Randola							

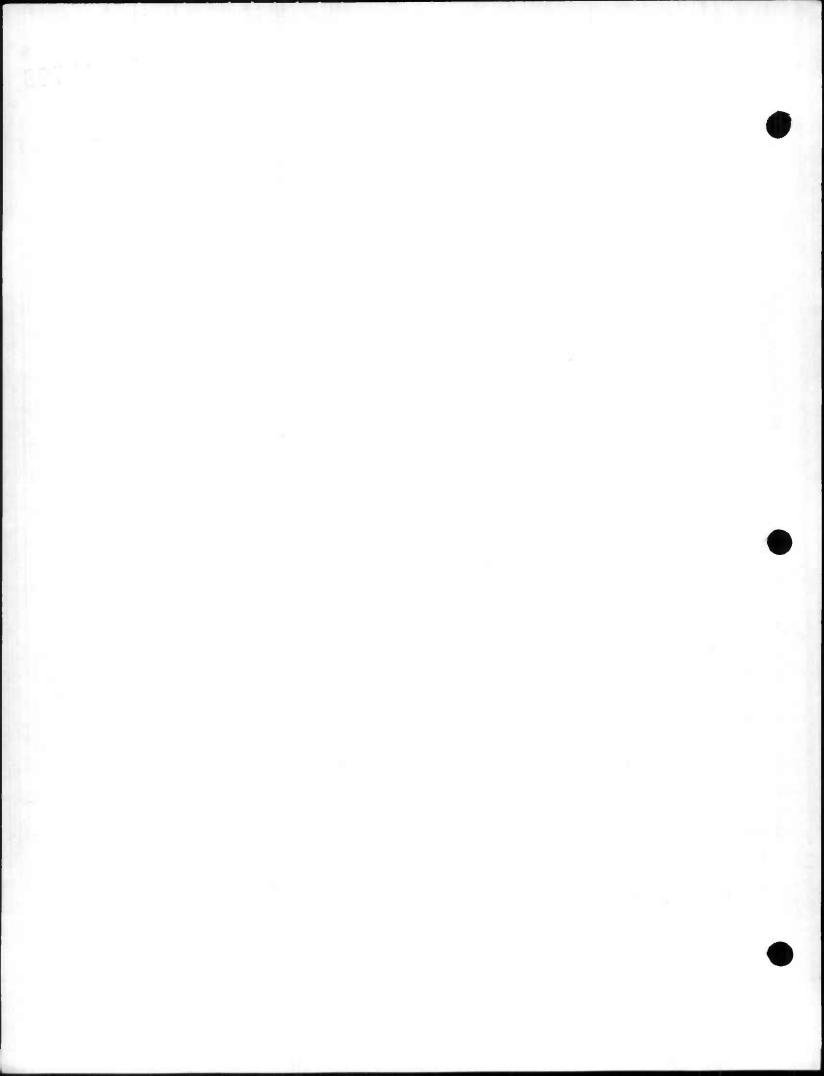
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

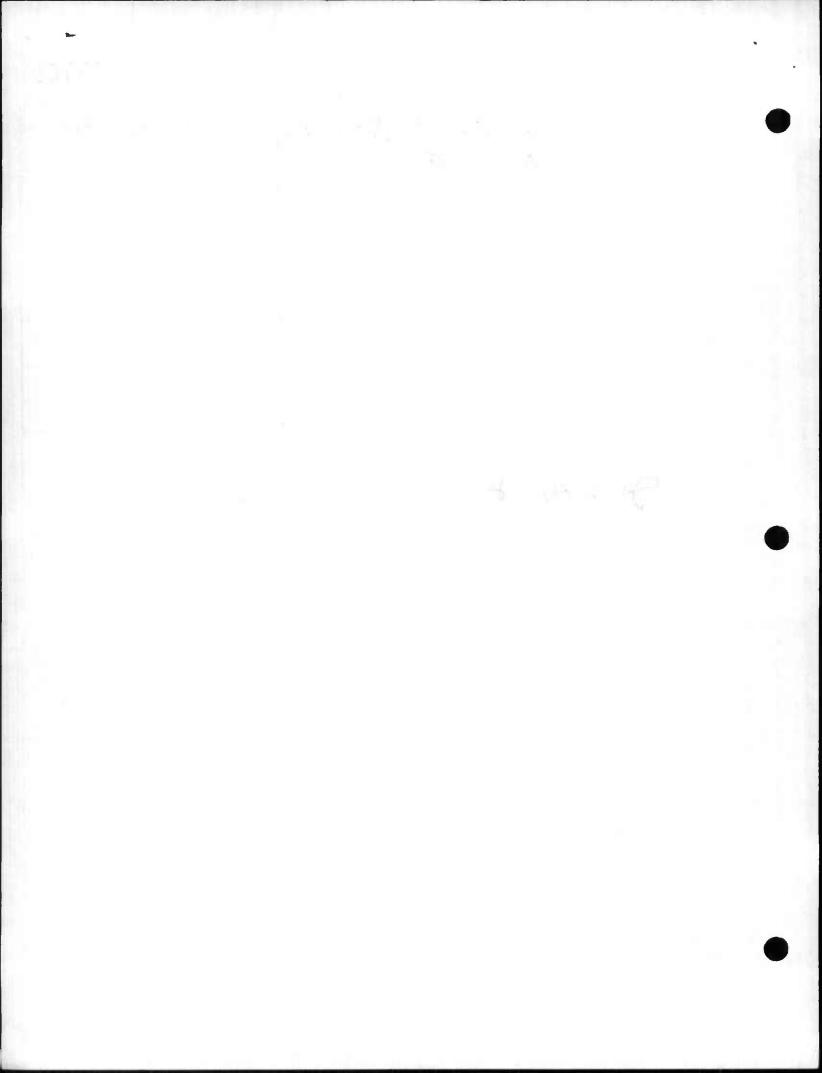
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be defached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC	MENT OF	HEALTH AND	MENTAL HYGIEL REG. NO		
	1. OECEDENT'S NAME (First, Middle, Last	Vamer W. McNo	eal			2. DATE OF OEATH MONTH 5		YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	10	BIRTHPLACE (State or Foreign
	239-20-9721	A	YAS.	IONTHS DAYS	HOURS MIN.	8 24 19:	19	S.C.
	9a. FACILITY NAME (If not institution, give		1		OR LOCATION OF C	DEATH	9c. COUNT	Y OF DEATH
O. H	5301 Hamlin A	lvenue		Ва	ltimore			
[ [	100. STATE Md 10b. COUN	TV						
DIRECTOR	Md			town or Loca timore	TION			10d. INSIDE CITY
	10e. STREET AND NUMBER		Dai					1 X YES 2 NO
RA	5301 Hamlin Ave	niio		10	7. ZIP CODE 21215			N OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II	MILE ADMED	I 40 W00 DE			U	S A
B⊀	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES	2/L/NO	II yes, sp		NIC ORIGIN? (Specify Ye en, Puerto Rican, etc.) ffy:	e or No 14	Black, White, etc.  Specify:  Black
E	15, DECEDENT'S ED	UCATION	16a. DECEDENT'S US	SUAL OCCUPATION	ON	16b. KIND OF BU	SINESS/INDUS	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12) 4 t h	College (1-4 or 5+)	(Give kind of wor life. Do NOT use i	rk done during mo retired.)	ost of working			
Ö	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, Maider	Surname)	
BE (	GREEN WHITWORT	ГН			MATIL	DA MCKNI	SHT	
TO E	GRACIE MCNEAL				AVE.	Route Number, City or Tov BALTO. MI		2 1 5
	20e. METHOD OF DISPOSITION 1 🖒 Buriel 2 Cremetion 3 Rer 4 Donetion 5 Other (Specify)	noval from State	PLACE AND DATE OF	DISPOSITION / N	ime of	DATE 20c. LC		y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE L			22. NAME AI	oh F/H Wabash	CILITY		
	23. PART I. Enter the dieasea, or	racen		430	0 Wabash	Avenue	Balto. r	md 21215
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	bDUE TO (OR AS A	CONSEQUENCE OF):  CONSEQUENCE OF):	ry 5	a.lupe	2		Intarval Between Onset and Daath
8	reaulting in death) LAST	d						
	PART II. Other aignificent conditio	na contributing to death be	ut not resulting in	the underfular	n nouse alves to	Don't les une su		
MEDICAL					rease given in	Pert I. 24e. WAS AN PERFO!	IMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIDE TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO
ż								
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
PHYSICIAN:	1 TYES 2 TANO	1 Inpatient 2 ER/Outp			e 5 🗌 Raeldence	6 Other (Specify)		
ву Рн	27. MANNER OF DÉATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	URY AT RK? 'ES 2 NO	26d. DEŞCRIBE HOW I	NJURY OCCUR	EO
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, term, stre	et, factory, office		26f. LOCATION (Street and City or Town, State)	and Number or I	Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	ICIAN: To the best of my knowle ER: On the basis of exemination	edge, death occurred a	n my opinion, d	end place, end due	to the cause(s) end mar time, date end place, en	ner es atated. d due to the co	euse(s) end menner ae stated.
BE	29h, SIGNATURE AND TISKE OF DESITIBLE	2 MM			29c. LICENSE NUI	7428	29d. DATE SI	GNED (Month, Day, Year)
TO	30. NAME AND ADDRESS OF PERSON A	COMPLETED CAUSE OF DEA	36 1 To n	nt)			/	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	ATURE					
		DUC 1	The family of the family	7-00-				OHMH-16 Rev 1/8



	REGISTRAR		CERTIFI	CATE OF	DEATH	MENTAL HYGIE REG. N		
	1. DECEDENT'S NAME (First, Middle, Last	LEONAR	DV.	MALTI	HAN	2. DATE OF DEATH	6-9	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER  212-03-5840  9a. FACILITY NAME (If not institution, give	1 M 2 🗆 F	(In yrs. last birthday)  86 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) March 30	, 1906	Maryland
TOR	Baltimore County		pital		allstown			imore County
DIRECTOR	10a. STATE 10b. COUN	imore Co.		town on Local	TION			10d. INSIDE CITY LIMITS? 1 YES 22(X)
FUNERAL	100. STREET AND NUMBER 7319 Castlemoor	Rd.			21207		10g. CITIZE USA	EN OF WHAT COUNTRY?
BY	1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	N U.S. ABMED 2421NO ATES	If yes, sp		NIC ORIGIN? (Specify ) in, Puerto Rican, etc.) y:	fea or No — 1	4. RACE — American Indian Black, White, etc. Specify: White
ETED.	15. DECEDENT'S ED (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w	USUAL OCCUPATION done during money retired.)	ON est of working	16b. KIND OF B	USINESS/INDU	
COMPLI	17. FATHER'S NAME (First, Middle, Last)	l year	Manager				nghous	e
ECC	Harry Malthan					ME (First, Middle, Maide y Unknown		
TO B	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural	Route Number, City or R	own, State, Zip C	•
-	Mrs. Dorothy Ma			astlemo		Baltimore		21207
	1 St Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State cen	a.PLACEAND DATE On the other of the property o	Memoria	1 Park 5	-30-92 Sy	kesvil	ty or Town, Stata Le, MD
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE J		Lorin	_	Funeral D Rd. Rand		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	Bilater DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	A CONSEQUENCE OF		ea with	Respirator Syndro	me.	line
$\overline{\mathbf{o}}$		non contribution to doubt b	out not requiting to					
MEDICAL	Chronic Lung History of	in Disease	as culeur			Part I. 24e. WAS A PERF	ORMED?	AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
MEDICAL	b/ 1	Cerebral V	as culcus	Infa:	ACE OF DEATH (CA	PERF 1 YES	ORMED?	24b. WERE AUTOPSY FIN AVAILABLE PRIOR TI COMPLETION OF CA OF DEATH?  1  YES 2
7	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	Cerebral V	as culcus	26. Pt  27 OTHER: 4   Nursing Hom OF 28c. INJ WY	ACE OF DEATH (Ch	PERFO	09MED7 2 100	AVAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
ED BY PHYSICIAN: MEDICAL	Chronic Cumo History of C  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 1 YES 2 NO	HOSPITAL:  1 V Inputant 2 ER/Outs  (Month, Day, Year)	pettent 3 DOA 28b. TIME	26. PL OTHER: 4   Nursing Hom OF 28c. INJ RY WO 1   1	ACE OF DEATH (Ch	PERFormation of the second of	ORMED?  2 100  I INJURY OCCU	AVAILABLE PRIOR TO COMPLETION OF CATHY?  1 YES 2 N
PLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be date mined  29a. CERTIFIER (Check only)	HOSPITAL: 1 V Inpettant 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 29a. PLACE OF INJURY building, etc. (Spec	petternt 3 DOA 28b. TIME INJU '—At home, tarm, st	26. Pt  OTHER: 4   Nursing Hom  OF 28c. INJ  WO 1   1	ACE OF DEATH (Ch	eck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Stree City or Town, State  to the cause(a) and m	ORMED?  2 100  I INJURY OCCU  It and Number or  e)	AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 No.
ETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not be date mined  29a. CERTIFIER (Check only)	HOSPITAL:  1 V Inpetiant 2 ER/Outs  28a. DATE OF INJURY (Month, Day, Year)  28a. PLACE OF INJURY building, etc. (Special Science)  SICIAN: To the best of my knowner: On the bests of axamination	petternt 3 DOA 28b. TIME INJU '—At home, tarm, st	26. Pt  OTHER: 4   Nursing Hom  OF 28c. INJ  WO 1   1	ACE OF DEATH (Ch	eck only one)  6 Other (Specify)  28d. DESCRIBE HOW  28t. LOCATION (Street City or Town, State to the cause(a) and m time, data and place, state of the cause of	ORMED?  2 100  I INJURY OCCU  I and Number or  isomer as stated and due to the	AVAILABLE PRIOR TO COMPLETION OF CLOSE DEATH?  1 YES 2 N  RED  Rural Route Number,



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)	CAMPEDI	nion CERT		U. DEATH	2. DATE O				3. TIME OF DEATH
	Maurion	CATHERI	NE H. MANI	NION		MONTH	2 G	9	FAO	FIL
1	4. SOCIAL SECURITY NUMBER		s. AGE (In yrs. last birthde					8.	_	LACE (State or Forel
		1 M 2 F	75 YRS	MONTHS	DAYS HOURS MIN.	10/2	26/16			yland
œ	9a. FACILITY NAME (If not institution, give				TOWN DR LOCATION DF	DEATH	9c.	9c. COUNTY OF DEATH		
DIRECTOR	St. Agnes hospit	al		I	Baltimore			Bal	timo	ore
3EC	10a. STATE 10b. COUNT	TY	10c.	CITY, TOWN DE	LOCATION				1	IOd. INSIDE CITY
	Maryland Bal	timore		Lansdov	vne				,	LIMITS?
FUNERAL	10e. STREET AND NUMBER				10f. ZIP CODE		101	. CITIZE	N DF WH	IAT COUNTRY?
Ä	201 1st Street				21227				SA	
BY FU	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT I FDRCES? 1 IF YES, GIVE WAR	YES 2 NO	lf.	AS DECENDENT OF HISP yes, specify Cuban, Mexi YES 2 XND Spec	can, Puerto Ric	(Specify Yes or N en, etc.)	14.	Specify:	- American Indian White, etc. : ite
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDEN	T'S USUAL OCC	CUPATION ring most of working	16b. K	IND OF BUSINES	S/INDUS		12.00
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NO	use retired.)	ving most or working					
MP	10th		Home	emaker			Seli			
	17. FATHER'S NAME (Flist, Middle, Lest) Henry Scleicher					7171	idle, Maiden Sume			
BE	190. INFORMANT'S NAME (Type/Print)		Joh Man	NO ADDRESS	Cathe Street and Number or Run		lelen Fo		4.1	
2	Betty A. Boecker									21222
	20a, METHOD OF DISPOSITION	system and	20b. PLACE AND DA	TE OF DISPOSIT	na Avenue,	BATTIM	ore, Ma			
	1 () Burtel 2 Cremetion 3 Hen 4 Donation 5 Other (Specify)	novel from State	complety cramatory	r other place!		5/29/9				
	21. SIGNATURE OF FUNERAL SERVICE, LICENSET									
	Ambrose Funeral Home of Lansdowne 2719 Hammonds Fr. Rd. Lansdowne, Md. 212									
1	23. PART I. Enter the disesses, or shock, or heart fellure.	complications that o	eused the death. D							Approxima
	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events)  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):  DUE TO (DR AS A CONSEQUENCE OF):									
TIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events				what Thee	rfino				
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury				na Ticc	reio				
SAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	cDUE TO (D)	R AS A CONSEQUENCE	DF):		n Part I. 2	4a. WAS AN AUTO PERFORMED' YES 2 DA	?	C	MAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (D)	R AS A CONSEQUENCE	DF):		n Part I. 2	4a. WAS AN AUTO PERFORMED	?	C	VERE AUTOPSY FIN MARABLE PRIOR TO COMPLETION OF CAME DEATH?
: MEDICAL	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL	eDUE TO (D) d	R AS A CONSEQUENCE	DF):		n Part I. 2	4a. WAS AN AUTO PERFORMED	?	C	MAILABLE PRIOR T COMPLETION OF CO OF DEATH?
SICIAN: MEDICAL	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition	e	R AS A CONSEQUENCE	DF):	erlying cause given i	n Part I. 2.	4e. Was an auto Performed Yes 2 (2)A	?	C	MAILABLE PRIOR TO COMPLETION OF CA OF DEATH?
SICIAN: MEDICAL	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH	e	R AS A CONSEQUENCE  eath but not resulting  ER/Outpetlant 3 □ DDA  JURY 28b. 1	DF): g in the und OTHER:	erlying cause given i  26. PLACE OF DEATH (Comp from 5 The Residence Sc. INJURY AT	n Part I. 2. 1 Check only one) 8  Other (8	4e. Was an auto Performed Yes 2 (2)A		A C C O 1	MAILABLE PRIOR T COMPLETION OF CA OF DEATH?
PHYSICIAN: MEDICAL	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND	e	R AS A CONSEQUENCE eath but not resultin  (R/Outpetlant 3 DDA  JURY Year)  286. 1	OTHER: 4   Number of NJURY M	26. PLACE OF DEATH (Cong Home 5 Residence Bc. INJURY AT WORK?	n Part I. 2. 1 Check only one) 8  Other (8	4e. WAS AN AUTO PERFORMED YES 2 2 A		A C C O 1	MAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?
ED BY PHYSICIAN: MEDICAL	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	e	R AS A CONSEQUENCE eath but not resultin  (R/Outpetlant 3 □ DDA  JURY 286. 1	OTHER: 4   Number of NJURY M	26. PLACE OF DEATH (Cong Home 5 Residence Bc. INJURY AT WORK?	n Part I. 2.  Check only one)  8  Other (S  28d. DESCR	4e. WAS AN AUTO PERFORMED YES 2 2 A	Y OCCUR	A C C O O 1	MALABLE PRIOR T COMPLETION OF C F DEATH?
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BE COMPLETED BY PHYSICIAN: MEDICAL	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Inpetiant 2   E  28e. DATE OF IN (Month, Day.  28e. PLACE DF II building, etc	R AS A CONSEQUENCE eath but not resulting  (R/Outpetiant 3 □ DDA  JURY 28b. 1  NJURY — At home, larn b. (Specify)  y knowledge, death occumination and/or investigates	OTHER:  4   Nursir  Me of Nursir  Me of Nursir  Me of Nursir  At the time of t	erlying cause given i  26. PLACE OF DEATH (Cong Home 5   Residence 8c. INJURY AT WORK? 1   YES 2   ND y, office e, date and place, and do	n Part I. 2  Check only one)  8  Other (S  28d. DESCR  28f. LOCATI City or	4a. WAS AN AUTO PERFORMED YES 2 (2)  Specify)  RIBE HOW INJUR  TOWN, State)  (a) and manner a  d placa, end due	Y OCCUR umber or I	Rural Rouse(a) a	MALABLE PRIOR OF CAMPLETION OF CAMPLETION OF CAMPLETION OF CAMPLET OF CAMPLET OF CAMPLET OF CAMPLET OF CAMPLET OF CAMPLET OF CAMPLET OF CAMPLET OF CAMPLET OF CAMPLET OF CAMPLET OF CAMPLET OF CAMPLET OF CAMPLET OF CAMPLET
E COMPLETED BY PHYSICIAN: MEDICAL	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL:  1   Inpetiant 2   E  28e. DATE OF IN (Month, Day.  28e. PLACE DF II building, etc	R AS A CONSEQUENCE eath but not resulting  (R/Outpetiant 3 □ DDA  JURY 28b. 1  NJURY — At home, larn b. (Specify)  y knowledge, death occumination and/or investigates	OTHER:  G in the und  OTHER: 4   Nursir  IME OF 2  NJURY M  In, street, factor  arred at the tim  rition, in my opi	erlying cause given i  26. PLACE OF DEATH (Cong Home 5   Residence 8c. INJURY AT WORK? 1   YES 2   ND y, office e, date and place, and do	n Part I. 2  Check only one)  8  Other (S  28d. DESCR  28f. LOCATI City or  Le to the cause the time, data an	4a. WAS AN AUTO PERFORMED YES 2 (2)  Specify)  RIBE HOW INJUR  TOWN, State)  (a) and manner a  d placa, end due	Y OCCUR umber or I	Rural Rouse(a) a	MAR.ABLE PRIOR COMPLETION OF C F DEATH?  VES 2 MAR.  Its Number,  Ind menner as at forth, Day, Year)



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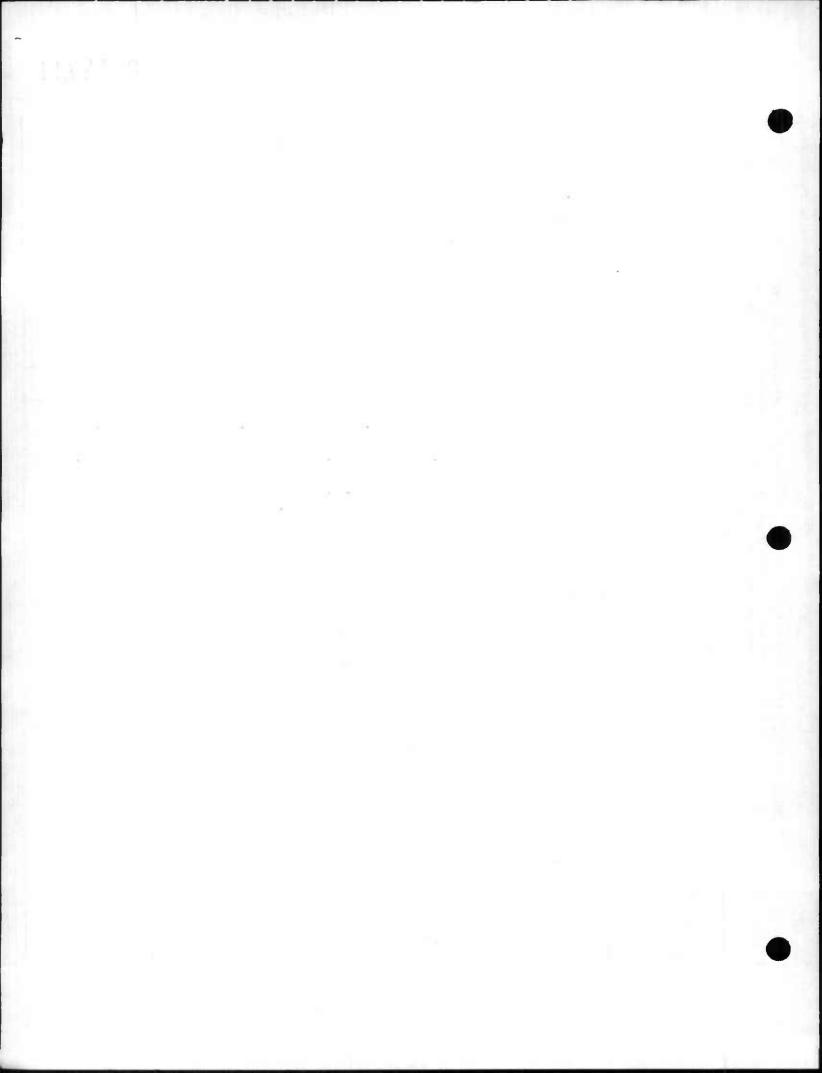
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be ratained by the hospital or attending physician.	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Planes 1, 2, 3 should	s after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	1 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL OR ATTENDING PHYSIC	FUNERAL DIRECTOR: After this cer	within 72 hours after death with th	ITANT: if item 28 is marked, o
TO THE I	TO THE !	be filed v	IMPORT

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Q'EAR rian 5 Donald 3:57 DM IF UNDER 1 YEAR IF UNDER 24 HRS. 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign MARYLAND DAYS HOURS MIN. M 2 F 40 VRS. 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY. TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH LIBERTY MED. CENTER DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTI MORE VES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1542 N. WOODYEAR STREET 21217 US 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 ND ND IF YES, GIVE WAR DR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yes, specify Cuban, Maxican, Puerto Rican, etc.)
1 YES \*\*TAND Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married Specify: BLACK BY 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INOUSTRY (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) DISABLED 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) MARION Mc DONALD AUDREY REDDING BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 AUDREY McDONALD 1542 N. WOODYEAR ST. BALTIMORE, MD. 21217 20s. METHOD OF DISPOSITION

X Souriel 2 Cremation 3 Removal from State
4 Donation 5 Other Security 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE MT ZION CEMT. 5/29 BALTIMORE. MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ellers E.L. PHILLIPS FUNERAL HOME #D00085 21217 26. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest. Approximats shock, or heart failure. List only one ceuse on each line. IMMEDIATE CAUSE (Final Onest and Death disesse or condition Bilateral resulting in death) DUE TO (DR AS A CONSEDUENCE DF) OBESIT CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEDUENCE OF): BLEEDING resulting in death) LAST OINTES PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? YES 2 NO 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: 28. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 ND BY 2 Accident 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide ETED 8 Could not be 4 Homicide determined 29a. CERTIFIER

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) ▶ 5-2792 MI ant 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE DF DEATH (ITEM 27) (Type, Print) TERANCE Baltimas Md LAMB CENTER LIBERTY MEDICAL mp 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89



BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bund-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DONALD G WRIGHT MO
31. DATE FILED (MONTH, Day, Year)
MAY 28 1992 July

DCME

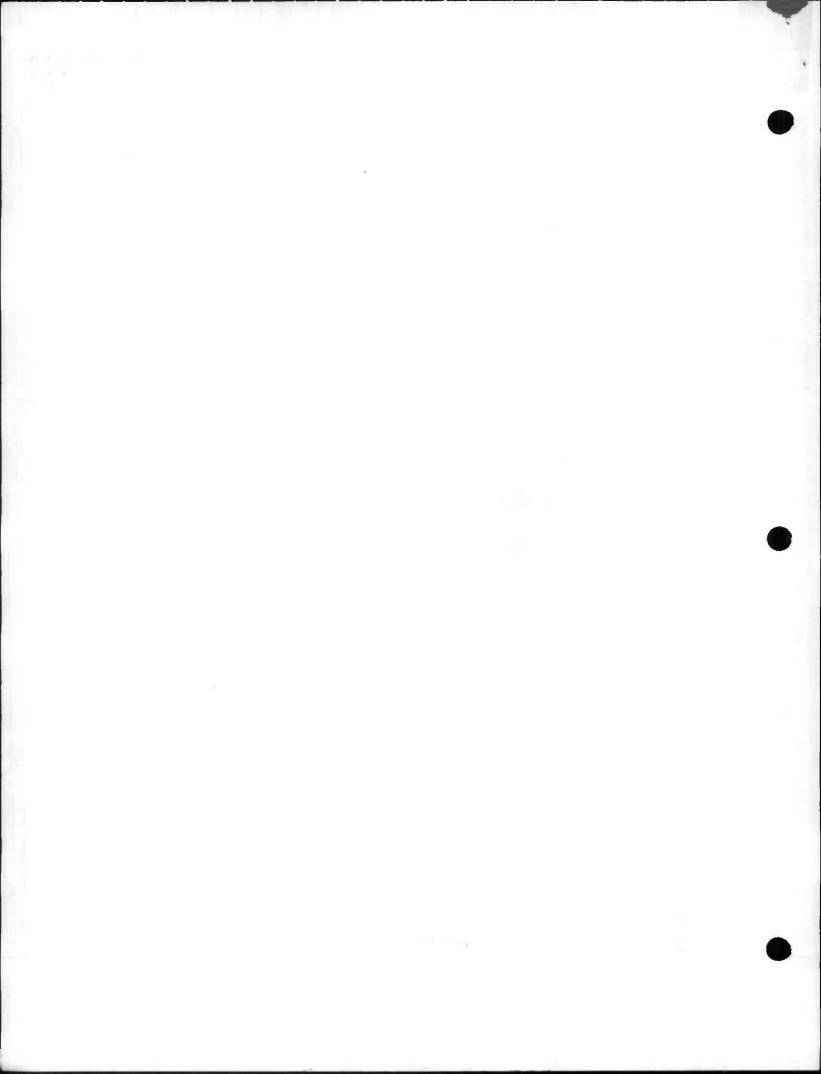
32. BEGISTRAR'S SIGNATURE

	92-2457-005											92	14712
	FOR STATE REGISTRAR	STATE OF N	MARYLAND /		TMENT				MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	AV .	YEAR	3. TIME OF DEATH
	EST VONDER"DEE				NIC	CHOLS	S		05	02	199	2	5:43 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS.	(Month	DF BIRTH , Dey, Year) -1926		8, BIRTH Count	IPLACE (State or Foreign ry)
	Sa. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY,	TOWN O	R LOCATIO	ON OF DE	ATH		9c. COU	JNTY OF DEATH	
O. H.	7500 BLK PULASKI	HIGHWAY			BALI	BALTIMORE					BAL	TIMO	RE
딥	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN O	R LOCATI	ION						10d. INSIDE CITY
DIRECTOR	MD Balto	со			.,								LIMITS?
FUNERAL	10e. STREET AND NUMBER 6802 Gough Stre			101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?					
S	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.			MED					ANIC ORIGIN? (Specify Yes or No-			14. RACI	E — American Indian,
BY	1 Never Married 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR DAT			2 NO If yes, specify Cuban, Mexical								k, White, etc.  White	
0	15. DECEDENT'S EDUC (Specify only highest grade of		16a. DE	CEDENT'S	USUAL OC	CUPATIO	N		16b.	KIND OF BU	SINESS/INI	DUSTRY	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5 d	Ma	Do NOT u	work done d se retired.)	luring mos	st of workin	9					
ш	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, A	fiddle, Malden	Surname)		
100	19a. INFORMANT'S NAME (Type/Print)		190	. MAILING	ADDRESS	(Street ar	nd Number	or Rural F	Route Numb	er, City or Tow	n, State, Zij	Code)	
5	ocme												
	20a. METHOD OF DISPOSITION  1	vel from State	20b. PLACE / comelary, cre			TION (Nar	me of		DATE	20c. LO	CATION —	City or To	own, State
	21, SIGNATURE OF PUNERAL SERVICE LICE	Ronal		Dir 6/92						State , bax			board 1201
-	23 PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  AULTIPLE INJURIES  DUE TO (OR AS A CONSEQUENCE OF):									rest,	Approximata Interval Between Onset and Death		
NOI	Sequentially list conditions, b.												
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events  resulting in death) LAST												
Ü													
PHYSICIAN: MEDICAL	PART II. Other algorificant conditions	contributing to	death but not r	esulting	In the und	darlylng	cause g	Ivan in	Part i.	24a. WAS AN PERFOR	RMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 X YES 2 NO
N N													
0	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		ACE OF DE	EATH (Che	ock only on	9)		_	
ΙΥS	1,\(\tilde{\ti}	1 Inpetient 2						sidence		(Specify) S			
ву Рь	1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D 05-02-	-1992	28b. TIM	IURY	28c. fNJU WOF 1 Y	RIC?	KNO		ESTRIA			BY AUTO
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O building,	FINJURY — At ho etc. (Specify) HIG	me, ferm, HWAY	street, facto	ory, office			7500	NTION (Street in Fourt, State) BLK P			GWY BALTO, CO
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSIC 2 MEDICAL EXAMINER		my knowledge, de	eth occum					to the cau	se(s) and mar	iner as ata	ted.	
	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE						
TO BE	Monald & Wrig	WMD						C.M.				-02-	(Month, Day, Year) 1992
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	4 27) (Type	Print)								

111

N.

PENN ST. BALTIMORE, MARYLAND 21201



## TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR

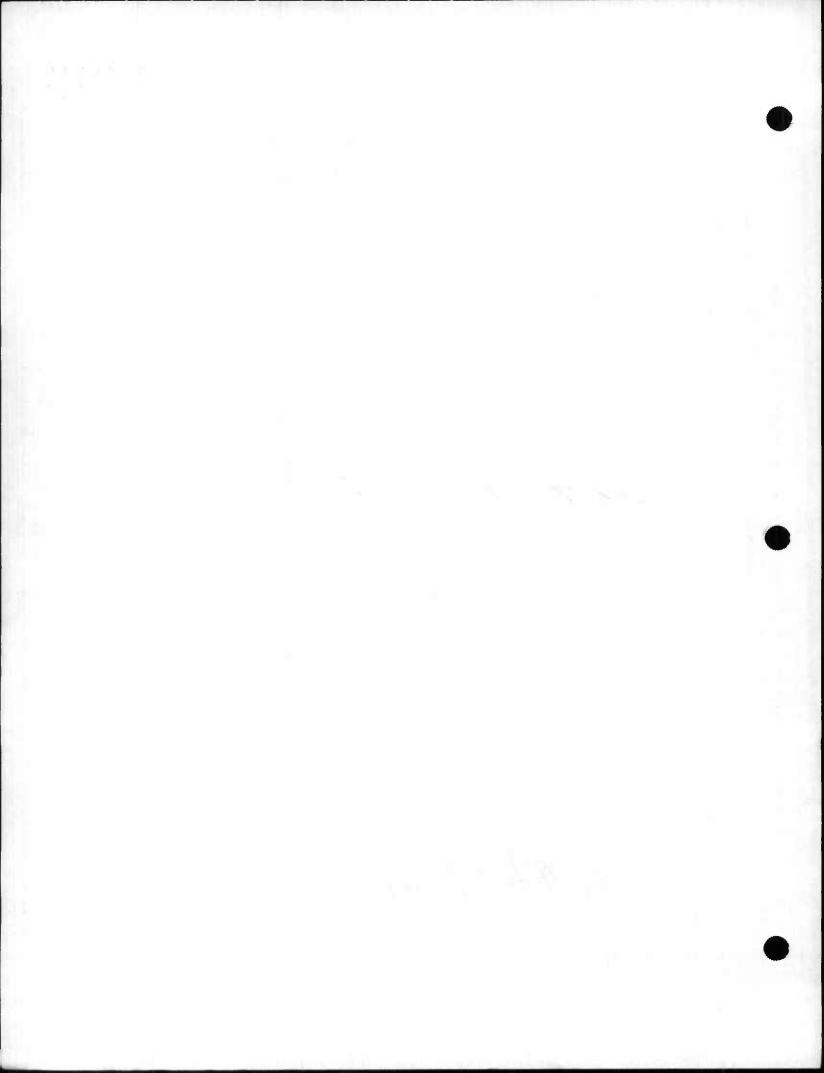
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DECEDENT'S NAME (First, Middle, Lest)	n /	LI	LLIAN	NE.	AL			2. DATE OF MONTH	DA		YEAR	6,50
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la:	at birthday)	IF UNDER	1 YEAR	IF UNDER	9 24 HRS.	7. DATE OF			Count	HPLACE (State or Foreign
184 03 6488	1 🗆 M 2 🗡 F	79	YRS.	WONTHS	DATO	Noons	mite.	7-9	-12	2	Ma	aryland
9a. FACILITY NAME (If not institution, give str				9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH			
Summit Nursing H	ome			Catonsville						Balto Co		
RESIDENCE OF DECEDENT												
Marry and			10c, CIT	city, town or location Baltimore					10d. INSIDE CITY LIMITS?			
Maryland	na			1								1 YES 2 NO
10e. STREET AND NUMBER	a3 -		F 4.0		10	. ZIP COD				10g. CIT		WHAT COUNTRY?
2121 Windsor	Garden L	anes D	-540			21	1207					USA
11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. AI 1 YES 2 WAR OR DATES	RMED NO	1	If yes, sp		an, Mexica	NIC ORIGIN? (S III, Puarto Rica y:		or No-	14. RAC Blac Spec	E — American Indian, ck, White, etc. city: Black
15. DECEDENT'S EDUC				USUAL O				16b. KII	ND OF BUS	SINESS/IN	DUSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	MA.	live kind of a. Do NOT u	work done o se retired.)	during mo	ost of world	ing					
Elementary (o 12)	Compa (1 4 of 5	"							ноп	nemak	cer	
17. FATHER'S NAME (First, Middle, Lest)						18. MOT	HER'S NA	ME (First, Midd	fle, Malden	Surname)		
	Burrell					III CO			0120-200			
19a. INFORMANT'S NAME (Type/Print)		10	b. MAILING	ADDRESS	S (Streat	nd Numbe	r or Pumi	Route Number,	City or Town	n. State. 7	(p Code)	
Edward Neal								timore				
20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Ramo	oval from State	20b. PLACI	AND DAT	E OF DISP	OSITION			DATE				own, State
4 Donation 5 Other (Specify)	ENGER?			22	NAME A	ND ADDRE	RE OF FA	CHITY				
Signature of the state of the s	Rona	ld Wade,	Dir		IAUMP V	NO ADDIN	-33 OF FA	CILIT	State	Ana		Board
23 PART I. Enter the diseasea, or on shock, or heart failure. If IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the List only one ca	use on each lin	eath. Do	6. not anter	the mo	ode of dy	/Ing, suc	ore St	Bal	to . M		Approximate Interval Betwonset and D
shock, or heart failure. I	DUE TO	at caused tha d	aeth. Do	6. not anter	the mo	ode of dy	/Ing, suc	ore St	Bal	to . M		Approximate Interval Betw
shock, or heart failure. I	DUE TO	at caused the duse on each lin	aeth. Do	6. not anter	the mo	ode of dy	/Ing, suc	ore St	Bal	to . M		Approximate Interval Betw
shock, or heart failure. I	DUE TO	at caused the duse on each lin	anth. Do o.	6. not anter	the mo	e f	AC	ore St,	Bal	I AUTOPSYRMED?	rrest,	Approximate Interval Betw
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  TO THE STATE  25. WAS CASE REFERRED TO MEDICAL	DUE TO	at caused the duse on each lin	anth. Do o.	6. not anter	the mo	eg cause	given in	ore St,	Balle or reapi	I AUTOPSYRMED?	rrest,	Approximate Interval Betw Onset and D 2.2.d.s.
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant condition  CONGESTATE  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO	of caused the deuse on each line of the consensation of the consen	anth. Do e	not anter	nderlyIn	eg cause	given in	Part I. 24	Bal cor reapi	I AUTOPSYRMED?	rrest,	Approximate Interval Betw Onset and D 2.2.d.s.
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shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending investigation 3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO DU	at caused the duse on each lin  O (OR AS A CONSE	anth. Do e.  COUENCE C  COUENCE C  COUENCE C  COUENCE C  COUENCE C  COUENCE C  COUENCE C  COUENCE C  COUENCE C  COUENCE C  COUENCE C	not anter  F):  OF):  In the ur  OT ME OF JURY M atreet, fact	26. P. R: raing Hor Value of the Williams, date of the will be the will be tory, offile time, date of the williams, date of the will	PLACE OF JURY AT ORK? YES 2 ce	given in  DEATH (C)  Residence  NO	Part I. 24  Part I. 24  Other (S  28d. OESCP  a to the cause a time, data an	Ball c or reapi  C 7/  La. WAS AN PERFOR VES 2  ON (Street in the company of the	I AUTOPSY RMED?  I AUTOPSY RMED?  I NO and Numb	CCURED care or Rural tated.	b. WERE AUTOPSY FINDINAMILABLE PRIOR TO COMPLETED OF CAU OF DEATH?  1 YES 2 NO

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
THE HOSPITAL DR	THE FUNERAL DIF	MPORTANT: If Ite	

	1 - STATE REGISTRAR	STATE OF	MARYLAN	D / DEPAR					MENTAL	HYGIEN REG. NO.	E	-	4714
	1. DECEDENT'S NAME (First, Middle	ie, Last)							2. DATE (			1992	3. TIME OF DEATH
	Elizabeth			NIFLS	FN				100000		02	YEAR	12.02 P M
-	4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	IF UNDER			R 24 HRS.	7. DATE C	PE BIRTH Day, Year)	94	8. BIRTHP Country)	LACE (State or Foreign
1	212-14-8876	1 🗆 M 2 💢 F	83	YRS.	MONTHS	DAYS	HOURS	MIN.	APRI	L 4,1	909	MAR	YLAND
~	9a. FACILITY NAME (If not institution				9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH			ATH
5	FRANKLIN SQU		AL		BALTIMORE					Baltimore			ore
DIRECTOR	7 -	COUNTY		10c. CIT	Y, TOWN C	OR LOCAT	ION						IOd. INSIDE CITY
PIG	MARYLAND	BALTIMORE			WHIT	ге м	ARSH						LIMITS?
AL	10e. STREET AND NUMBER					101	ZIP COD	_			10g. CITI		IAT COUNTRY?
FUNERAL	5607 CARRING	TON DRIVE					21	162				U.S.	Α.
E	11. MARITAL STATUS	2000000	ENT EVER IN U.S	S. ARMED	13.	WAS DEC	ENDENT (	OF HISPAN	C ORIGIN	(Specify Yes	or No-	14. RACE	- American Indian, White, atc.
BY	1 Never Married 2 XX Marrie 3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATE	3		1 TYES	2XXNO	Specify.	i, rueito n	ican, atc.)		Specify	10125-001
	15. DECEDEN	T'S EDUCATION	16	. DECEDENT'S	IISHAL O	CCLIDATIO	· ·		100	KIND OF BUS	101500 (1110		WHITE
	(Specify only highs Elementary/Secondary (0-12)	est grade completed)  Coflege (1-4 or		(Give kind of life. Do NOT u	work done ( se retired.)	during mo	st of worki	ng	100.	KIND OF BUS	HRE33/HU	USINT	
ם	NA	NA	,	HOMEMA	AKER					OWN	HOME		
COMPLETED	17. FATHER'S NAME (First, Middle, I	Lest)					18. MOT	HER'S NAM	AE (First, M	iddle, Maiden			
BE (	MICHAEL GRIM							UNK	NOWN				
70	19a. INFORMANT'S NAME (Type/Pri									er, City or Town			
	CARL E. NIELS	EN (HUSBAN					27.000	DRIVE	E, WH	ITE M	ARSH,	MD	21162
	20a. METHOD OF DISPOSITION 1 □ Burlel 2√X Cremation 3	☐ Removal from State	cemeter	ACE AND DATE	ther niecel				DATE	20c. LO	CATION —	City or Tow	n, Stata
	4 Donation 5 Other (Speci		MET	RO CREI	MATOR					BA	LTIMO	RE, I	MARYLAND
	II. GIONATORE OF FOREIGNE SEN	VICE LICENSEE	,					FUNE		HOMES	INC		
	the	9705 BELAIR ROAD, BALTIMORE, MD 21236 not enter the mode of dying, such as cardiac or respiratory arrest, Approximate						21236					
CERTIFICATION	shock, or heart find the state of the state	a. Myoo	cardial co (or as a co cricula co (or as a co	Ine. Infa NSEOUENCE O P Arr	rctions hythr	on							Approximata Interval Batween Onset and Death
ERTIF	that initiated events resulting in death) LAST	d.	O (OR AS A CO	NSEOUENCE O	F):								
0											+		
IN: MEDICAL	Diabetes	sion ar Tachyca		ot reaulting	in the un	derlying	) cause (	given in F		24a. YAS AN. PERFOR	MED?	6	/ERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO
ICIAN: MEDICAL	Hyperten Ventricul Diabetes 25. WAS CASE REFERRED TO MED EXAMINER?	sion ar Tachyca	rdia			28. PL		given in F	_	PERFOR	MED?	6	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
YSICIAN: MEDICAL	Hyperten Ventricul Diabetes 25. WAS CASE REFERRED TO MED EXAMINER? 1 1 YES 2 1/2 NO	sion ar Tachyca  HOSPITAL: X   Inpatient 2	rdia	nt 3 □ DOA	OTHER	28. PL	ACE OF D		ck only one	PERFOR	MED?	6	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN:	Hyperten Ventricul Diabetes 25. WAS CASE REFERRED TO MED EXAMINER? 1 1 YES 2 7 NO 27. MANNER OF DEATH	Sion  ar Tachyca  HOSPITAL: Y inpution: 28e. Date (Month,	rdia	14 3 □ DOA   28b, TIM	OTHER	28. PL R: sing Home 28c. INJI WO	ACE OF D	EATH (Checks)	ck only one	PERFOR	MED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN:	Hyperten Ventricul Diabetes 25. WAS CASE REFERRED TO MED EXAMINER? 1   YES 2 V NO 27. MANNER OF DEATH 1   Netural 5   Pendir 2   Accident   Investi	Sion  ar Tachyca  HOSPITAL:  Y Inpetient 2  28a. DATE (  Month,  28a. PLACE	CERVOUTPETED  FINJURY Dey, Year)	vt 3 □ DOA 28b. TIM	OTHER 4   Num E OF URY M	28. PL 3: sling Home 28c. INJI WOI 1 U Y	ACE OF D  5 RE  URY AT RK?  ES 2	EATH (Checasidence &	ck only one,  Other 28d, DESC	PERFORI	MED?	URED	MAILABLE PRIOR TO COMPLETION OF CAUSE F DEATH?
BY PHYSICIAN:	Hyperten Ventricula Diabetes  25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 Y NO  27. MANNER OF DEATH 1 Netural 5 Pendir 1 Accident Investi 3 Suicide 6 Could 4 Homicide determine	Sion  Tachyca  HOSPITAL:  Y Inpetient 2  28e. DATE (  //Morth,  not be  28e. PLACE  building	rdia	vt 3 □ DOA 28b. TIM	OTHER 4   Num E OF URY M	28. PL 3: sling Home 28c. INJI WOI 1 U Y	ACE OF D  5 RE  URY AT RK?  ES 2	EATH (Checasidence &	ck only one;  Charles one;  Charles one;  Charles one;  Charles one;  Charles one;  Charl	PERFORI 1 YES 2  (Specify)	MED?	URED	MALLABLE PRIOR TO COMPLETION OF CAUSE F DEATH?  YES 2 NO
PHYSICIAN:	Hyperten Ventricul Diabetes  25. WAS CASE REFERRED TO MED EXAMINER?  1	HCAL HOSPITAL:  Y Inpatient 2  28a. DATE ( (Month, not be building)  G PHYSICIAN: To the best  XAMINER: On the basia of	CFI/Outpatier  DF INJURY Dey, Year)  OF INJURY — g, stc. (Specify)  of my knowledgii axamination and	28b. TIM 28b. TIM INJ At home, farm, i	OTHER 4   Num E OF UNY M street, fector	28. PL 3: sing Hom 28c. INJI WO 1  Y ory, offica	ACE OF D  5 Re  5 Re  1 Re  1 Re  2 Re  2 Re  2 Re  2 Re  2 Re  3 Re  4 Re  4 Re  5 Re  6	EATH (Check State of the Check S	ck only one,  Grant Other  28d. DESC  28f. LOCA' City or  to the caussime, data a	PERFORI 1 YES 2  (Specify)  (Specify)  TION (Street ar Town, State)	IJURY OCC	URED or Rural Room	MALABLE PRIOR TO COMPLETION OF CAUSE F DEATH?  YES 2 NO  No Market Mumber,
BE COMPLETED BY PHYSICIAN:	Hyperien  Ventricul  Diabetes  25. WAS CASE REFERRED TO MED  EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural   5   Pendir 2   Accident   Investi 3   Suicide   6   Could   4   Homicide   6   Could   4   Homicide   1   CERTIFYING  One)   2   MEDICAL E  29b. SIGNATUM   AND TITLE OF CE	SION  AT Tachyca  HOSPITAL:  Y Inpatient 2  288. DATE (Morith,  100 PHYSICIAN: To the best of the basis of th	CF INJURY Dey, Vear)  OF INJURY Ag, etc. (Specify)  of my knowledge axamination and USE OF DEATH	28b. TIM 28b. TIM 18kl home, farm, i	OTHER 4   Nurs E OF URY M street, fector ad at the ti on, in my or	28. PL 3: sing Home 28c. INJi WO 1  Y ory, office	ACE OF D  5 Rt  187 AT  RK?  TES 2 and place  and place  29c. LICI	NO NO NO NO NO NO NO NO NO NO NO NO NO N	ck only one,  Chy or  City or  the cause  City or  the cause  BER	PERFORI  1 YES 2  (Specify)  CRIBE HOW IN  TION (Street and Town, State)  e(a) and menioned place, and	MED?  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	URED  Or Rural Root  d.  cause(a) a	MALABLE PRIOR TO COMPLETION OF CAUSE F DEATH?  YES 2 NO  No Modern Market Marke



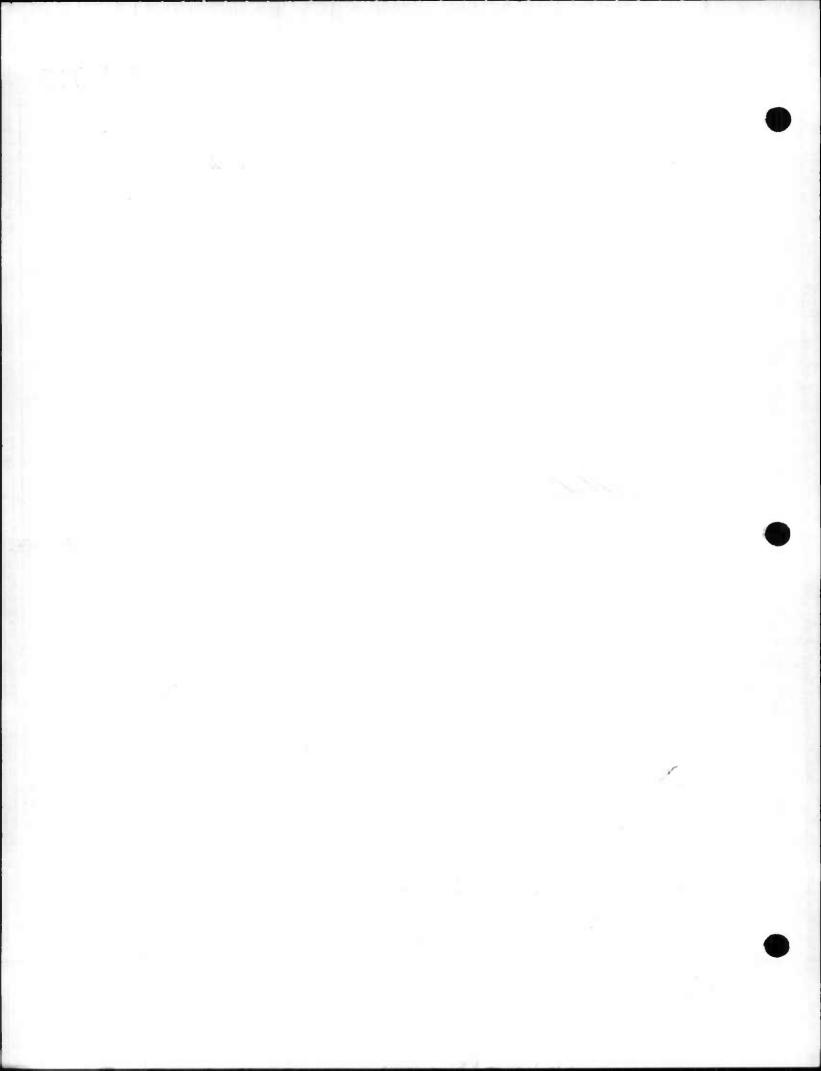


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DIVISION OF VITAL RECORDS, P.O.	The second secon
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Mary Virginia Novaska  8. AGE (In yrs. last birtnoley)   Funder 1 YEAR   Funder 24 ARS.   Funder 25 ARS.   Funder 25 ARS.   Funder 25 ARS.   Funder 26 ARS.   Funder 26 ARS.   Funder 27 ARS.   Funder 28 ARS.   F	Office
213-12-0910  1	Maryland  In of Death  Itimore  Ind. Inside city Limits?  In ves 2 no  En of what country?  S. A.  A. RACE — American Indian, Black, White, etc.  Specify: White  STRY
PROPERTY NAME (If not institution, give sired and number)  9a. FACILITY NAME (If not institution, give sired and number)  9a. FACILITY NAME (If not institution, give sired and number)  9a. FACILITY NAME (If not institution, give sired and number)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY  4010 Chesnut Road  8altimore  10c. CITY, TOWN OR LOCATION OF Baltimore  10d. STATE  10b. COUNTY  Maryland  10c. STREET AND NUMBER  3030 E. Northern Parkway  11. MARITAL STATUS  11. Never Married 2   Married  32. Windowed 4   Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1   Yes a 2. Windowed 4   Divorced  15. DECEDENT'S EQUICATION  16. DECEDENT'S USUAL OCCUPATION  (College (1-4 or 5 +) NA  NA  Payroll  15. MOTHER'S NAME (First, Middle, Last)  Anthony May  16. MOTHER'S NAME (First, Middle, Maiden Surmame)  17. FATHER'S NAME (First, Middle, Last)  Anthony May  19a. INFORMANT'S NAME (First, Middle, Maiden Surmame)  19b. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State, Zip College (1-4 or 5 +)  10b. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State, Zip College (1-4 or 5 +)  10b. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State, Zip College (1-4 or 5 +)  10b. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State, Zip College (1-4 or 5 +)  10b. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State, Zip College (1-4 or 5 +)  10b. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State, Zip College (1-4 or 5 +)  10b. MAILING ADDRESS (Street and Number or Rural Rouse Number, City or Town, State, Zip College (1-4 or 5 +)  10b. MAILING ADDRESS (Street and Number or Rural Rouse, City or Town, State, Zip College (1-4 or 5 +)  10b. MAILING ADDRESS (Street and Number or Rural Rouse, City or Town, State, Zip College (1-4 or 5 +)  10b. MAILING ADDRESS (Street and Number or Rural Rouse, City or Town, State, Zip College (1-4 or 5 +)  10b. MAILING ADDRESS (Street and Number or	Itimore    10d. INSIDE CITY LIMITS?   1 No YES 2 No No No F WHAT COUNTRY?  S. A.   44. RACE — American Indian, Black, White, etc. Specify: White  STRY
A continue   A c	10d. INSIDE CITY LIMITS?  1 🔯 YES 2 🗆 NO  EN OF WHAT COUNTRY?  S. A.  4. RACE — American Indian, Black, White, etc.  Specify: White  STRY
10e. STREET AND NUMBER   10f. ZIP CODE   10g. CITIZED	10d. INSIDE CITY LIMITS?  1 ☑ YES 2 ☐ NO  EN OF WHAT COUNTRY?  S. A.  14. RACE — American Indian, Black, White, etc.  Specify: White  STRY
106. STREET AND NUMBER   106. ZIP CODE   10g. CITIZES	LIMITS?  1 💢 YES 2 🗆 NO  EN OF WHAT COUNTRY?  S. A.  4. RACE — American Indian, Black, White, etc.  Specify:  White  STRY
10e. STREET AND NUMBER  3030 E. Northern Parkway  11. MARITAL STATUS 11. MANITAL STATUS 11. Marited 2 Married 3\(\tilde{\text{NN}}\) Marited 12. Was Decedent ever in u.s. Armed 13. Was Decedent of Hispanic Originity (Specify Yes or No- 14	S. A.  4. RACE — American Indian, Black, White, etc.  Specify: White STRY
1	S. A.  4. RACE — American Indian, Black, White, etc.  Specify: White STRY  C. Office
Secondary (0-12)   Secondary (0-12)   College (1-4 or 5+)   NA   NA   NA   Payroll   Secondary (1-2)   College (1-4 or 5+)   Payroll   Secondary (1-2)   College (1-4 or 5+)   Payroll   Secondary (1-2)   College (1-4 or 5+)   Payroll   Secondary (1-2)   College (1-4 or 5+)   Payroll   Secondary (1-2)   College (1-4 or 5+)   Payroll   Secondary (1-2)   Secondary (1-2)   College (1-4 or 5+)   Payroll   Secondary (1-2)   Sec	4. RACE — American Indian, Black, White, etc. Specify: White STRY Coffice
Secondary (0-12)   Secondary (0-12)   College (1-4 or 5+)   NA   NA   NA   Payroll   Secondary (1-2)   College (1-4 or 5+)   Payroll   Secondary (1-2)   College (1-4 or 5+)   Payroll   Secondary (1-2)   College (1-4 or 5+)   Payroll   Secondary (1-2)   College (1-4 or 5+)   Payroll   Secondary (1-2)   College (1-4 or 5+)   Payroll   Secondary (1-2)   Secondary (1-2)   College (1-4 or 5+)   Payroll   Secondary (1-2)   Sec	Black, White, etc. Specify: White STRY Coffice
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16. DECEDENT'S USUAL OCCUPATION (Give kind of working like. Do NOT use retired.)  16. NOT use retired.)  16. MOTHER'S NAME (First, Middle, Lest)  17. FATHER'S NAME (First, Middle, Lest)  Anthony May  18. MOTHER'S NAME (First, Middle, Lest)  Anthony May  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Catherine Streuban  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Catherine Streuban  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Catherine Streuban  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Catherine Streuban  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Catherine Streuban  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Catherine Streuban  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Catherine Streuban  20. MAID OF DISPOSITION  198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Co.  4010 Chesnut Road, Baltimore, Md. 21.  20. METHOD OF DISPOSITION  10 Burlel Ziff Cremation 3   Removal from State  40 Donation 5   Other (Specify)  20. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Metro Crematory Inc.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	White
Anthony May  Catherine Streuban  19a_Ninformant's Name (Type/Print)  Barbara A. Clark (Dghtr)  20a_Method of disposition 1	Office
Anthony May  Catherine Streuban  19a. Informant's Name (Type/Print)  Barbara A. Clark (Dghtr)  20a. METHOD OF DISPOSITION 1 Burlat 2/Ty Cremation 3   Removal from State 4   Donetion 5   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Catherine Streuban  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Co 4 010 Chesnut Road, Baltimore, Md. 21.  20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, crematory or other place) Metro Crematory Inc.  Baltimore  22. Name AND Address of FACILITY	
Anthony May  Catherine Streuban  19a. Informant's Name (Type/Print)  Barbara A. Clark (Dghtr)  20a. METHOD OF DISPOSITION 1 Burlat 2/Ty Cremation 3   Removal from State 4   Donetion 5   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Catherine Streuban  19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Co 4 010 Chesnut Road, Baltimore, Md. 21.  20b. PLACE AND DATE OF DISPOSITION (Name of cemelery, crematory or other place) Metro Crematory Inc.  Baltimore  22. Name AND Address of FACILITY	
Anthony May  Catherine Streuban  19a_Ninformant's Name (Type/Print)  Barbara A. Clark (Dghtr)  20a_Method of disposition 1	
196. NAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Co  Barbara A. Clark (Dghtr)  20a. METHOD OF DISPOSITION 1   Burlal 2/ft/Cremation 3   Removal from State 4   Donation 5   Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Co  4   010 Chesnut Road, Baltimore, Md. 21.  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Metro Crematory Inc.  22. NAME AND ADDRESS OF FACILITY	
20a. METHOD OF DISPOSITION  1	ode)
1 Buriel XX Cremation 3 Removal from State 4 Donetion 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  A Baltimore  22. NAME AND ADDRESS OF FACILITY	.220
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY	ty or Town, State
AL. HAME AND ADDRESS OF FACILITY	e, Md.
Schimunek Funeral Homes, Inc.	
3331 Brehms Lane, Baltimore, 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest	Md. 21213
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	SERUS 7 MONTHS
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	
1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)	
	RED
3 Suicide 6 Could not be building, etc. (Specify)  28s. PLACE OF INJURY — At home, farm, streel, lectory, office building, etc. (Specify)  28f. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
29s. CERTIFIER (Check only one) A secured at the lime, data and place, and dus to the cause(s) and manner as stated.	
ATTOWNS PRICESS NUMBER 29d. CATE III	HOMED (Month, Care Void)
30. NAME AND ADDRESS OF PERION WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	144/100
Dr. Nelson, Mercy Medical Center, 301 St. Paul Place, Baltimore, Md.	21202
MAY 28 1992 Julia Duridson Hands	





nours after death. Page 6 may be retained by the host of the first of the formal director, page 5 should be detached or removed.	medical examiner must be n
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 froots after death. Page 6 may be retained by the host TO THE HOSPITAL OR EDITIFY After this certificate a been signed by the attending physician and completely filled in by the thineral director, page 5 should be detached the filled within 70 burns after death with the State Poet of Health and Mental Hospine notice to burish community or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

						92	14716			
	1 - FOR STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMEN ERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)	0 (			2. DATE OF DEATH	AY Y	3. TIME OF DEATH			
		A NEIFELD			5-24	-92	6:00 P M			
	214-03-3179	5. SEX  1 M 2 D F  6. AGE (In yrs. less	YRS. IF UNDE	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)			
	9a. FACILITY NAME (If not institution, give str	eet and number)	9b. CIT	Y, TOWN OR LOCATION OF	DEATH	9c. COUNTY	1.10			
TOR	SAINT JOSEPH RESIDENCE OF DECEDENT	RESIDENCE OF DECEDENT								
DIRECTOR	10a. STATE 10b. COUNTY  B	ALTO	10c. CITY, TOWN	OR LOCATION			10d. INSIDE CITY LIMITS? 1  YES 2 NO			
	10e. STREET AND NUMBER			101. ZIP CODE		10g, CITIZEN	OF WHAT COUNTRY?			
FUNERAL	2934 NEIFEL	DAVE		2123	4	45	D			
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S. AR	RMEO 13.	WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Yes	-	RACE — Arrandan-Indian,			
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 11 IF YES, GIVE WAR OR DATES	No	If yes, specify Cuber, Mexi 1 PYES 2 NO Spec	can, Puerto Rican, etc.)		Specify: In III TIS			
	15, DECEDENT'S EDUC		CEDENT'S USUAL (	OCCUPATION	16b. KIND OF BU	SINESS/INDUST	TRY			
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12)		ive kind of work done Do NOT use retired.	during most of working	ER					
S S	17. FATHER'S NAME (First, Middle, Last)	115,000		16. MOTHER'S N	IAME (First, Middle, Maiden	Sumame)				
BE C	ABKAHAM  19a. INFORMANT'S NAME (Type/Print)	NEIFELL	)	MA	RTHA	GROT	THAUS			
5	FAMILY R	ECOPDS "	SAN	(Street and Number or Run	A POUT Number, City or Tow	n, State, Zip Co	de)			
	20a. METHOD OF DISPOSITION  1 IV Burlel 2 Cremation 3 Ramo  4 Donation 5 Other (Specify)	val from Stata 20b.PLACE complety or s	AND DATE OF DISPO	D CEM.	5-27 P	CATION - City	or Town, Stata			
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE J. GAV	r 22	NAME AND ADDRESS OF	Settle Se	231	FINE MORIE			
	23. PART I. Enfer the diseases, or oc	plications that/caused the de	eath. Do not ente	r the mode of dying, at	ich as cardiec or raap	Iratory arrest	Approximata			
	Anock, or heart/failury: U	ist only one cause on each line	ð.				Interval Between Onset and Death			
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  PNEUMONIA WITH A.R.D.S.									
	resulting in death)	DUE TO (OR AS A CONSE	OUENCE OF):		14,5(3.					
2										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSE	OUENCE OF):							
N S	cause. Enter UNDERLYING									
Ĕ	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A CONSEC	QUENCE OF):							
E	resulting in death) LAST									
2										
¥	PART II. Other aignificant conditions	contributing to death but not r	resulting in the u	nderlying cause given i	n Part I. 24s. WAS AN PERFOR		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO			
MEDICAL					1 _ YES 2	! □ NO	COMPLETION OF CAUSE OF DEATH?			
ME							1   YES 2   NO			
ä										
× I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (C	check only one)					
Sic		HOSPITAL: 1 1 Inpetient 2 ER/Outpetient 3	DOA 4 Nu	R: rsing Home 5 🗆 Residence	8 Other (Specify)					
PHYSICIAN:	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJURY AT	26d. DESCRIBE HOW I	NJURY OCCUR	ED			
BY F	1 Natural 5 Pending 2 Accident Investigation	(Worth, Day, 1887)	INJURY M	WORK? 1 YES 2 NO						
ED B	3 Suicide 6 Could not be	26s. PLACE OF INJURY — At ho building, etc. (Specify)	ome, farm, street, tac	tory, office	281. LOCATION (Street and City or Town, State)		Rural Route Number,			
ETE	4 Homicide detarmined				, , , , , , , , ,					
PL	29a. CERTIFIER (Check only	IAN: To the best of my knowledge, de	eath occurred at the	time, data and place, and de	se to the cause(s) and mar	nner as stated.				
COMPL		: On the basis of axamination and/or					use(s) and manner as atated.			
E C	29b. SIGNATURE AND TITLE OF CERTIFIER	1 1 2		29c. LICENSE N			GNED (Month, Day, Year)			
0	F. W	an ( ma ) wo	t		109		5-24-92			
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH STE			, _ ,		,, -			

32 REGISTRAN'S SIGNATURE



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
RUPAK C. MITRR, MD, FACE. MITRA,

17 No. 17 FACE X 6 24 8 1247 DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

BE

2

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	unis contracted has beinged by the activities of pytholical and to completely intelled in the first director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 sho with the State form of Health and Mema Hunisen prior in burial remaision or services.	arted, or item 23 shows any interventional programments event the medical eventines much be modified at event
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92 14717 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Ame 5 NOLAN S 600 A M 26 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HR 8. BIRTHPLACE (State or Foreign XX M 2 F MONTHS DAYS HOURS 87 218-18-3590 YRS. 05 MARYLAND 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH LIBERTY MED CENTER BALTIMORE 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1658 WARWICK 21216 US 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Marrie 3 Widowed 4 Divorced FORCES? 1 YES 2 NO BLACK 18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) WATERMAN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM NOLAN JOSEPHINE READY 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  $1657\ THOMAS\ AVE$  . 21216SARAH COLSTON 20a. METHOD OF DISPOSITION
1 STBurtal 2 Cremetion 3 C 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State 1 Surfai 2 Cremation 3 4 Donation 5 Other (Specify) OATE emetery, cremetory or other p CEMT 5/30 BALTIMORE, MD. 21. SIGNATURE OF FUNERAL SERVICE/LICENSEE 22. NAME AND ADORESS OF FACILITY E. L. PHILLIPS FUN. HOME 000085 1721-27 N. MONROE STREET 21217 23. PART i. Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximata shock, or haart fallura. List only one ceuse on each line. interval Between IMMEDIATE CAUSE (Final **Onaet end Death** disease or condition resulting in death) Emphys ma DUE TO (OR AS A CONSEQUENCE OF): Kesperatory Sequentially list conditions, if any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF), My cause. Enter UNDERLYING ocardic CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) A 1 CANCER 24b. WERE AUTOPSY FINDINGS

estuiting in death) LAS!	d	LUNG MASS	1 POBable L	UNG
PART II. Other significent	conditiona contribut	ting to death but not resulting in the under	ying cause given in Part i.	24a. W
				1 🗆 Y

AS AN AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE ES 2 NO OF DEATH? 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER: flent 2 - ER/Outpetient 3 - DOA 4 Nursing Home 5 Realdence 8 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28b. TIME OF 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 1 YES 2 NO 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) S Could not be determined 291. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide

29a. CERTIFIER	4 Parameter and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second and a second a	
(Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time	, data and place, and due to the cause(s) and manner as stated
one)		
	2 MEDICAL EXAMINER: On the basis of examination and/or leavest and	

cured at the time, data and place, and due to the cause(a) and manner as stated 29h. SIGNATURE AND TITLE OF CERTIFIER 29d. OATE SIGNEO (Month, Day, Year) 29c. LICENSE NUMBER

D3

1202

5-26.92 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) KANCE

CAMB 4Berry modes

8 1992 32. REGISTRAR'S SIGNATURE



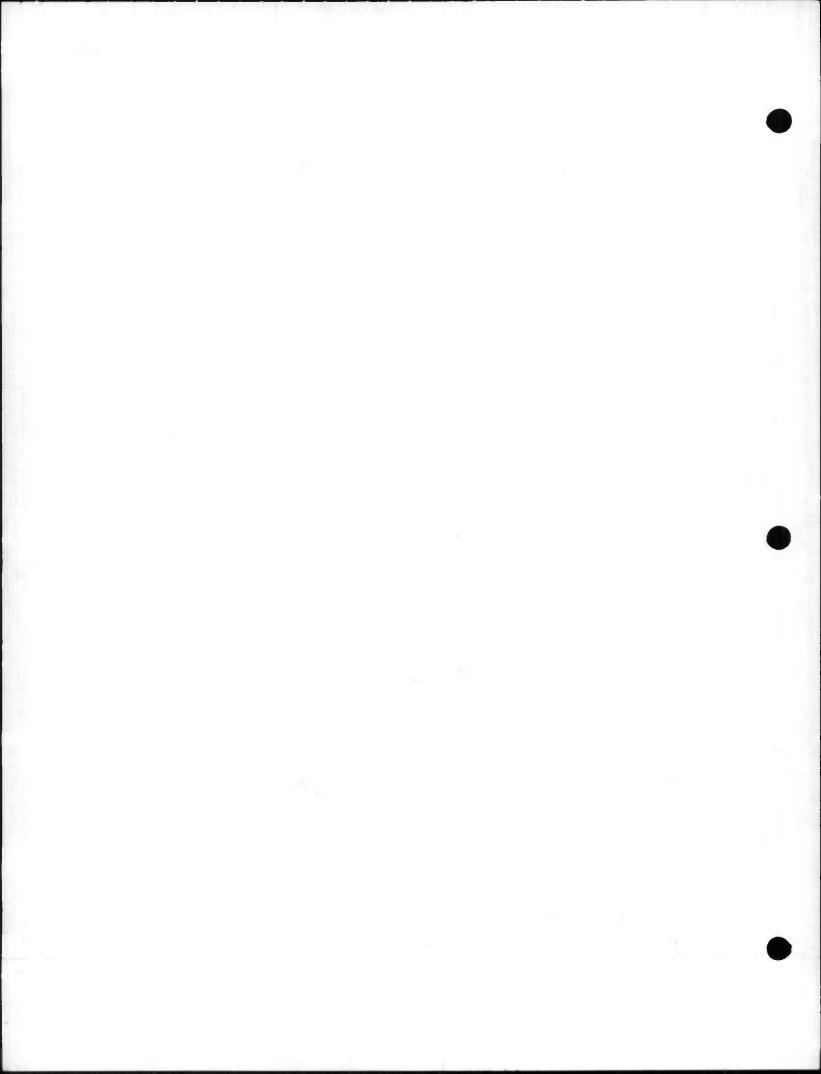
BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

五二五五	유민물론	UNER	AL DI 72 To	IRECT NURS A	TOR:	After deat	1	Sicial certif	N: The	has the	of H	igned ealth	and N	he att Menta	if Hyg	comp rial, c	pletely	/ filled tion, o	d in b	after of the moval.	funera	Page	6 may	y ber	shou	6 6 6	ician. al-tran	sit pe	mit.	Sages	1, 2,	3 shou	OR ATTENDING P	~	-	ADDITANT: I lam 28 te marked or liam 23 chaus any initive or other fraumatic assentant when much he antitled of case
THE HI THE FL	A F W	UNER		AL O ZZ h	AL DIRECTOR AL DIR	TAL DIRECTOR 72 hours after	AL DIRECTOR: Afte 72 hours after deat	1	1	1	1	1	1	1		1	1					1	1	1	1	1	1	1	1				TO THE HOSPITAL	O THE FUNER	e filed within	UPODTANT.
DR AFTENDING PR DIRECTOR: After th tours after death w			1				SiCIAN: The law requires that the death ce certificate has been signed by the attendin the State Dept. of Health and Mental Hyg	N: The law requires that the death ce ficate has been signed by the attendin State Dept. of Health and Mental Hyg. Harn 23 shouse any Jalian or no	e law requires that the death ce has been signed by the attendin Dept. of Health and Mental Hyg. 22 chause any Interv. or p.	requires that the death ce seen signed by the attending of Health and Mental Hyg	res that the death ce igned by the attendin ealth and Mental Hyg	at the death ce by the attendin and Mental Hyg	e attendin Aental Hyg	endin I Hyg		ie be exect Sician and prior to but	te be executed a sician and comp prior to burial, c	te be executed within sician and completely prior to burial, cremating areas.	te be executed within 24 h sician and completely filler prior to burial, cremation, it is trainable event the comments of the	te be executed within 24 hours sician and completely filled in b orior to burial, cremation, or refirmments exemt the madili-	te be executed within 24 hours after of sician and completely filled in by the prior to burial, cremation, or removal.	te be executed within 24 hours after death. sician and completely filled in by the funera prior to burlal, cremation, or removal.	te be executed within 24 hours after death. Page sician and completely filled in by the funeral direktor to burial, cremation, or removal.	te be executed within 24 hours after death. Page 6 ma skidan and completely filled in by the funeral director, part buring the company of the matter removal.	te be executed within 24 hours after death. Page 6 may be resident and completely filled in by the funeral director, page 5 storic buriest, cremation, or removal.	te be executed within 24 hours after death. Page 6 may be retaine sician and completely filled in by the funeral director, page 5 shou whort to burial, cremation, or removal.	ie be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burity to burial, cremation, or removal.  **The control of the c	te be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. skician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-tran xiror to burlat, or remainin, or remainin, or cannot be a much be matitived as a manifical available to the manifical available	ie be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Sician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit per xior to burlal, cremation, or removal.	te be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. skician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. If however, to burial, cremation, or removal.	ie be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Sician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages not not burial, cremation, or removal.	ie be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. Solution and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 not oburial, cremation, or removal.	runca	o phy	iene g	ther
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Pages 1, 2, 3 shoul noval.  noval.	iteati. Page 6 may be retained by the hospital or attending physician.  Inneral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should premine the position of the premium of the profile of the page.	Page 6 may be retained by the hospital or attending physician.  Il director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be markfled at each	6 may be retained by the hospital or attending physician.  Storoid be defached for use as the burial-transit permit. Pages 1, 2, 3 should be material as a storoid be material as a storoid.	f be retained by the hospital or attending physician. age 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be applied at a page.	etained by the hospital or attending physician. should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	of by the hospital or attending physician.  Id be detached for use as the burial-transit permit. Pages 1, 2, 3 should be detached for use as the burial-transit permit.	the hospital or attending physician. defacthed for use as the burial-transit permit. Pages 1, 2, 3 should be applied for use as the burial-transit permit.	sit permit. Pages 1, 2, 3 shoul	mit. Pages 1, 2, 3 shoul	Pages 1, 2, 3 shoul	1, 2, 3 shoul	3 shoul			P		

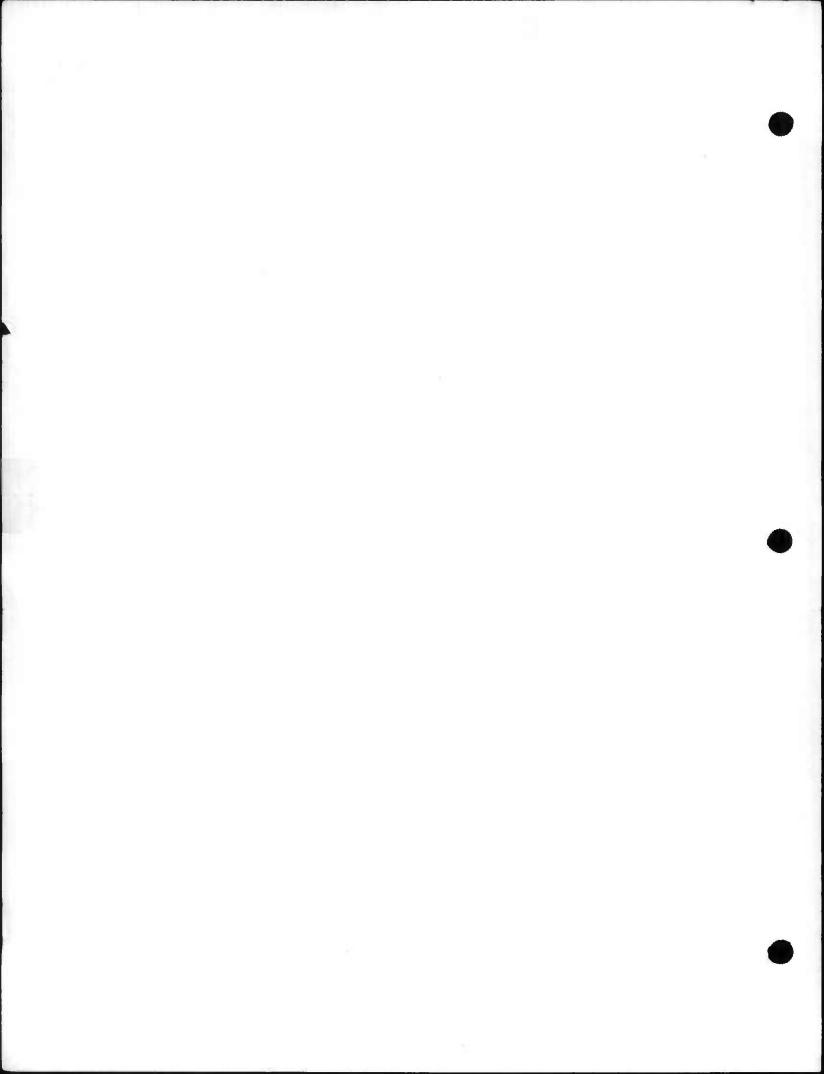
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEALTH AN	ND MENTAL HY	GIENE G. NO.	
1. DECEDENT'S NAME (First, Middle, Last				2. DATE OF DE	DAY	YEAR 3. TIME OF DEATN
MARVIN  4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1)			R. 05	08	1992 6:08 A
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR   IF UNDER 24 H ONTHS DAYS HOURS M	(Month, Day,	Year)	BIRTNPLACE (State or Foreign Country)
9e. FACILITY NAME (If not institution, give	-			8-7-1		
			b. CITY, TOWN OR LOCATION O		9c. CO	UNTY OF DEATH
UNIVERSITY HOSPI	TAL		BALTIMORE CIT	<u>Y</u>		na
10a. STATE 10b. COUN	ту	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY LIMITS?
						1 YES 2 NO
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CI	TIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER IN FORCES? 1 YES		13. WAS DECENDENT OF NI If yes, specify Cuban, M	ISPANIC ORIGIN? (Spe	cify Yes or No-	14. RACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA		1 TES 2 NO S			Specify: Black
15. DECEDENT'S ED	UCATION	16a. DECEDENT'S US	SIAL OCCUPATION	16h KIND	OF BUSINESS/IN	IDUICTRY
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of worlife. Do NOT use if	k done during most of working	Tob. KIND	OF BUSINESS/IN	DUSTRY
Living you consulty (0-12)	College (1-4 of 5+)					
7. FATHER'S NAME (First, Middle, Last)			16. MOTNER	S NAME (First, Middle,	Meiden Surname)	
9e. INFORMANT'S NAME (Type/Print)		19b. MAILING AI	DDRESS (Street and Number or F	Rural Route Number, City	or Town, State, Z	ip Code)
ocme						
0e. METHOD OF DISPOSITION  Burlel 2 Commation 3 Re		PLACE AND DATE OF		DATE	20c. LOCATION -	- City or Town, State
☐ Donation 5 ☐ Other (Specify)	in state	etery, crematory or other	r place)			
1. SIGNATURE OF FUNERAL SERVICE L	ICENSEE RonaldWad	e, Dir	22. NAME AND ADDRESS O	F FACILITY Stat	e Anato	omy Board
Markey /1		/26/92	655 W. Balti	more St.B	alto.MI	21201
Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF):				
cause. Enter UNDERLYING CAUSE (Disease or injury						
that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):				
resulting in death) LAST	d					
PART II. Other significant condition	nn contributing to death of	it not restitute to	the underlying cause give Monagy Mase	eura!	MAS AN AUTOPSY PERFORMED? JES 2 NO	24b. WERE AUTOPSY PRIDOR MARLABLE PROR TO COMPLETION OF CAUSE OF OBATH?  1 YES 2 NO
IS, WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH	H (Check anty one)		
1 XAER 5 □ NO	1 ☐ Inpatient 2 ½ ER/Outpu		THER:    Norsing Home 5   Reside	nce 4 🗆 Other (Spec	ety)	eralli -
7. MANNER OF DEATH	28e, DATE OF INJURY (Month, Day, 16er)	28h. TIME C	Y WORKY	28d, DESCRIBE	HOW INJURY OF	ocumen
Natural 5 Pending Investigation	THE RESIDENCE OF THE PARTY OF T	2000	M 1 VES NO	0		
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Speci	— At home, farm, stre	et, factory, office	28f. LOCATION City or Your		er or Rural Route Humber
	SICIAN: To the best of my knowle IER: On the besie of examination					ited. the cause(e) end menner ae statec
SIGNATURE AND TITLE OF CERTIFIC			29c. LICENSE	NUMBER	29d. CA	TE SIGNED (Month, Day, Year)
	11001		0.0.14	10		
White the	71		( ) ( ' IVI	- Pr	(1)	5-08-1992
FRANK J.	HO COMPLETED CAUSE OF DEA					5-08-1992 YLAND 21201
MAY 28 1992	HO COMPLETED CAUSE OF DEA	TURE	int)			5-08-1992 YLAND 21201



e hospital or attending physicia	etached for use as the burial-t	nce.
ith. Page 6 may be retained by the	neral director, page 5 should be di	miner must be notified at o
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—yours after death. Page 6 may be retained by the hospital or attending physicis	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tandary within 72 hours after hearth with the State Dent, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
es that the death certificate be e	gned by the attending physician aith and Mental Hydiene prior to	s any injury, or other traun
ING PHYSICIAN: The law require	After this certificate has been signature that with the State Dent, of He	marked, or item 23 show
TO THE HOSPITAL OR ATTEND	THE FUNERAL DIRECTOR: J	IMPORTANT: If Item 28 Is

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH A		AL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lease ALICE	PLANTNS	HEK		2. DAT	TE OF DEATH	- 9º2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 290-34-8156			UNDER 1 YEAR IF UNDER 2 NTHS DAYS HOURS	MIN. 7. DAT	E OF BIRTH onth, Day, Year)	8. BI	RTHPLACE (State or Foreign country)
NG.	98. FACILITY NAME (If not institution, give GREATER LAU	1		LAUREL			PRINC	GEORGES
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUN	ITY	10c. CITY, T	OWN OR LOCATION				10d. INSIDE CITY
	100. STREET AND NUMBER	NCE GEORI	Se2 71	94REL 101. ZIP CODE			10g. CITIZEN	1 XYES 2 NO
FUNERAL		XION DR			708		US	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	13. WAS DECENDENT OF				RACE — American Indian, Black, Whita, atc. Specify:
COMPLETED	15. DECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12)	OUCATION ide completed) College (1-4 or 5+)		done during most of working etired.)	'	6b. KIND OF BUS	1	
MPL	17. FATHER'S NAME (First, Middle, Last)	4 yrs	NURSE	/50C/A/ WO		t, Middle, Maiden S	LSING	
BE CC		H. JENKI	NS			MEK		IC
TO B	JOHN PLANT	WSHEK	196. MAILING AD	CLAXION				20708
	20a. METHOD OF DISPOSITION 1 □ Burlal 2 □ Cremation 3 □ Re 4 ☒ Donation 5 □ Other (Specify) □		PLACE OF DISPOSITI other place)	ON (Name of cemetery, creme	atory or	20c. LOC	EATION — City of	or Town, Stata
	21. SIGNATURE OF FUNERAL SERVICE	I Honara we	de, Dir /27/92	22. NAME AND ADDRES				MY BOARD
-	23 PART I. Enter the diseases, of	10 auc		655 W. Ba				Approximate
		e. Liet only one cause on e					,,	Interval Between Onset and Death
		DUE TO (OR AS A	CONSEQUENCE OF):					
TION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE OF):	Die				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A	CONSEQUENCE OF):	Dilea	N.			
	PART II. Other algnificent condit	one contributing to deeth b	ut not reaulting in	the underlying ceuse g	iven in Part I.			24b. WERE AUTOPSY FINDINGS
EDICAL	Coronar	y artery	disease			PERFOR		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC								1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26 PLACE OF DI				
HYS	1 YES 2 NO 27. MANNER OF DEATH	1   Inpatient 2   ER/Outs  26a. DATE OF INJURY (Month, Day, Year)	26b. TIME (	DF 26c. INJURY AT WORK?		ther (Specily) DESCRIBE HOW II	NJURY OCCURE	:D
ВУ Р	1 Netural 5 Pending 2 Accident investigation	n		M 1 YES 2				
	3 Suicide 6 Could not 4 Homicide determined		- At nome, farm, stre	et, factory, offica		Uty or Town, State)	and Number or H	ural Route Number,
COMPLETED	(Critick Orlly	YSICIAN: To the best of my know						use(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFICATION	FIER	-Attending	Physician	NSE NUMBER	27733	29d. DATE SIG	GNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON  DR BARRY LANCE			5°-v-	3 Lau	rel, MD	20707	
	MAY 28 1992	JULIA WELL COOK-	WHO THE STATE OF T				_	



DIVISION OF VITAL RECORDS, P.O. BOX 68760,  TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dapt. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC	MENT OF H	EALTH AND M	HENTAL HYGIENE		
1. DECEDENT'S NAME (First, Middle, La SAMUE)		PHIFER			2. DATE OF DEATH MONTH DAY 5-16-1992	YEAR 2	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 136-36-2930	1 NM 2 F		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 11-12-1903	Count	HPLACE (State or Foreign try) V Jersey
9a. FACILITY NAME (# not institution, gi Collinswood Nu: RESIDENCE OF DECEDENT		91	Rockv	ille	ATH 9c	Mont	gomery
Maryland Mon	nty cgomery Co	10c. CITY, T	ROC	on kville			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 5706 Wainwright	Avenue		101.	ZIP CODE 20	851	g. CITIZEN OF US	WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO	If yes, spe	NDENT OF HISPANIC offy Cuban, Mexican, 2 NO Specify:	C ORIGIN? (Specify Yes or N , Puerlo Rican, atc.)	14. RAC Blac Spec	E — American Indian, k, Whita, atc. //y: White
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re retired	done during mos kired.)	t of working	186. KIND OF BUSINES		
17. FATNER'S NAME (First, Middle, Last)				16. MOTNER'S NAM	E (First, Middle, Maiden Sumi		
Samuel Westco	tt Phifer			Amanda		ncoast	
Kenneth Phifer					oute Number, City or Town, Sta		20054
20a, METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 R	20	b. PLACE AND DATE OF D			e, Rockville	ON - City or To	
** PART I. Enter the diseases, of shock, or heart feiture immEDIATE CAUSE (Final disease or condition resulting in death)	. LUNG	ed the death. Do not each line.  CANCA  A CONSEQUENCE OF:	1	a of dying, such	as cardiac or reapirator	ry arreat,	Approximate interval Betwoonset and D
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):					
resulting in daeth) LAST	d						
PART II. Other significant condit	ons contributing to death	but not resulting in ti	he underlying	cause given in P	art I. 24a. WAS AN AUTO PERFORMED 1 TYES 2 1 N	?	WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Out	patient 3 DOA 40	THER:	CE OF DEATH (Chec			
27. MANNER OF DEATN  1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	26c. INJU WOR	RY AT	28d. DESCRIBE NOW INJUR	Y OCCURED	
2 Accident Investigatio 3 Suicide 6 Could not to 4 Homicide datarmined	28a PLACE OF INJUR	Y — At home, tarm, stree			26t. LOCATION (Street and No City or Town, State)	umber or Rural F	loute Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PH	/SICIAN: To the best of my known NER: On the bests of examination	wiedge, death occurred st	the time, data a	nd place, and due to	the cause(s) and menner a	is stated.	) and manner as states
29b. SIGNATURE AND STALE OF PERSON	1888	6hmy		POLIA	ER 29d	. DATE SIGNED	(Month, Day, Year) 0 - 92
DR. GOOZH		horefield		Silver Sn		20902	<u>_</u>
31. PATE FILED, (Month, Day, Year)	9 32. REGISTRAR'S SIG				J-7		

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAMEN/First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN Dongl Parker VEAR Ade 1:45 P 92 5. SFY 6. AGE (In yrs. last birthday) IF UNDER t YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 0-22-9267 COUTER C/ 1 M 2 D F permit, Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, nive 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Joseph Richey Hospice DIRECTOR Baltimore RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY mD BA Lt 1 TES 2 NO FUNERAL 10e, STREET AND NUMBER 101. ZIP CODE 10a. CITIZEN OF WHAT COUNTRY? WOLF 212/3 U page 5 should be detached for use as the burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-It yes, specify Cuben, Maxican, Puerto Rican, stc.) 1 YES 2 \( \subseteq NO \) Specify: American Indien, 14. RACE Never Married 2 Merried BY 4 Divorced BE COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION t6b. KIND OF BUSINESS/INDUSTRY (Specify only highest grad lary (0-12) College (1-4 or 5+) t7. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumerne) notified at 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street 2 pe 20a. METNOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must OATE funeral director, 2 Cremetion 3 Ren BALTIMORE CEMETERY 4 ☐ Donation 5 ☐ Other (Specify) examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Betts. Funero N. CAROLINE BA 4 m 0 21213 filled in by the 51 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, Approximete interval Between ehock, or heart feliure. List only one ceuse on each line. **IMMEDIATE CAUSE (Finei** Onset and Death and completely fille burial, cremation, the diseese or condition 7-month DUE TO (OR AS A CONSEQUENCE OF): resulting in death) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within fraumatic event, PHYSICIAN: MEDICAL CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): attending physician a rtal Hygiene prior to if sny, lesding to immediate cause. Enter UNDERLYING other t CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 e has been signed by the attend e Dept. of Health and Mental Hy m 23 shows any injury, or PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS perkusin AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMEO? 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL item 26. PLACE OF DEATH (Check only one) After this certificate death with the State HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 TYES 2 NO ng Nome 5 - Residence 8 - Other (Specify) 4 - Nurs 6 House 27. MANNER OF DEATN DATE OF INJURY 28b. TIME OF marked, 28d. DESCRIBE NOW 28c. INJURY AT WORK? 1 Natural 5 Pending Investigat 21/92 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY - At home, farm, 3 Sulcide L DIRECTOR: A hours after de item 28 is .09 281. LOCATION (Street and Number or Rural Route Number, COMPLETED 6 Could not be 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data end place, end due to the ca FUNERAL within 72 h IMPORTANT: IL 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, 29b. SIGNATURE AND TITLE OF CERTIFIER BE 五五百 29d. OATE SIGNEO (Month, Day, Year) W 92 2 2 3 9 ODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MD

JUITSCH

32. REGISTRAR'S SIGNATURE



31. DATE FILEO (Month, Day, Year) 28

1992

Maumence John- Hopkins Hop

ger parent t 

TO BE COMPLETED BY FUNERAL DIRECTOR

1		ermit. Pages 1,	C 31	
BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Debt, of Health and Mental Honiene prior to hurial commands or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
ADS, P.O. BOX 68760,	it the death certificate be executed withi	by the attending physician and complete and Mental Hypiene prior to hurial crem	injury, or other traumatic event,	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	NDING PHYSICIAN: The law requires that	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Deot, of Health and Mental Hynlene prior to hurtal cremation, or removal	is marked, or item 23 shows any	
DIVIS	TO THE HOSPITAL OR ATTE	TO THE FUNERAL DIRECTOR be filed within 72 hours afte	IMPORTANT: If Item 28	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TIEGISTITIAN			ENTIFIC	AIE UI	DEATH	REC	i. NO.		
1. DECEDENT'S NAME (First, Middle, Last Renato Ant		noni				2. DATE OF DE	7. M1992	YEAR	3. TIME OF DEATN
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	ast hirthday	F UNDER 1 YEAR	IF UNDER 24 HRS.				
016 10 8952	1 🗌 M 2 🗍 F	78		ONTHS DAYS	HOURS MIN.	JULY 1	7, 1913	6. BIRTHP	aly
9e. FACILITY NAME (If not institution, give					OR LOCATION OF	DEATN	9c. COL	INTY OF DE	
1203 Handswo		Apt.	Ŧ.	Esse	ex .			Balti	more
Maryland Bal	timore		10c. CITY,	SSEX	ATION				10d. INSIDE CITY LIMITS? 1 YES 21 NO
10e. STREET AND NUMBER				1	of. ZIP CODE		10g. CIT		HAT COUNTRY?
1203 Handsworth	Place A	ot. F			21221		U	SA	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? I IF YES, GIVE W	YES 2	RMED NO	It yes, s	CENDENT OF NISP pecify Cuben, Mexi S 2 NO Spec	ANIC ORIGIN? (Spec can, Puerto Rican, e city:	Ify Yee or No— tc.)	14. RACE Black, Specify	- American Indian, White, etc.
15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16e. D	ECEDENT'S US	UAL OCCUPAT	ION	16b, KIND (	OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	) iii	Give kind of work b. Do NOT use n Ste	eel Wor			Steel M	äll	
17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S	AME (First, Middle, A	faiden Surname)		
Antonio	Pagnoni				Lous		invenni		
190. INFORMANT'S NAME (Type/Print)  Lovie A. Pagnor	i, Wife	16	1203 F	deness (Street	and Number or Run	re Apt.	or Town, State, Zi	p Code)	D 21221
26a. METHOD OF DISPOSITION  1	noval from State		AND DATE OF I	DISPOSITION /A	ame of		Dc. LOCATION —	City or Tow	n. State
23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant conditions.	complications that List pnly ons causes.  S. OM DUI TO C. DUE TO d	AS A CONSE	COUENCE OF):	Bruzo 1407 softs the m	Eastern ods of dying, su	Funeral Ave. Barich as cardiac pr	timono	MI) rest,	Approximata interval Batwest Onset and Deatl Conset and Co
EXAMINER?	HOSPITAL:	F-1477 4-187		THER:	1.4				
7. MANNER OF DEATH	1 Inpatient 2 I		28b. TIME O		Ne 5 Residence	6 Other (Specify		01105	
Natural 5 Pending 2 Accident Investigation	(Month, De		INJURY	r Wo	YES 2 NO	28d. DESCRIBE	IOW INJURY OC	CURED	
3 Suicide 6 Could not be determined	26e, PLACE Of building,	FINJURY — At ho	ome, farm, stree	et, tactory, offic	•	28t. LOCATION (S City or Town,	Street and Number Stete)	or Rural Rou	ite Number,
Certifier (Check only one) 2 MEDICAL EXAMINED B. SIGNATURE AND TITLE OF CERTIFIE		my knowledge, de amination end/or	eath occurred a investigation, in	t the time, date	leath occured at the	e time, date end pla	ce, end due to th	ne cause(e) e	and menner ee stated.  Aonth, Day, Year)
O. NAME AND ADDRESS OF PERSON WELLED DO COO COR	O COMPLETED CAUS	E OF DEATH (ITE	M 27) (Type, Prin	m)	es Rem		2866 4	( )	1221
I. DATE FILED (Month, Day, Year) MAY 28 19	Les spoudents	R'S SIGNATURE			u justic	of the			/

Old in mesoria clare apt. | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Cases | Ca

No. one Description of the State of the Stat

uddensy valley reached merceas by a second of

the attending physician and completely filled in by the funeral director, page 5 should be detached if Mental Hygiene prior to burial, cremation, or removal.

permit. Pages 1, 2, 3 should

use as the burial-transit

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760.

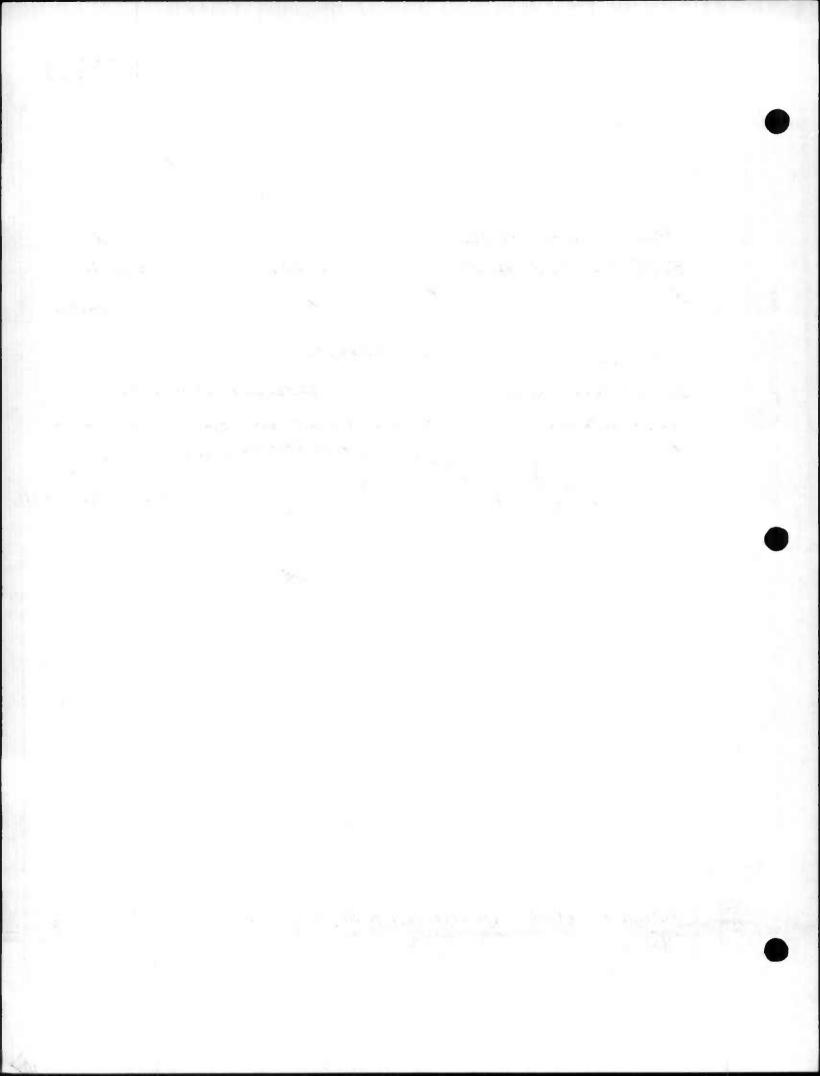
een signed by the of Health and I

1 - STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATN JOSEP# PEKKOWSKI 10 U 2 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. BIRTNPLACE (State or Foreign Country) 7. DATE OF BIRTN nth, Day, Year) DAYS 1 M 2 F 78 HOURS MIN 219-01-9363 YRS. 10 9a. FACILITY NAME (If not institution, give street and n 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SAMARITAN HOSPITAL (4000) DIRECTOR BAL RESIDENCE OF DECEDENT 10b. COUNTY 10d. INSIDE CITY LIMITS? BALTIMORE MD. 1 YES 2 NO 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5105 EUGENE 21206 AVE. U.5.4. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 1 Never Married 2 Married If yes, specify Cuban, Mexican, Puerto Ri 1 ☐ YES 2 NO Specify: BY 3 Widowed 4 Divorced Specify: JA: +C COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY entary/Secondary (0-12) College (1-4 or 5+) CABINETMAKER 87 GeD. once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) TOSEPH PERKOWSKI FELICIA notified at TIMINSKI BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) ANNA WOODS 5105 EUGENE Ave BA40. 21206 MO å 20a. METHOD OF DISPOSITION
1 Derivation 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State ROSARY 5/29 must BALTO, MO. examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF David Me BALTO. MD 21231 the medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying such as cerdlec or respiratory arrest, Approximate shock, or heert failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death Seption Spell DUE TO (OR AS A CONSEQUÊNCE OF): disease or condition day resulting in death) event, Sivere Prumon traumatic CERTIFICATION Sequentially list conditions, Sequentially nat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): Injury, or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE OF OEATH? PERFORMED? item 23 shows any 1 TES 2 NO r this certificate has been si th with the State Dept. of He arked, or Item 23 show 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF GEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Netural 5 Pending L DIRECTOR: After the 2 hours after death w 1 YES 2 NO BY Investigation 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE DE filed within 72 hours at IMPORTANT: It item 21 29e. CERTIFIER

(Check pnlv 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(a) and menner se stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the ceuse(a) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER
Author's a-Pedio 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) M.D. 9 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) PEDRO ANTONIO SEOI LOCA RAVEN BLID., BASTO, MP

33. REGISTRAR'S SIGNATURE

MAY 28 1992

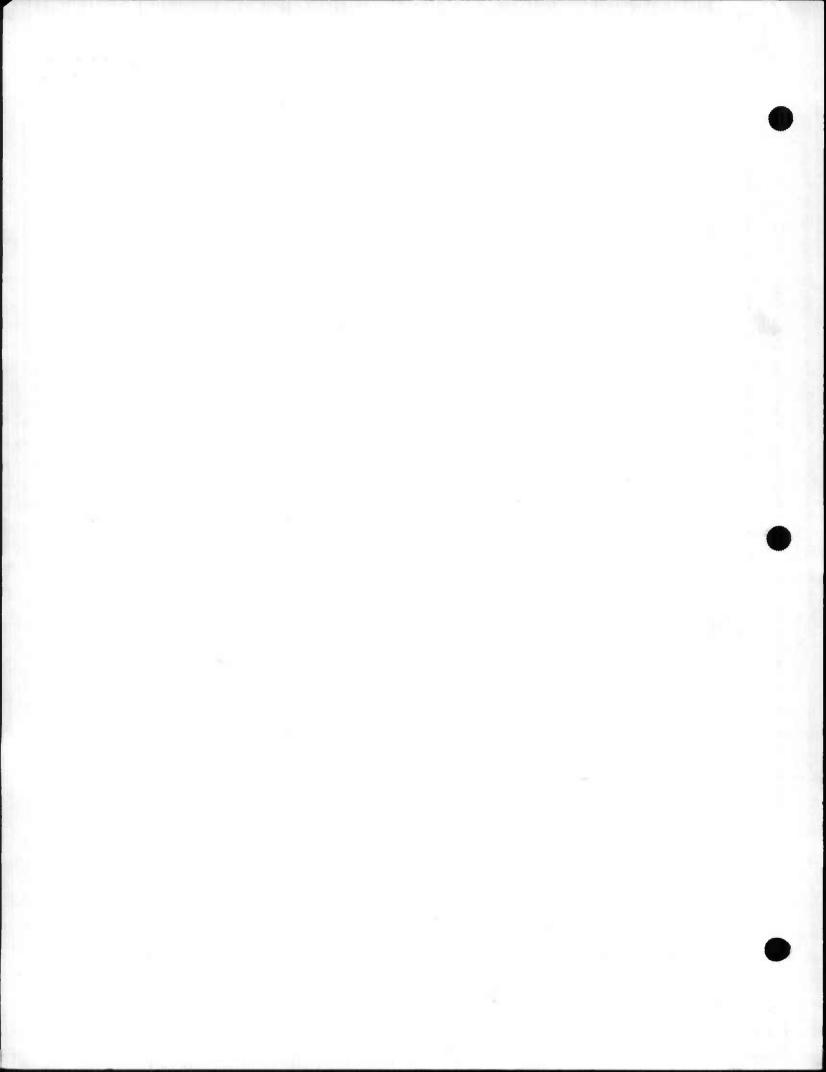


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

23 part I, 27, per MEO G-688 6/10/92 reb STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DEATH	D MENTAL HYGIENE BEG. NO.		
1. DECEDENT'S NAME (First, Middle, La.	et)			2. DATE OF DEATH MONTH DAY	YEAR 3. TH	ME OF DEATH
TYRONE			PEOPLES	05 20	1992 5:2	7 A.
4. SOCIAL SECURITY NUMBER			IF UNDER I YEAR IF UNDER 24 HR	Minath Day March	Country!	(State or Foreign
215-60-4716	1 😡 M 2 🗆 F	3 / YRS.		08-05-54	Marylar	ıd
99. FACILITY NAME (If not institution, gh SINAI HOSPITAL	ve street and number)		9b. CITY, TOWN OR LOCATION OF BALTIMORE CITY		9c. COUNTY OF DEATH	
RESIDENCE OF DECEDENT			ZIBITIOIG CIT.			
10e. STATE 10b. COU	NTY		TOWN OR LOCATION		10d.	INSIDE CITY
MARYLAND		В	BALTIMORE			YES 2 NO
100. STREET AND NUMBER 5306 CHANDLER	AVE.		101. ZIP CODE		USA	COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	21207	PANIC ORIGIN? (Specify Yes o		nericen Indian
1 Never Married 2 Married	FORCES? 1   IF YES, GIVE WAR		If yes, specify Cuben, Mer	xican, Puerto Rican, etc.)	r No— 14. RACE — An Black, Whit Specify:	e, etc.
3 Widowed 4 Divorced					AFR.AM	ER.
15. DECEDENT'S E (Specify only highest gro	rede completed)	16a. DECEDENT'S US	SUAL OCCUPATION ork done during most of working retired.)	16b. KIND OF BUSH	NESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	me. Do NOT use	reared.)			
17. FATHER'S NAME (First, Middle, Last)			16. MOTNER'S	NAME (First, Middle, Maiden St	imamel	
BERN	IE !	PEOPLES			PLES	
19a. INFORMANT'S NAME (Type/Print)	PODI EC	19b. MAILING A	ADDRESS (Street end Number or Ru	rel Route Number, City or Town,	State, Zip Code)	_
BERNIE P	EOPLES	5306 CH	HANDLER AVE. B	ALTIMORE, MAR	YLAND 2120	7
20e, METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 R	emoval from State	20b. PLACE AND DATE OF		E 26 021	TION — City or Town, St	
4 Donation 5 Other (Specify)	$=$ $\theta$	WOODL'AWN' CI		BALI	IMORE, MAR	YLAND
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1		RSUFUNERAL H		010
23. PART I Enter the diseases, of	1 Sol	w		PLACE, BALTIM		AND 212
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (OR	AS A CONSEQUENCE OF):  AS A CONSEQUENCE OF):				
that initiated events					1	
that initiated events resulting in death) LAST	_ d					
	dions contributing to de	ath but not resulting in	the underlying cause given	In Part 1. 24a. WAS AN AI PERFORM 1 YES 2	ED? AMAIL COMP OF DE	ABLE PRIOR TO LETION OF CAUSE
PART II. Other significent conditions to the significent conditions of the significent conditions of the significent conditions of the significent conditions of the significant condition	-		26. PLACE OF DEATN	PERFORM 1 YES 2	ED? AMAIL COMP OF DE	LETION OF CAUSE ATH?
PART II. Other significent conditi				PERFORM  1   YES 2	ED? AMAIL COMP OF DE	ABLE PRIOR TO LETION OF CAUSE ATH?
PART II. Other significent conditions to the significent conditions of the significent conditions of the significent conditions of the significent conditions of the significent conditions of the significant condition	HOSPITAL:  1 Inpetient 2 EF  28e. DATE OF INJ (Month, Day, 1)	Woutpetient 3 DOA 4	26. PLACE OF DEATN OF LOST OF	PERFORM  1   YES 2	ED? AMAIL COMP OF DD 1	ABLE PRIOR TO LETION OF CAUSE ATH?
PART II. Other significent conditions to the significent conditions of the significent conditions of the significent conditions of the significent conditions of the significant condition	HOSPITAL:  1 Inpetient 2 EF  26e. DATE OF INJ (Month, Day, 1)  26e. PLACE OF INDubliding, etc.	WOutpetient 3 DOA 4 URY 26b. TIME (INJURY)	26. PLACE OF DEATN. OTHER:  \[ \text{Nursing Nome 5 \cap Resident} \]  OF  28c. INJURY AT  WORK?  1 YES 2 \cap NO	(Check only one)	ED? AMAIL COMP OF DE 1 URY OCCUREO	ABLE PRIOR TO LETION OF CAUSI ATH? YES 2 NO
PART II. Other significent conditions and the significent conditions are significent conditions. The significent conditions are significent conditions. The significent conditions are significent conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are significant conditions. The significant conditions are significant conditions are significant conditions are si	HOSPITAL:  1 Impetent 2 Fer  26. DATE OF IN  (Month, Dey. 1)  26. PLACE OF IN building, etc.	UVOutpetient 3 DOA 4 URY 26b. TIME (INJURY At home, larm, street (Specify)	26. PLACE OF DEATN. OTHER:  \[ \text{Nursing Nome 5 \cap Resident} \]  OF  28c. INJURY AT  WORK?  1 YES 2 \cap NO	(Check only one)  ce 8 Other (Specify)  28d. OESCRIBE HOW INJ  281. LOCATION (Street enc. City or Town, State)	ED? AMAIL COMP OF 00  1   URY OCCUREO  AND A COMP OF 00  1   URY OCCUREO  AND A COMP OF 00  AND A COMP OF 00  AMAIL COMP	ABLE PRIOR TO LETION OF CAUSE ATH? YES 2   NO
PART II. Other significent conditions and the significent conditions are significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural Pending Investigation 3 Suicide Could not a determined of the conditions are significant and the conditions are significant and the conditions are significant and the conditions are significant and the conditions are significant and the conditions are significant and the conditions are significant and the conditions are significant and the conditions are significant and the conditions are significant conditions.	HOSPITAL:  1 Inperient 2 PEF  26. DATE OF IND  (Month, Dey. 1)  28. PLACE OF IN building, etc.  IVSICIAN: To the best of my  INER: On line best of exam	UVOutpetient 3 DOA 4 URY 26b. TIME (INJURY — At home, tarm, street (Specify) knowledge, death occurred institute end/or investigation,	26. PLACE OF DEATN.  OTHER:    Nursing Nome 5   Residence OF 28c. INJURY AT WORK?    YES 2   NO   Notes, factory, office    In my opinion, death occurred at its control of the control of	(Check only one)  ce 8 Other (Specify)  28d. OESCRIBE HOW INJ  281. LOCATION (Street end City or Town, State)  due to the cause(e) end manner the time, date end place, end the time, date end place, and the time, date	ED? AMAIL COMP OF 00  1   URY OCCUREO  AND A COMP OF 00  1   URY OCCUREO  AND A COMP OF 00  AND A COMP OF 00  AMAIL COMP	ABLE PRIOR TO LETION OF CAUSI ATH?  YES 2  NO  umber,  nenner es stated , Day, Year)
PART II. Other significent conditions and the significent conditions are significent conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATN  1 Natural 9 Pending Investigation inv	HOSPITAL:  1 Inperient 2 PEF  26. DATE OF IND  (Month, Dey. 1)  28. PLACE OF IN building, etc.  IVSICIAN: To the best of my  INER: On line best of exam	VOutpetient 3 DOA 4  URY 26b. TIME (INJURY — At home, larm, stre (Specify)  knowledge, death occurred institute end/or investigation,	26. PLACE OF DEATN.  OTHER:    Nursing Nome 5   Residence OF 28c. INJURY AT WORK?    YES 2   NO   Notes, factory, office    In my opinion, death occurred at its control of the control of	(Check only one)  ce 8 Other (Specify)  28d. OESCRIBE HOW INJ  28d. DESCRIBE HOW INJ  due to the cause(e) end manner the time, date end place, end one  NUMBER	URY OCCUREO  I Wimber or Rural Route N  or ee stated.  due to the cause(e) end r  29d. DATE SIGNED (Month  05-20-19	ABLE PRIOR TO LETION OF CAUSI ATH? YES 2 \( \sum \) NO  umber,  nenner es steted  , Day, Year)





TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

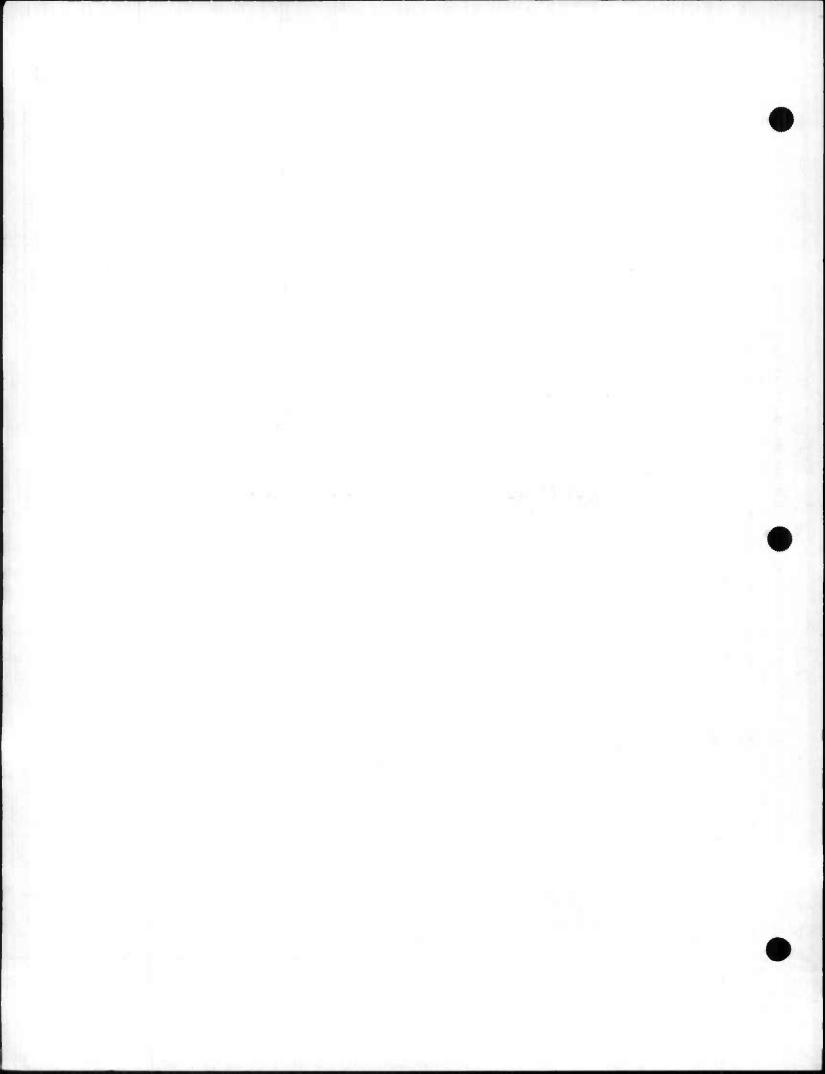
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last)  2. DATE OF DEATH  3. TIME OF DEATH												
	LARRY	QU	ICKLEY						MAY 22,	1992	YEAR	2:55 Pm	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las		IF UNDER			R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI	IPLACE (State or Foreign	
	220-62-9476	1 M 2 D F	38	YRS.	MONTHS	DAYS	HOURS	MINI.	1-7-54		Count	MD MD	
-	9a. FACILITY NAME (If not institution, give				9b. CITY, TOWN OR LOCATION OF DEATH						9c. COUNTY OF DEATH		
DIRECTOR	THE JOHNS HOPKIN	NS HOSPIT	AL		BA	LTIM	ORE	CITY		BAL	TIMO	RE CITY	
EC	10a. STATE 10b. COUNT	ГҮ		10c. CIT	10c. CITY, TOWN OR LOCATION							10d, INSIDE CITY	
DIR	MD			В	ALTIN	10RE						LIMITS?	
FUNERAL	100. STREET AND NUMBER 804 N. CURLEY S		101. ZIP CODE 21205							U.S.	WHAT COUNTRY?		
N.	11. MARITAL STATUS						He concerns to the						
B	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	YES 2VA	ARMED 13. WAS DECEMBENT OF HISPANI If yes, specify Cuben, Maxican 1  YES 2 NO Specify:					n, Puerto Rican, etc.)	or No-	Blac Spec	E — American Indian, k, White, etc. ""BLACK	
旦日	15. DECEDENT'S EDU (Specify only highest grad	UCATION le completed)	(Gi	ve kind of	USUAL OC			ng	16b. KIND OF BUS	SINESS/INC			
COMPLETED	Elementary/Secondary (0-12) 12th	+) life.	Do NOT u	se retired.) MPLO\			•						
0	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, Meiden	Surname)			
BE	ALONZO S. QUICKLEY ALBERTA BROWN												
101	19a. INFORMANT'S NAME (TyperPrint)  JACQUELINE QUICKLEY  19b. MAILING ADDRESS (Street and Number of Rural Route Number, City or Town, State, Zip Code) 202 S. CATHERINE ST./BALTIMORE, MD 21223												
	20a, METHOD OF OISPOSITION 1 (X) Burlal 2 Cremation 3 Ren 4 Donation 6 Other (Specify)		AND DATE OF DISPOSITION (Name of LL MEMORIAL GARDENS DUNDAL)							- City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE II					MARC		H./1101 E.	NOR	TH A	VENUE		
	23. PART I. Enter the diseases, or	complications the	et coused the de	eth. Do i								Approximata	
	shock, Dr heert fellure. List Dniy one cause Dn each line.  Interval Between Onset and Death												
	IMMEDIATE CAUSE (Final disease Dr condition resulting in death)  a. ALDS ACQUIRED Jummsdeliciency Disease Symple 8 415,												
	readiting in death)	OUE TO	IDH AS A CONSED	UENCE O	7):	V V		7041-49	A A	1 diff. server	Cay	July Als.	
N	Sequentially list conditions,	· Progr	OR AS A CONSED	Mu	Hin	cal	10	uko	maphal	post	hu	lyr.	
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DUE (TO	(OR AS A CONSED	UENCE O	F):				1		9		
J.	CAUSE (Disease or injury that initieted events	C. DUE TO	(OR AS A CONSED	NSEDUENCE OF):									
E	resulting in death) LAST	d.											
	PART II Other elgoliticant condition	ne contribution to	death but not a	navitian.	la tha un	4			]				
AEDICAL	TANT II. Other alignmeent condition	Elosphaes	A	ot resulting in the underlying cause given in F					Part I. 24a. WAS AN AUTOPSY PERFORMED?			WERE AUTOPSY FINDINGS AMILABLE PRIOR TO	
ğ	- suprato	- CLOVITORY	CHI CAN	JU WI	10.)				1 □ YES 2	No		OF DEATH?	
-									_	,		1 YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHER 4   Nurs	:			6 Other (Specify)				
PHYSICIAN	27. MANNER OF DEATH	26a. DATE OF	INJURY	26b. TIM	E OF	28c. INJ	URY AT	Islaence	28d. DESCRIBE HOW II	NJURY OC	CURED		
ВУ.Р	Netural 5 Pending Investigation	(Month, D	Pay, Year)	INJ	JURY M		RK? (ES 2	NO					
	3 Suicide 6 Could not be	26a. PLACE C	F INJURY At hor	ne, farm,	street, facto	ory, office			26f. LOCATION (Street a City or Town, State)	nd Number	or Rural F	Route Number,	
H	4 Homicide determined		,-,-,,						Ony or rown, state)				
COMPLET	29a. CERTIFIER CERTIFYING PHYS	IICIAN: To the best of	my knowledga, dar	ith occum	ed at the ti	ne, date	and place	, and due	to the cause(a) and man	ner as stat	led.		
S S	one) 2 MEOICAL EXAMINI	ER: Dn the beels of a	xamination and/or is	nvestigatio	on, in my op	inion, d	eath occur	red at the	time, deta and place, an	d due to th	ne cause(s	) and manner as stated.	
BE	29b. SIGNATURE AND TITLE DF CERTIFIE	R	- N				29c. LICI	ENSE NUM	IBER	29d. DAT	E SIGNED	(Month, Day, Year)	
0	Patty Lee		2107	3						<u> </u>	51	32/97	
	30. NAME AND ADDRESS OF PERSON WITH		A 21	27 (Mpo	Print)	pito	l	Bal	timole m	D.			
	31. DATE FILED (Month, Day, "Ger)  MAY 28 1992  See REGISTRAR'S SIGNATURE  SEE DEMILLON FROM DEMILLO												



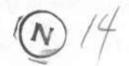


	1. DECEDENT'S NAME (First, Middle,	J. Rice	NEWELL J	2. DATE OF I	DEATH DAY	YEAR 3. TIME OF DEATH					
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER t YEAR	IF UNDER 24 HRS.	7. DATE OF E	BIRTH I	S. BIRTHPLACE (State or Form			
	075 10 1501	1 🔯 M 2 🗌 F	82 YRS.	MONTHS DAYS	HOURS MIN.	8-11-	7. Year) 1909	New York			
CTOR	90. FACILITY NAME (If not institution, give etreet and number)  Wison Health Care  Gaithersburg  Mont										
AL DIRE		Montgomery Co		aithers	burg	0		od. INSIDE CITIVE LIMITS?			
ERA	403 Russell	Avenue APT 5	16	10	01. ZIP CODE 2087	7	10g. CITIZ	ZEN OF WHAT COUNTRY?			
BY FUNER	11. MARITAL STATUS t Never Merried 2 Neverled 3 Widowed 4 Divorced	IF YES, GIVE WAR OR	S 2 NO	If yea, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Spec	ANIC ORIGIN? (Spen, Puerto Ricer		USA  14. RACE — American Indiar Black, White, etc.  Specify:  White			
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working  (Give kind of work done during most of working										
LET	Elementary/Secondary (0-12) College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)  College (1-4 or 5+)										
COMPL	17. FATHER'S NAME (First, Middle, La	nst)			Les MOTHERIN M	AME (Fire Miles	9, Maiden Surnama)				
ш	Leslie Charle										
TO B	19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	Lee Rice 403 Russell Avenue APT 516, Gaithersburg, MD 20										
20e. METHOD OF DISPOSITION  1 Buriel 2 Cremetion 3 Removal from State  4 X Donation 5 Other (Specify)											
	23. PART I. Enter the diseases	s, or complicatione that cause	ed the deeth. Do r	1			Balto.M				
ATION	HMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentielly list conditione, if any, leading to immediate	a. DUE TO (OR AS	stie	for enter the mo		ch as cardiec		est, Approxima interval Be			
CERTIFICATION	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. Myller  DUE TO (OR AS	A CONSEQUENCE OF	not enter the mo	acce	ch as cardiec		est, Approxima interval Be			
MEDICAL	MMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. Myller  DUE TO (OR AS	A CONSEQUENCE OF	not enter the mo	acce	lent		Approximation and the set of the			
MEDICAL	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS DUE TO (OR AS C. DUE)O (OR AS d. DUE)O (OR AS d. DUE)O (OR AS d. DUE)O (OR AS D	A CONSEQUENCE OF	not enter the modern of the color of the col	acce	lent	OF reepiratory error	Approximatinterval Bet Onset and 2 ole  / Luve  24b. Were Autopsy Fin Amilable Prior to COMPLETION DE CA OF DEATH?			
MEDICAL	MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions or conditions are sufficient to medical cause. The conditions of the cause of the cau	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  d. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF	in the underlying	ode of dying, su	lent 1 Part I. 24a. 1 theck only one)	WAS AN AUTOPSY PERFORMED?	Approximatinterval Bet Onset and 2 ole  / www.			
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions of the cause of the	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF CO	not enter the months of the control	ode of dying, sur	lent  1 Part I. 24a.  1   1	WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINAMALABLE PRIOR TO COMPLETION OF CALOF DEATH?  1 YES 2			
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions or cause. Examiner?  1 Yes 2 No.	B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE)) (OR AS d. DUE)) (OR AS d. DUE)) (OR AS d. DUE) (OR AS DUE)	A CONSEQUENCE OF A CONSEQUENCE OF CO	not enter the model of the content o	Cause given in LACE OF DEATH (C) The 5 Residence JURY AT DRK?  YES 2 NO	Part I. 24a.  1 Control (Spot 28d. DESCRIB	WAS AN AUTOPSY PERFORMED? YES 2 MO	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?			
ETED BY PHYSICIAN: MEDICAL	MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions or injury that initiated events resulting in death) LAST  PART II. Other significent conditions or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 DAO  27. MANNER OF DEATH  1 Natural 5 Pending investigs investigs of could in determine the conditions of the country of the coun	B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE)) (OR AS d. DUE)) (OR AS d. DUE)) (OR AS d. DUE) (OR AS DUE)	A CONSEQUENCE OF A CONS	in the underlying  28. P  OTHER:  Way  M  1  details, fectory, office  det the time, date	DACE OF DEATH (C) THE S   Residence JURY AT ORK? YES 2   NO	heck only one)  6 Other (Spe City or You et at the cause(e))	WAS AN AUTOPSY PERFORMED?  YES 2 MO  A (Street and Number of the control of the c	24b. WERE AUTOPSY FINA AMAILABLE PRIOR TO COMPLETION OF CALOF DEATH?  1 YES 2 TO TO THE PRIOR OF			
E COMPLETED BY PHYSICIAN: MEDICAL	MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions or injury that initiated events resulting in death) LAST  PART II. Other significent conditions or injury that initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 DAO  27. MANNER OF DEATH  1 Natural 5 Pending investigs investigs of could in determine the conditions of the country of the coun	B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE)) (OR AS DUE)	A CONSEQUENCE OF A CONS	in the underlying  28. P  OTHER:  Way  M  1  details, fectory, office  det the time, date	DACE OF DEATH (C) THE S   Residence JURY AT ORK? YES 2   NO	heck only one)  6 Other (Spot City or Towns to the cause(e) a time, date and	WAS AN AUTOPSY PERFORMED?  YES 2 NO  Cocity)  E HOW INJURY OCCI  A (Street and Number of m., Stele)  and menner ea state- place, and dua to the	24b. WERE AUTOPSY FINA AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH?  1 YES 2 TO TO THE PRIOR TO TO THE PRIOR TO TO THE PRIOR TO TO THE PRIOR TO THE			
COMPLETED BY PHYSICIAN: MEDICAL	HMMEDIATE CAUSE (Fine) disease or condition resulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in death and initiated events resulting in death) LAST  PART II. Other significant conditions in death and investigations in death and	B. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE)) (OR AS DUE)	A CONSEQUENCE OF A CONS	in the underlying  26. P  OTHER:  Auraling Hon  E OF 28c. IN. WY  M 1   Intrast, fectory, officed at the time, date  and at the time, date  and at the time, date  and in my opinion, of	ode of dying, survival of the course of dying, survival of the course of	heck only one)  6 Other (Spot City or Towns to the cause(e) a time, date and	WAS AN AUTOPSY PERFORMED?  YES 2 NO  Cocity)  E HOW INJURY OCCI  A (Street and Number of m., Stele)  and menner ea state- place, and dua to the	24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION DE TO CO PEATH?  1 YES 2 TO TO TO TO TO TO TO TO TO TO TO TO TO			

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial be filled within 12 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  WINDORTANT: If imp. 28 is marked, or Item 23 shows any lating, or other traumatic event the market lates must be applied as any lates.
The state of the s
The state of the s

	FOR STATE STATE REGISTRAR	TATE OF MARYLAND		MENT OF HEA				2 14727				
	1. DECEDENT'S NAME (First, Middle, Last)	C	ENTIFIC	AIE OF DI	EATH	REG. N 2. DATE OF DEATH MONTH		2 3. TIME OF DEATH				
		BEATRIC		ROSSON			27 9	72 1100 PM				
	4. SOCIAL SECURITY NUMBER  191-14-4167  9a. PACILITY NAME (If not institution, give street a	M 2 <del>XX</del> 67	YRS. MO	NTHE DAYS HO	UNDER 24 HRS. URS MIN.	7. DATE OF BIRTH (Month, Day, Year) JAN . 4, 19	25	I. BIRTHPLACE (State or Foreign Country) PENNSYLVANIA				
R	ST. AGNES HOSPITAL	na number)	96	DAT	TIMORE	ATH		Y OF DEATH				
CL	RESIDENCE OF DECEDENT		40. 0077 77	OWN OR LOCATION								
L DIRECTOR	MARYLAND BALTI	MORE		TONSVILL:				10d. INSIDE CITY LIMITS? 1 ☐ YES AND NO				
ERA	1923 OLD FREDERICK	ROAD			21228			J.S.A.				
BY FUNERAL	11. MARITAL STATUS 12.	MAS DECEDENT EVER IN U.S. AIFORCES? 1 YES 2XX F YES, GIVE WAR OR DATES	RMED (NO	13. WAS DECENDE	ENT OF HISPAN Cuban, Maxica	IIC ORIGIN? (Specify n, Puerto Rican, etc.)		4. RACE — American Indian, Black, White, etc. Specify:				
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comportant (0-12) Col. 1.2	lege (1-4 or 5+)	ECEDENT'S USU Give kind of work e. Do NOT use rel EMAKER	JAL OCCUPATION done during most of tired.)	working		WN HOME	STRY				
BE CO	17. FATHER'S NAME (First, Middle, Last) BENJAMIN F. GILBE				IDA MA		TT					
10	196. INFORMANT'S NAME (TyperPrint)  J. GARLAND ROSSON, JR. (HUSBAND)  1923 OLD FREDERICK ROAD CATONSVILLE, MD. 21228											
	20e_METHOD OF DISPOSITION 1 A Jauriel 2 Cremetion 3 Removal for 4 Donatten 5 Other (Specify)	20b. PLACE		ISPOSITION (Name of		DATE 20c.	LOCATION — CH	ty or Town, State  IN, MARYLAND				
	21. SIGNATURE OF FUHERIAL SERVICE LICENSE			LEROY M.	& RUS	SELL C.	WITZKE	FUNERAL HOMES VILLE, MD. 21228				
	23. PART I. Enter the diseases, or complete shock, or heart fellure. List of IMMEDIATE CAUSE (Final disease or condition resulting in death)	METR3 TATL	Co	enter the mode o	ancer	as cardiec or rea	piratory arres	it, Approximate Interval Between Onset and Death				
TION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):  resulting in deeth) LAST											
- 1	PART II Other elepiticant conditions are											
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions cor	tributing to ceath but not	reculang in tr	ne underlying cau	use given in		DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:	OT	26. PLACE	OF DEATH (Che	ck only one)						
HYS		Inpatient 2 - ER/Outpatient 3 28a. DATE OF INJURY		Nursing Home 5		6 Other (Specify) 28d. DESCRIBE HOV						
BY PI	1 Netural 5 Pending Investigation	(Month, Day, Year)	INJURY	WORK?		280. DESCRIBE HOT	INJUNY OCCU	RED				
	A D LEGISLATION	28a. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, atreet	t, factory, office		281. LOCATION (Stree City or Yown, Sta	t and Number or	Burel Route Number,				
COMPLETED		To the best of my knowledge, de the besis of examination and/or										
TO BE	A SIGNATURE AND TITLE OF CERTIFIER  ST.	GNES HEAD	Al.		LICENSE NUM	BER	29d. DATE S	127 92				
	OKETUNT AYBU	· ST. AGNES	M 27) (Type, Print		TON /	Iv. BAI	Times	21324.				
	MAY 28 1992 Suh	32. REGISTRAR'S SIGNATURE										



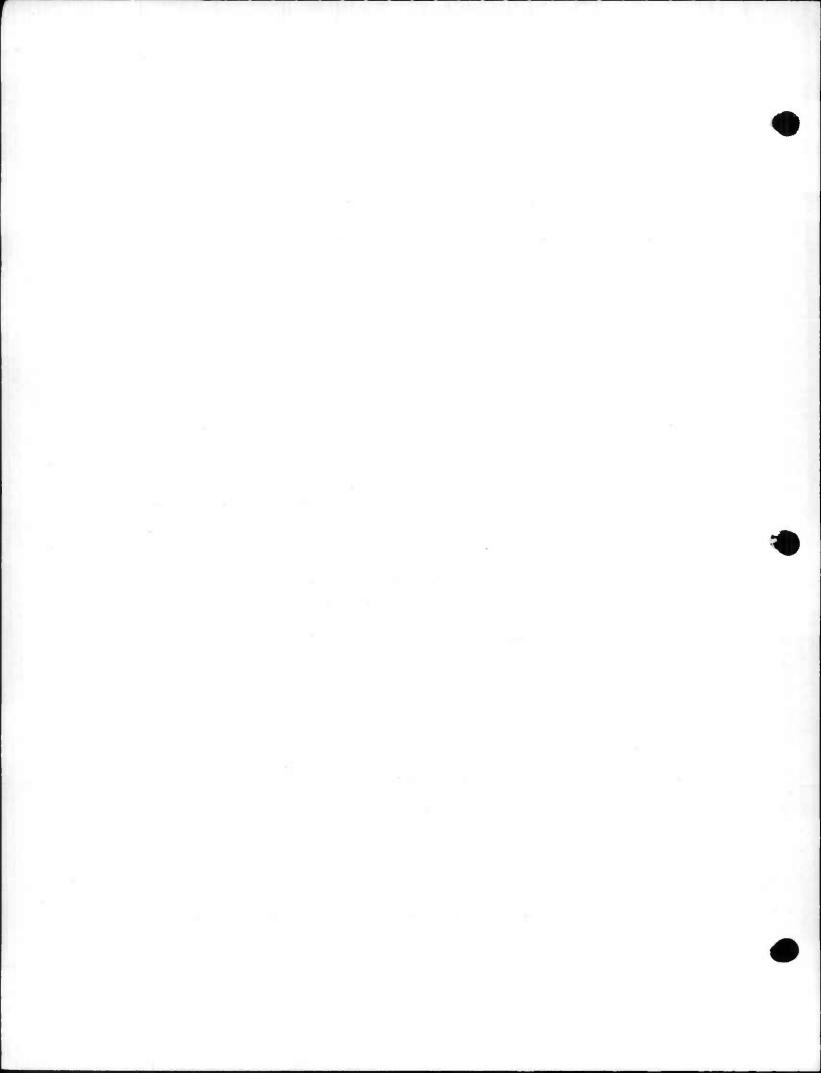
1 - FOR STATE REGISTRAR

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6,	A. Lake
1314	Acres and an address of
D. BOX	andifferent ha
۳.	danth ,
- RECORDS, P.O. BOX 13146	PATEL OF STREETS SENSENDERS The last considers that the death confidence he considered within
OF VITAL	SI SAN TAN TAN TAN
DIVISION	Contract of the last
ā	0
	P.C.

	John D. Rook 2. DAY DAY YEAR JA! IS: 15										
	4. SOCIAL SECURITY NUMBER 218-11-4477	5. SEX 8. AGE (In		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)	NCE (State or Foreign		
OR	90. FACILITY NAME (If not institution, give street and number)  90. CITY, TOWN OR LOCATION OF DEATH  30. COUNTY OF DEATH  74/6 Forrest Ave.  Baltimore  Baltimore										
DIRECTOR	10a, STATE 10b, COUN		TION			100	d. INSIDE CITY LIMITS?  YES 2 NO				
FUNERAL	D COC CONTO ICC										
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO	If yes, s	CENDENT OF HISPAN Decify Cuban, Maxica S 2 NO Specify		ea or No— 14	Black, W Specify:	American Indian, hita, etc.  White		
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during m retired.)	ON ost of working	16b, KIND OF B		TRY			
BE COM	12th Student School 17. FATHER'S NAME (First, Middle, Last) Gail E. Rook  18. MOTHER'S NAME (First, Middle, Malden Surname) Many Jane Klein										
10	19a. INFORMANT'S NAME (Type/Print)  19a. INFORMANT'S NAME (Type/Print)  19b. Malling ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  74/6 Forrest Ave. Balto., Md. 2/234										
	20b. PLACE OF DISPOSITION  1 Burlal 2 Cremation 3 Removal from Stata  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY										
1	Hantley Miller Funeral Home 7527 Hanford Rd. BAIto. Md. 212										
	23. PART I. Emer the diseases, or short, or heart failure immediate CAUSE (Final disease or condition resulting in death)	s. List only one cause on ea	ch line.		ode of dyinģ, suci	to cardiec or res	piretory street	_	Approximete Interval Bette Onset and I		
NO	Sequentially list conditions,	HERI	CONSEQUENCE OF):  CONSEQUENCE OF):	OSTI	ER	MOPH			3 140		
IFICATION	if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	C. DUE TO (OR AS A	CONSEQUENCE OF):			2 MC					
CERTI	PART II Other elgoliticant condition		DUE TO (OR AS A CONSEQUENCE OF):  H. I. V. IN ECTION - AID  Contributing to death but not requising in the underlying cause given in Both						1 4168		
MEDICAL	PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO  1 YES 2 NO  1 YES 2										
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Ch						
PHY	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	1   Inpetient 2   ER/Output	28b. TIME	OF 28c. IN	ME 5 Residence  AJURY AT A  ORK?  YES 2 NO	28d. DESCRIBE HOY	/	RED			
ETED BY	2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide detarmined	ca	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
OMPL	enel em	SICIAN: To the best of my knowledge.  NER: On the basis of examination							nd manner se sta		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	inklan	-, M.	D.	29c. LICENSE NUI	ABER A43	29d. DATE :	SIGNED (M	g Z		
F	30. NAME AND ADDRESS OF PERSON	NKHAH,	ATH (ITEM 27) (Type, F	orine)	HORKINS	HOSP.	BALT	MI	21205		
	MAY 28 1992	32. REGISTRAR'S SIGN	andell								

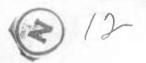
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

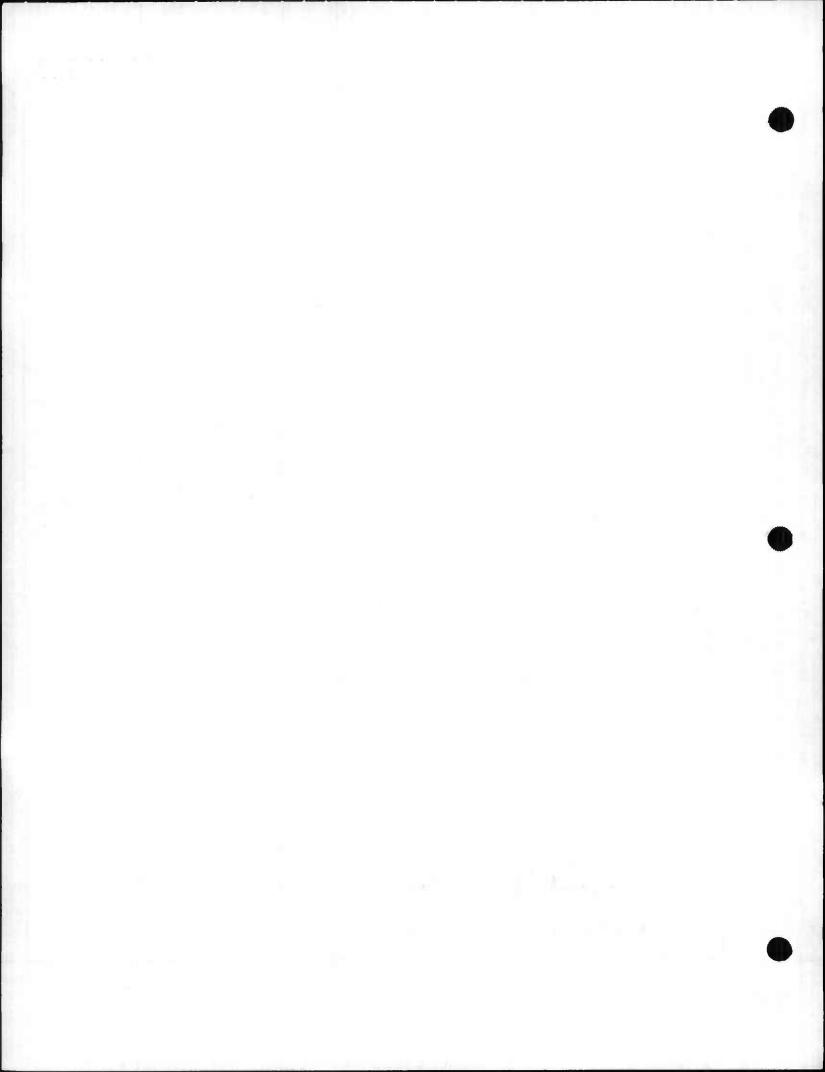




THE FLOOR THE FL	this	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF H	EALTH AND N	MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last	a Oliva	COUIS RAC			2. DATE OF DEATH MONTH 23	9 0	3. TIME OF GEATH 4.15 P M		
	4. SOCIAL SECURITY NUMBER 219-01-9778	1 ⊠X 2 □ F	78 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11/3/19	13	BIRTHPLACE (State or Foreign Country) MARYLAND		
FOR	9a. FACILITY NAME (If not institution, give BALTIMORE COUNT	TY GENERAL HOS	SPITAL		PRIOCATION OF OED DALLSTOWN		COUNTY OF GEATH BALTIMORE			
DIRECTOR	RESIDENCE OF DECEDENT  10a, STATE  10b, COUN  MARYLAND	BALTIMORE	10c. CITY	TOWN OR LOCAT	IMORE		10d. INSIDE CITY LIMITS?			
	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZE	1 VES 2 NO		
FUNERAL	2 QUIMPER CT.,	APT. 2B	N U.S. ARMED	13. WAS OEC	21208	C ORIGIN? (Specify Yes		JSA s. RACE — American Indian.		
8≺	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 NO	Il yes, spe	cify Cuban, Mexican 2X NO Specify:	, Puerto Rican, etc.)		Black, White, etc. Specify: WHITE		
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	te completed)  College (1-4 or 5+)	life. Do NOT use	ork done during mos retired.)	N st of working	16b. KIND OF BU				
OMF	17. FATHER'S NAME (First, Middle, Last)	4	TEA	CHER	18. MOTHER'S NAM	PUBLIC  RE (First, Middle, Meiden		)LS		
BEC	ABRAHAM	RACHANOW			ES7	THER	BINS	STOCK		
6	19a. INFORMANT'S NAME (Type/Print) MRS. ESTHER RAC	CHANOW	19b. MAILING	ADDRESS (Street at IMPER C	T., APT.	2B BALTO	n, State, Zip Co	21208		
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Rei 4 Donation 6 Other (Specify)	moval from State cem	PLACE AND DATE OF THE PLACE AND OFFICE AND O	er place)		.1	CATION — CH OSEDAL	y or Town, State		
	21. SIGNATURE OF TUNERAL SERVICE L	Itallus	<u>ب</u>	22. NAME AN SO	D ADDRESS OF FAC L LEVINSC		.INC.			
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart failure induced in the condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS A DUE TO (OR AS A C.	ach lina.	gest: Card Lelli		ort fa		t, Approximate Interval Between Onset and Death		
MEDICAL	PART II. Other algnificant condition	Revolt	ut not resulting in		cause givan in F	Part I. 24s. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 1 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Chec	ck only one)				
HYS	1 YES, 2 NO 27. MANNER OF DEATH	1 Impatient 2 I ER/Outp		4 - Nursing Home	5 🗆 Residence 6	Other (Specify)  26d. DESCRIBE HOW II	HILLIAN OCCUR	oen.		
ВУ Р	1 Natural S Pending 2 Accident Investigation	(Month, Day, Year)	INJU	RY WO						
	3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— A1 home, 1erm, st	reet, lactory, office		281. LOCATION (Street a City or Town, State)	and Number or	Rural Route Number,		
COMPLETED		SICIAN: To the best of my knowl								
8	290. STRANTONE AND TITLE OF CENTIFIE		urbe		29c. LICENSE NUMI			GNED (Month, Day, Year)		
유	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, I	Print)		- 1				
	31. DATE FILE MANY ON THE TOTAL	32. Securiani Salid	Coste Porto							





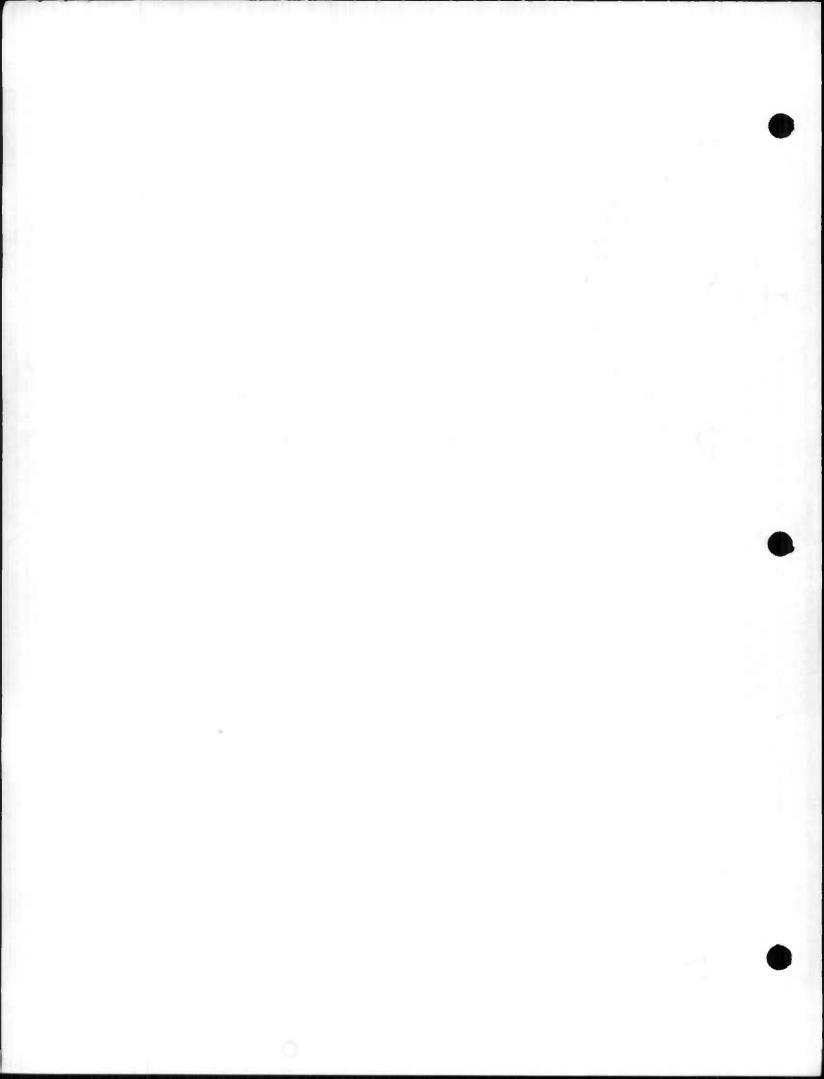
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4
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												92	11	4730
	FOR STATE REGISTRAR		STATE OF I					EALTH A		MENTAL HYGIEN				
	1. DECEDENT'S NAME (First									2. DATE OF DEATH	AV	YEAR	3. TIME C	OF DEATH
1	Ed	win P.	Ring, J	ſr.						May 25,	1992	2		М
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER 2		7. DATE OF BIRTH	a. BIRTHPL		IPLACE (St	tete or Foreign
ł	218-26-59	218-26-5998			YRS.	MONTHS	DAYS	HOURS	MIN.	04/3073	0	Ma	ryla	nd
	9e. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CITY	, TOWN O	R LOCATIO	N OF DE	ATH	9c. COU	INTY OF D	EATH	
E	St. Agnes	Hospi	tal C.P.	E.R.		Ba	ltim	ore			Bal	Ltimo	ore	
5	RESIDENCE OF DE	CEDENT												
DIRECTOR	MO MO	Bal	timore		10c. Cl	гу, тому с W <u>Y</u>	nnew nnew	rood					10d. INSI LIMI 1 YES	IDE CITY
	100. STREET AND NUMBER 5827 Hero	n Driv	re e				101	ZIP CODE	227		10g. C[7	SA	WHAT COU	NTRY?
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2 X  3 Widowed 4 Dive		FORCES?	NT EVER IN U.S. AF 1 X YES 2 1 WAR OR DATES			If yes, spe		, Mexica	IIC ORIGIN? (Specify Yen, Puerlo Rican, etc.)	e or No—	Blec	E — Americ k, White, e	cen Indien,
	15. DEC	CEDENT'S EDU	CATION	16a, DE	CEDENT	S USUAL O	CCUPATIO	ON		16b, KIND OF BU	SINESS/IN	DUSTRY		
ETE	(Specify on	ly highest grade	completed)	(G	ive kind of Do NOT i	work done use retired.)	during mo	st of working	7			7.277		
	Elementary/Secondary (	0-12)	College (1-4 or 5		anage	er				C&P T	eleph	one		
COMPL	17, FATHER'S NAME (First, A	diddle Last)						16. MOTH	FR'S NA	ME (First, Middle, Meider				
	Edwin P.		Sr					-		M. Thoma				
BE	19e, INFORMANT'S NAME (		52.6	10	h MAILIN	G ADDRES	S (Street a			Route Number, City or To		in Code)	-	
2	Elaine M.							rive		Wynnewoo	_	Mc	1 2	1227
ď	20e. METHOD OF DISPOSIT  1  Burlet 2 X Crematit  4  Donation 5  Othe	on 3 Rem	oval from State	20b. PLACE other D Ball	lecel:					ematory 20c. Li	Laur		own, State Mary	land
	21. SIGNATURE OF FUNER		CENSEE					_		CILITY Ambros				
	( )C	25	(	_ 0	2	8	1328	Sul	phur	Spring R	oad,	Arbu	itus,	Md
7	23 PARP I. Enter the					not ante	r tha mo	da of dyl	ng, suc	h ss cardiac or res	olretory a	rrest,		proximata
	shock, or I		List only one ca	use on each line	B,				1			0	On	tarval Betwaen
	disease or condition_	irran	Carol	Que au		CA	es (	5	(Var		" n	1		
	resulting in death)		a. QUE TO	O (OR AS A CONSE	QUENCE	OE):	~ /			acone	ug e	La	0-1-	
_		equentially list conditions,  Due to (or as a consequence of):  Due to (or as a consequence of):  Output  Due to (or as a consequence of):  Output  Due to (or as a consequence of):												
<u></u>														
CATION	If sny, leading to imme cause. Enter UNDERLY	YING	Q.	2-111	t.		N	un	IN	Tn. 0.				
	CAUSE (Disease or Inj that initiated events	ury	Doe	O (OR AS A CONSE	OUENCE	OF):				men	-		_	
	resulting in death) LA	ST	4	0										
8			d											
AL	PART II. Other signific	ant condition	ns contributing t	o death but not	resulting	in the u	nderlyin	g ceuse g	jiven in		N AUTOPSY	24	AVAILABI	UTOPSY FINDINGS LE PRIOR TO
	Hy	rece	in		2					1 YES	2 1 HO		OF DEAT	TION OF CAUSE
Ä	101	ale	is n	Tollet	2								1 🗌 YE	S 2 NO
	100													
Z	25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF O	EATH (Ch	neck only one)				
SIC	EXAMINER?		HOSPITAL:	DER/Outpatient	3 DOA	OTHE 4 Nu		10 5 THE	sidence	6 Other (Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH		260. DATE (			IME OF	28c. IN.	JURY AT		28d. DESCRIBE HOW	INJURY O	CCURED		
		Pending	(Month,	Day, Year)		NJURY M		ORK? YES 2	NO					
ВУ	2 Accident 3 Suicide	Investigation	28e. PLACE	OF INJURY - At h	ome, farm	, atroet, fa	ctory, offic	:0		281. LOCATION (Stree		er or Rural	Route Num	nber,
ETED	4 Homicide	Could not be determined		g, etc. (Specify)						City or Town, Stat	18)			
E	290. CERTIFIER					-541015					VV. 42.23	e101-		
COMPL	(Check only									to the cause(e) end π			dal and an	anner se eteted
00				evenimenton eng/or	unvestiĝe	non, in my	opinion,			time, date end piece,				
w .	296. SIGNATURE AND TITE	LE OF CERTIFIE	1 /	-0				29c. LICENSE NUMBER 29d				ad. DATE SIGNED (Month, Day, Year)		
0 8	Yer	Yer to things							105596 17				1619	nu

MAY 28 1992

32. REGISTRAR'S SIGNATURE

OHMH-16 Rev 1/89



	Discount Pages 1 2 3 should	Dispute of the control of	
the hospital of attending physician.	detached for use as the burial-trans		0000
The state of the s	After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit nermit peace 1, 2 should	oval,	1, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
יווסמני לפ בעברתובת אוווווון 74 ווחחום פ	physician and completely filled in by	me prior to burial, cremation, or rem	her traumatic event, the medic
יום ומחסר מוני ושני ממונים מוני	ite has been signed by the attending	ate Dept. of Health and Mental Hygid	em 23 shows any Injury, or ot
	ERAL DIRECTOR: After this certifical	hours after	PORTANT: If Item 28 is marked, or ite
200	THE FUN!	se filed within 72	MPORTAN

1 - STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)		CE		ICATE OF			REG. NO.				
EDMUND	J		CTN	TONTIMONT.			2. DATE OF DEATH MONTH DAY Y			3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last	_	ONTON  IF UNDER 1 YEAR			5-16-92			10:20P	
212 05 2029	1 🔀 M 2 🗆 F	82	YRS.	MONTHS DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 8/26/1909		Country) Wash	LACE (State or Foreign	
90. FACILITY NAME (# not institution, give: Meridian Nurs H				96. CITY, TOWN Balti			ATH	9c. COUNTY OF DEATH Balto County			
RESIDENCE OF DECEDENT  10e. STATE  10b. COUNT		40 - 017									
Maryland Ba	lto Co		Baltimore							Od. INSIDE CITY LIMITS?	
100. STREET AND NUMBER  8710 Emgee R	100. STREET AND NUMBER  8710 Emgee Road Merid					1234				AT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	I. MARITAL STATUS  Never Merried 2 Merried 12. WAS DECEDENT FORCES?			EVER IN U.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Y. 19 yes, specify Cuben, Mexicen, Puerto Rican, etc.)						- American Indian, White, elc.	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12	CATION completed) College (1-4 or 5	+) (Give	o kind of a	USUAL OCCUPATION work done during mose retired.)	st of world		16b. KIND OF BUS				
17. FATHER'S NAME (First, Middle, Last)  Delivery/Dispatcher  16. MOTHER'S NAME (First, Middle, Maiden Surneme)											
Vincent Simonton Dora											
19e. INFORMANT'S NAME (Type/Print)		196.	MAILING	ADDRESS (Street a			oute Number City or Town	State 7in	Code)		
Vincent Simonton Son 13 Enjay Avenue, Catonsville, MD 21228											
20a. METHOD OF DISPOSITION 1 Burlel 2 Cremellon 3 Ramoval from State 4 Donellon 5 Other (Specify)											
29 SIGNATURE OF FUNERAL SERVICE LI	/ Kora	ld Wade,	Dir	22. NAME AI			State A	natom	ny Bo	ard	
23/PART I. Enter the disease, or complications that caused that death. Do not enter the mode of dying, such as cardiac or respiratory streat,  Approximate											
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	interval Between Onset and Deal Interval Between Onset and Dea										
PART II. Other significant condition	death but not res	PERI					AN AUTOPSY FORMED?  \$ 2 \( \text{NO} \)  24b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH?  1 \( \text{YES} 2 \( \text{NO} \)  1 \( \text{YES} 2 \( \text{NO} \)				
25. WAS CASE REFERRED TO MEDICAL EYAMINED?  26. PLACE OF DEATH (Check only one)											
EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER:							
27. MANNER OF DEATH	28e. DATE OF		28b. TIME	4 Nursing Hom E OF 28c, INJ			Other (Specify)  28d. DESCRIBE HOW IN.		12.52		
1 Natural 5 Pending 2 Accident Investigation	(Month, D	wy, Year)	INJ	URY WO			200. DESCRIBE NOW IN.	JUHY OCCI	JHED		
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE O building,	F INJURY — At home etc. (Specify)	, ferm, a	freet, factory, office			281. LOCATION (Street en City or Town, Stete)	d Number o	r Rural Rou	te Number,	
29e. CERTIFIER 1 CERTIFYING PHYSIC One) 2 MEDICAL EXAMINE	CIAN: To the best of	my knowledge, death	occurre	d at the time, date	end plece,	end due to	) the ceuse(e) end menn	er ee atated	d.		
296. SIGNATURE AND TYPLE OF CERTIFIER		JI			_	NSE NUMB			MONED (M		
30. NAME AND ADDRESS OF PERSON WHO	O COMPLETED CAUS	SE OF DEATH (ITEM 2	7) (Type	Print)				15	12	3/91	
DR./PATRICIO		3 Harford			imar	o Mi	n 21224		(7)	30.05	
31 MAY) # 2/48 mm, 1992	32. HEGISTRA	R'S MONATURE	ro	ad, Balt	Imor	e, M	21234	<del></del> -	-		

FOR STATE REGISTRAR

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REC	requires
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A	The
2 7	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	NOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after
-	8
_	OSPITAL

1. DECEDENT'S NAME (First, Middle, Last) STEK 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should to Health and Mental Hygiene prior to burial, cremation, or removal.

Shows any injury, or other traumatic event, the medical examiner must be notified at once. Se. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH EAST BE COMPLETED BY FUNERAL DIRECTOR VILLE RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10e. STREET AND NUMBER 10f. ZIP CODE r death. Page 6 may be retained by the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (S
If yes, specify Cuben, Maxican, Puerto Rican 1 Never Merried 2 Merried YES, GIVE WAR OR DATES 1 YES 2 NO Specify 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NQT use retired.) (Specify only highest grade comp Elementery/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Str. 2 20s. METHOD OF DISPOSITION 20b. PLACE ANO DATE OF DISPOSITION # 1 Burlel 2 Cremetton 3 Rem oft Sher place ☐ Donetton 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. PART 1 Enter the disesses, of complications that/caused the death. Do not enter the mode of dying, such as cardiac shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEDUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEDUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events DUE TO (OR AS A CONSEDUENCE OF): resulting in death) LAST PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL certificate has be h the State Dept. d, or item 23 s 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Cheek only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 5 Residence marked, or 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATN 28b. TIME OF INJURY 28c. INJURY AT WORK? this c 1 Natural 5 Pending Investigation 1 YES After t death BY 2 NO 2 Accident
3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) TO THE HOSPITAL OR ATTENDI TO THE FUNERAL DIRECTOR: A be filed within 72 hours after of IMPORTANT: If item 28 is 69 COMPLETED 8 Could not be 4 Homicide 29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(s) 2 MEDICAL EXAMINER: On the besis of examination end/or investigation, in my opinion, death occurred at the time, date end 296. SIGNATURE AND THE OF CERTIFIER BE 29c. LICENSE NUMBER 2

COMPLETEO CAUSE OF OEATH UTEM 27) (Type

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF MONTH

7. DATE OF (Month, D

00

24s

28d. DESCRIE

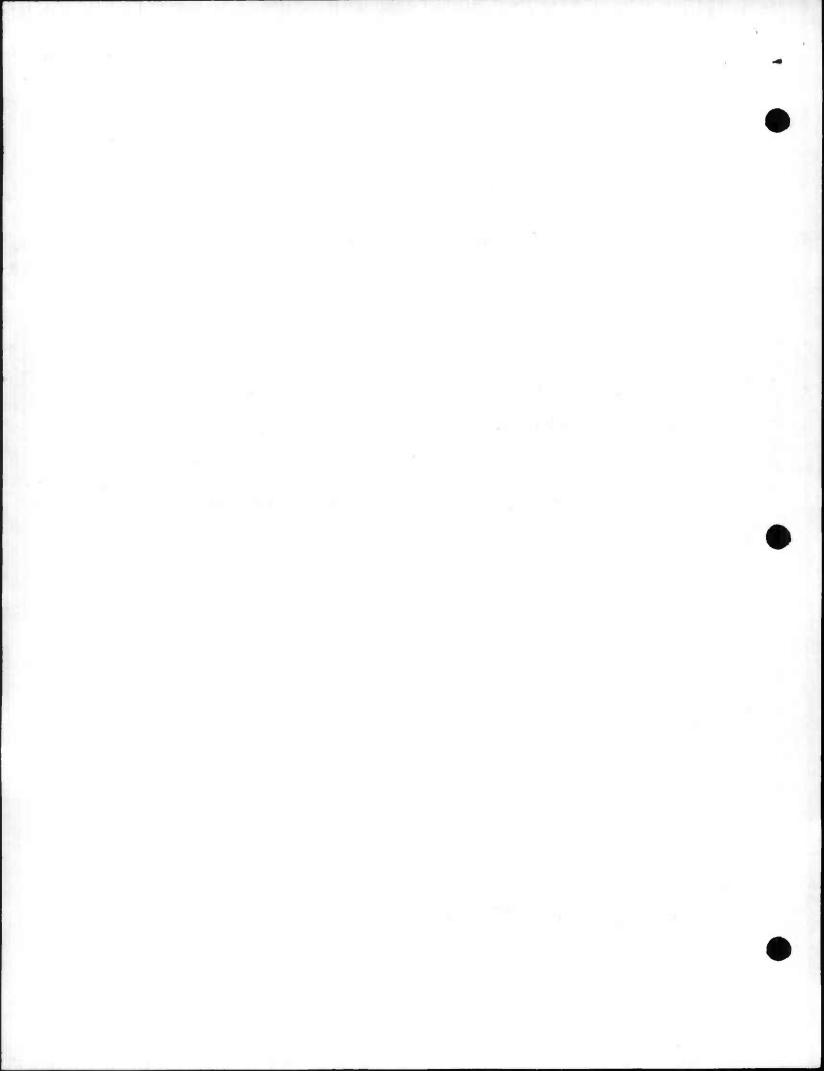
28f. LOCATIO

DATE

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OF DEATH DAY	EAR	3. TIME OF DEATN
24-9	2	M
OF BIRTH 8.	BIRTI	NPLACE (State or Foreign
Dey, Year) - 15	Coupt	WN.
9c. COUNTY	OF	
10	11-	70 0 0
15/1	21	U. CO.
		104 INS/DE CITY
		10d. INSIDE CITY LIMITS?
		1 YES 2 NO
10g, CITIZEI	N OF Y	WHAT COUNTRY?
u,	5	A.
(Specify Yes or No- 14	. RACI	E — American Indian,
can, etc.)	Bleet	k, White, etc.
,	Spec	1175
16	V	11/6
KIND OF BUSINESS/INDUS	IRY	
plan.		
iddle, Maiden Surname)		
51865		
or, City or Jawin, State, Zip Co	-d-1	
	KIB)	
VE		
20c. LOCATION - City	or To	wn, State
RAITE	. 0	o. mo.
		- 1
HELL OF	-/	MEDROKIES
RD RD.	+	ARKVILLE
sc or respiratory srresi		Anarovimete
ac or respiratory sires	,	Approximats interval Between
		Onset and Daath
		į l
24s. WAS AN AUTOPSY PERFORMED?	24b.	WERE AUTOPSY FINDINGS
1 YES 2 NO		AVAILABLE PRIOR TO COMPLETION DF CAUSE
I IES Z Z NO		OF DEATH?
		1 TYES 2 NO
Specific		
Specify)		
RIBE NOW INJURY OCCUR	ED	
ION (Street and Number or I	Rural A	oute Number,
Town, State)		
	-	
e(s) end menner se stated.		
nd plece, end due to the ca	luse(s)	end manner es stated.
29d. DATE SI	GNED	(Month, Day, Year)
6 5	12	6192
may) (T	1	In m my
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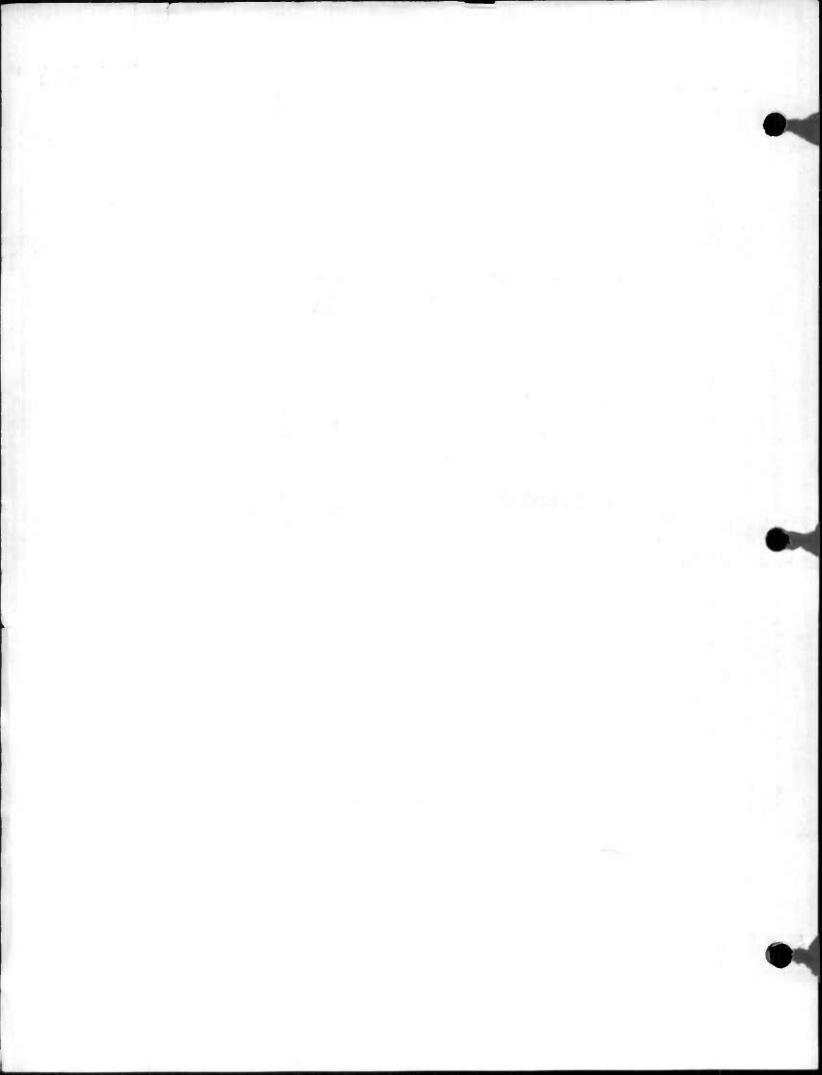


BALTIMORE, MARYLAND 21215-0020

nours after death. Page 6 may be retained by the hosp	d in by the funeral director, page 5 should be detached	or removal.	medical examiner must be notified at once.	
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	) / DEPART	MENT OF H	EALTH AND	MENTAL HYGIEI	NE	14/33	
	1. DECEDENT'S NAME (First, Middle, Last) Chi S:					2. DATE OF DEATH		3. TIME OF DEATH 0405A M	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs.	. fast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7 DATE OF BIRTH	- Pur	TUDI ACC (Date on Constant	
	213-04-9587	1 M 2 F 5 € YRS. MONTHS DAYS HOURS MIN.			HOURS MIN.	(Month, Day, Year)	7. DATE OF BIRTH (Month, Day, Year) 6-30-35  8. BIRTHPLACE (State or Foreign Country) China		
DIRECTOR	9a. FACILITY NAME (If not institution, give s St. Agnes Hos		1	Bltimo	r location of d	EATH	9c. COUNTY OF	DEATH	
EC	10a. STATE 10b. COUNT	Υ	10c. CITY,	TOWN OR LOCAT	ION			10d. INSIDE CITY	
	Md. E	Down Line L					1 TYES 2		
FUNERAL		515 Bathurst Rd. 21228			10g. CITIZEN OF WNAT COUNTRY? U.S.A.				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	forces? 1 Yes 2 NO			13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yee, specify Cubin, Mexicen, Puerto Rican, etc.)  1  YES 2 NO Specify:			Yes or No— 14. RACE — American Indian, Black, White, stc. Specify:	
	15. DECEDENT'S EDU	ICATION Las-	DE053841718 111					Oriental	
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed)  College (1-4 or 5+)	(Give kind of wo	,	st of working	16b. KIND OF BU	JSINESS/INDUSTRY		
MP	12 yrs.		Se	lf-Empl	oyed	Resta	aurnat		
	17. FATNER'S NAME (First, Middle, Lest)					ME (First, Middle, Malder	Sumame)		
BE	Tak		Siu		P	L		Lee	
2	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox			
	Wing Chau Siu		515 B	athurst	Rd. Ba.	Ltimore, M			
	20a. METHOD QE DISPOSITION 1	oval from Stata 20b. PLAC	CEAND DATE OF	disposition (National Company)	me of		CATION - City or		
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	// I July	I III. NAME AN	O ADDRESS OF FA	CILITY		e, Maryland	
	▶ John G. Reit	z John Dkey	17	Mitc	hell-Wie	edefeld Ho		land 21212	
	23. PART I. Enter the diseases, or o	complications that caused the	daath. Do not	t anter tha mor	da of dying, suc	h ss cardiac or read	iratory arrest.	Approximate	
	anock, or heart failure.  IMMEDIATE CAUSE (Final	List only one cause on each I	ina.				-	intarval Between Onset and Daath	
	disease or condition resulting in death)	DUETO OR AS A CONS	Loragie	Quetic	(Imax	- Chrown	Contra	45 Men	
	in death,	DUE TO (OR AS A CON	SEDUENCE OF):			7.	1	10100	
Z	Sequantially list conditions,	b							
ATIC	if sny, lasding to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONS	SEOUENCE OF):						
CERTIFICATION	CAUSE (Disease or injury	c. DUE TO (OR AS A CONS	SECUENCE OF						
Ē	that initiated events resulting in dasth) LAST	DOE TO (OR AS A COR.	SEGUENCE OF):					i i	
B		d							
¥	PART II. Other aignificant condition	a contributing to death but no	t resulting in	tha underlying	cause given in			b. WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDIC	Hypertension					1 TES	10	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
뿔	1.7						0	1 TES 2 NO	
ä								/	
호	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)			
ΙΥS	1 YES 2 YNO  27. MANNER OF DEATN	1 Inpatient 2 ER/Outpatient	3 DOA 4	☐ Nursing Nome	5 🗆 Rasidence	8 Other (Specify)			
	1) Natural 5 Pending	(Month, Day, Year)	28b. TIME O	TY WOR	RK?	28d. DESCRIBE NOW	NJURY OCCURED		
B	2 Accident Investigation M 1 YES 2 NO								
3 Suicide 4 Homicide  8 Could not be detarmined  29a. CERTIFFIRE (Check only one)  29a. CERTIFFIRE (Check on							Route Number,		
7	29a. CERTIFIER 1 CERTIFYING PNYSI	CIAN: To the best of my knowledge,	death occurred	et the time date					
× I	(Check only one) 2 MEDICAL EXAMINE	R: On the basis of examination and/	or investigation,	in my opinion, de	ath occured at the	to the cause(a) and ma time, date and place, as	Oner as stated,	(a) and manner as stated	
BE	29d. LICENSE NUMBER 20d. DATE SIGNED (Month, Day, Year)							2 (Month, Day, Year)	
2	30 NAME AND APDRESS OF PERSON WHO	O COMPLETED CAUSE OF DEATH (I	TEM 27) (Type, Pr	ine)	A Ac	Vaput D.	Dept. of	18.0	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE	den Tive	2.00	ELITIFICAL )	13/40	W. 7	Junjey	
- 1	MAIN RO	JOSE AMORPORA		No. of Contract					

1	FOR STATE	STATE OF MARYLAND /	DEPARTMENT OF	HEALTH AND	MENTAL HYGI		2 14734	
ľ	REGISTRAR  I. DECEDENT'S NAME (First, Middle, Last)	J. Smith	RTIFICATE O	F DEATH	REG.  2. DATE OF OEAT MONTH	DAY	3. TIME OF OBATH	
3	217-22-5671	5. SEX  6. AGE (in yrs. last  1 M 2 X F	PRS. FUNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Yea	0)	B. BIRTHPLACE (State or Foreign Country)	
. 18	RESIDENCE OF DECEDENT	root and number)	er Ba	N OR LOCATION OF D	EATN	9c. COUNT	TY OF DEATH	
DIR	106. COUNT		Ba Ho	CATION			10d. INSIDE CITY LIMITS?  152 YES 2 NO	
VERA	00. STREET AND NUMBER  3906 Wak  1. MARITAL STATUS	ash Ave 12. WAS DECEDENT EVER IN U.S. ARIN	450	21215		6	en of what country?	
	Never Merried 2 Merried  Widowed 4 Divorced	FORCES? 1 YES 2 NO.	O If yee,	SPECENDENT OF NISPA Specify Cuben, Mexico ES 2 NO Specif	an, Puerto Rican, etc.	Yee or No-	4. RACE — American Indian, Black, White, etc. Specify: Black	
COMPLETER	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) (Giv	CEDENT'S USUAL OCCUPA re kind of work done during Do NOT use retired.)	TION most of working		Quito	- 1	
w Z	FATHER'S NAME (First, Migdle, Last)	ickson, Sr		18. MOTHER'S NA	ME (First, Middle, Ma			
2	Intomette h	ews 3	906 Week	rash Ale	Route Number, City or ADT 1 B	Baltu	Md 21215	
1	te, METNOD OF DISPOSITION Burlel 2 Cremetion 3 Rem Donation 5 Other (Specify)	oval from State cemetry crem	nd DATE OF DISPOSITION patory or other place)	Cey	5-30-92 /	Balto,	ty or Town, State	
2	1. SIGNATURE OF FUNERAL SERVICE LIC	arch	Yay	AND ADDRESS OF FA	Wast	Auro		
11	23. PART I. Enter the diseases, or a shock, or heart feliure.  MMEDIATE CAUSE (Finel disease or condition esuiting in death)	complications that caused the dea List only one ceuse on each line.	static	LUNG (			Approximate interval Betwee Onset and Dear	
IFICATI	Sequentisily list conditions, f sny, leading to immediate cause. Enter UNDERLYING AZUSE (Disease or injury hat initiated eventa esulting in death) LAST	DUE TO (OR AS A CONSEQUENT	UENCE OF):					
MEDICAL C	ART II. Other aignificant condition	s contributing to deeth but not re	sulting in the underly	ing cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
PHYSICIAN:	5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSTITAL:	26.	PLACE OF DEATH (Ch	eck only one)			
SAHd	7. MANNER OF DEATH	1 Inpatient 2 ER/Outpatient 3 28s. DATE OF INJURY (Month, Day, Year)	DOA 4 Nursing He	ome 5 Residence NJURY AT WORK?	8 Other (Specify) 28d. DESCRIBE NO	W INJURY OCCU	RED	
B	1 Natural 5 Pending Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY At hom	M 1	YES 2 NO	201. LOCATION (Str.	et and Number or	Rural Route Number,	
ETE	4 Homicide determined	building, etc. (Specify)			City or Town, St	ate)		
COMPLETED		CIAN: To the best of my knowledge, dest R: On the basis of examination end/or im						
38 C	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29c. LICENSE NUMBER  29c. LICENSE NUMBER					29d. DATE SIGNED (Month, Day, Year) 5-3-5-9-2		
2 30	NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print) [LIBOT-To	mdis	I Coto	12	choc as	
31,	DATE FILED (Month, Day, Year)	8 1992	ridson-Randall	) / / / /	- 2019	) 112	ordance Ima	



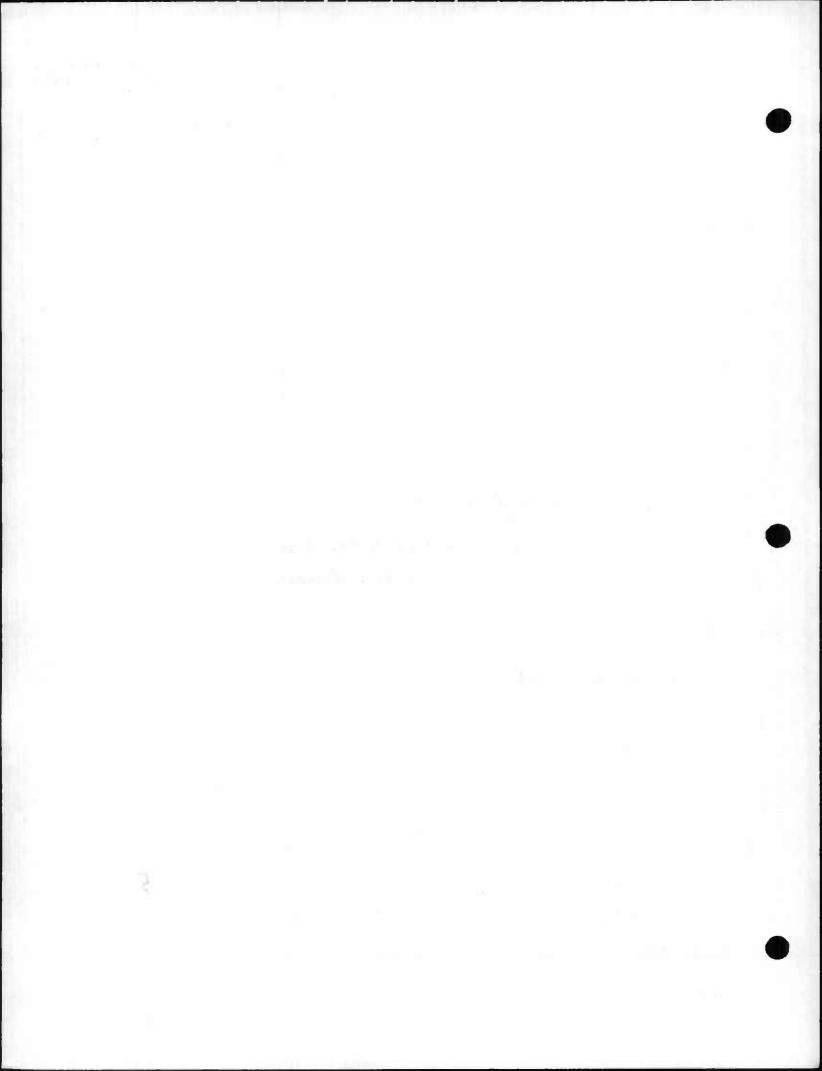
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE RUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTH AND	MENTAL HYGIEN	E	14733
	1. DECEDENT'S NAME (First, Middle, Last Anna	M .	SQUIRES		2. DATE OF DEATH WONTH US 24	y 92 YEAR	3. TIME OF DEATH 3:50 P M
	4. SOCIAL SECURITY NUMBER 2/8-07-4930A	1 □ M 2 反 F	76 YRS. MON	NDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9 - 17 - 19 /	Coun	HPLACE (State or Foreign try) nyland
TOR	94. FACILITY NAME (If not institution, give Franklin Squ RESIDENCE OF DECEDENT			city, town or location of oi altimore	EATH	Baltim	
DIRECTOR	10a. STATE 10b. COUN	ttimone		wn of Location Ltimore			10d. INSIDE CITY LIMITS? 1 YES 2X NO
FUNERAL	100. STREET AND NUMBER 11345 Pulaski	Highway		101. ZIP CODE 2//62		10g. CITIZEN OF	what country?
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 (200	13. WAS DECENDENT OF HISPAN If yea, specify Cuban, Mexica 1 YES 2 XNO Specify	n, Puerto Rican, etc.)	Blac	E - American Indian, ck, Whita, etc. city: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION te completed) Coffege (1-4 or 5+)	16a. DECEDENT'S USU. (Give kind of work of the Do NOT use reti	lone during most of working ed.)	GROCE	eness/industry	ne
BE CO		Rogens		Unki	ME (First, Middle, Maiden 20W1)		
2	Mr. Anthony C		11345	RESS (Street and Number or Rural I Pulaski Hugi	hway Balt	Lo., MD	
	20a. METHOD OF DISPOSITION 1	movel from State	PLACE AND DATE OF DIS tery, crematory or other D RRIADR F	orest Vet. (	Cem. Bo	cation — city or t	
	21. SIGNATURE OF FUNERAL SERVICE L	Viskima		22. NAME AND ADDRESS OF FA Hartley Mi 7527 Harte	illen Fun ond Rd. B	neral H	ome Md. 21234
	23. PART I. Entar the diseases, Dr shock, Dr heart failure immediate CAUSE (Finel disease or condition resulting in death)	a. SEPT	ch lina.	ntar the mode of dying, auc	h aa cardiac or reapi	ratory arreat,	Approximata interval Between Onset end Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	c. COP	CONSEQUENCE OF):  CONSEQUENCE OF):  CONSEQUENCE OF):	LOBE Me C	Preus	monic	
PHYSICIAN: MEDICAL CE	PART II. Other algorificant condition	na contributing to death bu	t not resulting in th	e underlying cause given in	Part I. 24a. WAS AN. PERFOR 1 TYES 2	MED?	b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (Chi			
Y PHYS	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	119 Inpatient 2 ER/Outpa 26a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	Nursing Home 5  Residence  28c. INJURY AT WORK?  M 1 YES 2 NO	6 Other (Specify)  26d, DESCRIBE HOW IN	NJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY -	At home, ferm, street		26f. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLETED				the time, data and place, and due my opinion, death occured at the			e) and manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIC	en	m,	D. 29c. LICENSE NUN	728	29d. DATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEAT	TH (ITEM 27) (Type, Print	802	Yin Oung, M.D. 2 Belair Rd.		
	MAY 28 1992	32. REGISTRAR'S SIGNA YUMA WIMAON-N	ndess	Balt	timore,MD 2123	36	
							DHMH-16 Rev 1/8



		permit. Pages 1. 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	SIGIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	be notified at once.
	4 hours after death. Page 6 m.	illed in by the funeral director, n, or removal.	e medical examiner must
O. BOX 68/60,	certificate be executed within 2-	ling physician and completely fl ygiene prior to burial, crematio	other traumatic event, th
F VII AL RECORDS, P.O. BOX 68760,	te law requires that the death of	certificate has been signed by the attending physician and completely filled in by the function to Boural, cremation, or removal.	, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
INISION OF VILL	OR ATTENDING PHYSICIAN: Th	FUNERAL DIRECTOR: After this certificate within 72 hours after death with the State	APORTANT: If item 28 is marked, or item
	TO THE HOSPITAL (	THE FUNERAL (  be find within 72 ha	IMPORTANT: If IS

	1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART	MENT OF HEALT CATE OF DEA	H AND MENT	AL HYGIENE REG. NO.	14/36
	1. DECEDENT'S NAME (First, Middle, Lest) SOMMERS, SOPH	IE SOPH	IA SOMME			TE OF DEATH	year 2:02 A.M
	4. SOCIAL SECURITY NUMBER 218-05-7237	1 □ M 2 XF 79		F UNDER 1 YEAR F UNE HONTHS DAYS HOURS	MIN. (Mc	re of Birth onth, Day, Year) 5-12	BIRTHPLACE (State or Foreign Country)     MARYLAND
XIVE N	90. FACILITY NAME (If not institution, give CHURCH HOSPI RESIDENCE OF DECEDENT			BALTIMOR		9c. COU	NTY OF DEATH
DIRECTOR	MARYLAND 106. COUNT	Y	311	TOWN OR LOCATION  I MORE			10d. INSIDE CITY LIMITS? 1 💢 YES 2 🗍 NO
FUNERAL	100. STREET AND NUMBER 608 S. LUZERNI	E AVENUE		101. ZIP CC		10g. CITI	IZEN OF WHAT COUNTRY?
Æ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 Tyes IF YES, GIVE WAR OR D	2 <b>N</b> O	13. WAS DECENDENT If yes, specify Cu 1  YES 2  N	ben, Mexican, Puer	SIN? (Specify Yee or No-	14. RACE — American Indian, Black, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest gradi Elementery/Secondery (0-12) 8 YEARS	College (1-4 or 5+)	16s. DECEDENT'S U: (Give kind of wo life. Do NOT use HOMEMA	rk done during most of wo retired.)	rking	66. KIND OF BUSINESS/INC	
TO BE COM	17. FATHER'S NAME (First, Middle, Last) BERNARD LINGE	ERMAN	HOMEMA	18. MG	OTHER'S NAME (FI/S	t, Middle, Maiden Surneme)	
TO B	198. INFORMANT'S NAME (Type/Print) MR. CHARLES SON	MMERS		DDRESS (Street and Num	ber or Rural Route No	imber, City or Yown, State, Zip BALTO. MD.	
n must o	20a. METHOD OF DISPOSITION  1  Surfel 2  Cremation 3  Ren  4  Donation 5  Other (Specify)	noval from State		DISPOSITION (Name of	D		City or Town, State
examiner must	Paymond	Hosein	slie	KACZORO	WSKI F	JNERAL HOM	MD.21224
event, the medical	23. PART L Enter the disease, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	List only one ceuse on e	ach line.	enter the mode of a (afarch)	dyling, auch aa c	erdiec or reepiretory am	Approximete Interval Between Onset and Death
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS /	aconsequence of:	en disc	ise		years
PHYSICIAN: MEDICAL CER	PART II. Other algorificant condition  YNEUMOWA - V	d	out not resulting in	the underlying cous	e given in Part I.	24a. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
SICIAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 7 YES 2 10 10	HOSFITAL:		OTHER:	DEATH (Check only		
BY PHY	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (	TY WORK?		ESCRIBE HOW INJURY OCC	CURED
TED	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, streetly)	eet, factory, office		OCATION (Street end Number ty or Town, Stete)	or Rural Route Number,
SE COMPLETED		ICIAN: To the best of my know ER: On the basis of examination					red.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE	m, MD		D'	CENSE NUMBER	29d. DAT	5 27/92
-	30. NAME AND ADDRESS OF PERSON WIT	ow, mo	ATH (ITEM 27) (Typo, Pi	h Hosper	fal		
-	MAY 28 1992	32. REGISTRAR'S SIGN	ATURE Jondall				

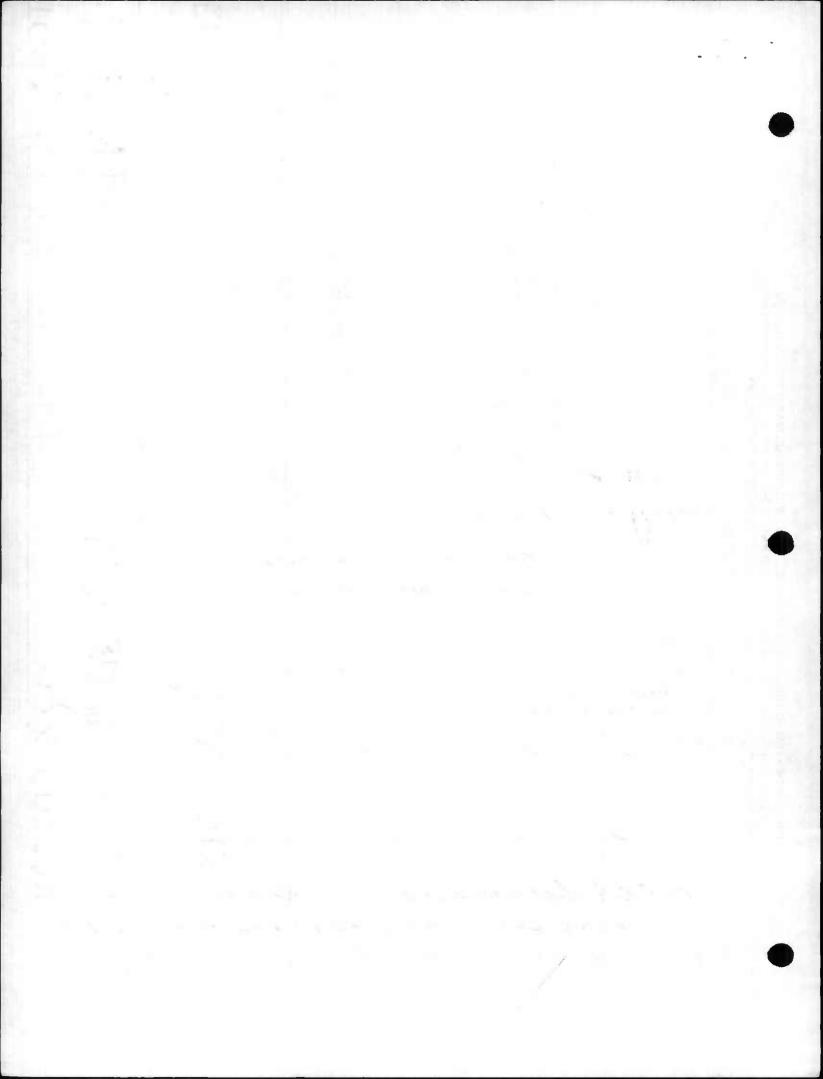


TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct he fled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner m
that	43.0	iny
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2	22	=

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	st, Middle, Last)								2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
Julia .	Ann Si	sco							May	26,	AY	92	2:30 p
SOCIAL SECURITY NUI	ABER	5. SEX	6. AGE (In yra	. last birthday)	IF UNDER	1 YEAR DAYS			7. DATE	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
216-03-308	6	1 🗌 M 2 🔼 F	98	YRS.	MONTHS	DATS	HOURS	MIN.	2	25	94		yland
. FACILITY NAME (# not				9b. CITY, TOWN OR LOCATION OF DEA					EATH		9c. COL	INTY OF	
Chapel H		nv. Cente	r		R	anda	allst	own				Bal	timore
S. STATE	10b. COUNT	ΓY		10c. CfT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY
Maryland		Baltimor	e	Randallstown					1				LIMITS?
e. STREET AND NUMBE	R					101	ZIP COD	E			10g. CIT	TIZEN OF	WHAT COUNTRY?
3801 Sc	hnaper	Drive #	312				2	21133	3		1	J.S.	Α.
. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S	ARMED						N? (Specify Ye			CE — American Indian, ick, White, etc.
Never Married 2	T DIFFERMAN	FORCES? 1							Rican, atc.)			ick, white, etc.	
Widowed 4 ☐ Di													hite
	CEDENT'S EDI only highest grad		16a	Give kind of	work done d	CCUPATIO	ON ast of working	ng	16	b. KIND OF BU	ISINESS/IN	DUSTRY	
Elementary/Secondary		College (1-4 or 5	)	ille. Do NOT u	ashie:	-				Dwagan	Fic	anh a	
6th Grad				Už	ishie	L				Brager		enbe	rg
James	Miloure, Lasty	Io	nes				16. MOII		nma	Middle, Maiden	Surname)		
S. INFORMANT'S NAME	(Type/Print)		iics	19b. MAILING	ADDRESS	(Street s	and Number			nber, City or Tox	vn Stete Z	in Code)	21133
Mrs. Thelm		r			301 S								town, MD
s. METHOD OF DISPOS	ITION		20b. PL				+ -		DA				Town, State
XBuriat 2 - Creme		20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) WOODLAWN Cemetery					5/29 Woodlawn Maryland						
☐ Donation 6 ☐ Oth		noval from State	of ceme	odlawn	Ceme	eter	y		15/	29 W	odla	ıwn	Maryland
	er (Specify)		- of ceme WO	od Lawn				SS OF F					
1. SIGNATURE OF FUNES  23. PART I. Enter the shock, or MMEDIATE CAUSE (I disease or condition)	er (Specify)  AAL SERVICE L  diseesee, or heart fellure	complications the	t caused the	e deeth. Do line.	LO 87	NAME AI TIN § 28 I	ND ADDRE	cty ]	CILITY Fune Road	ral Di Rand	recto alls	ors, town	Inc.
3. PART I. Enter the shock, or MMEDIATE CAUSE (filsesse or condition seuting in deeth) sequentially list concilery, leading to immediate. Enter UNDERLAUSE (Disesse or in Chicago and Chic	disease, or heart fellure	e. Due TO	(OR AS A COL	e deeth. Do line.	22. I LO 87 not enter	NAME AI TIN § 28 I the mo	ND ADDRES BY E	ety I	CILITY Fune Road	ral Di Rand	recto alls	ors, town	Inc., MD 2113
23. PART I. Enter the	disease, or heart fellure	e. Due TO	(OR AS A COL	e deeth. Do line. NSEOUENCE C	22. I LO 87 not enter	NAME AI TIN § 28 I the mo	ND ADDRES BY E	ety I	CILITY Fune Road	ral Di Rand	recto alls	ors, town	Inc., MD 2113
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SIGNATURE OF FUNEY  3. PART I. Enter the shock, or MMEDIATE CAUSE (I seese or condition seulting in deeth)  equentielly list conc any, leading to immeuse. Enter UNDER AUSE (Disease or inat initiated events seulting in death) LA  ART II. Other signification of the control of t	er (Specify)  AAL SERVICE L  ABLE SERVICE L  A	DUE TO  DUE TO	t caused these on each (OR AS A COI (OR AS A	e deeth. Do line.  NSEOUENCE C  NSEQUENCE C  NSEQUENCE C  NSEQUENCE C  NSEQUENCE C  At home, farm, e, death occur	22. 1 LO 87 not enter  F):  OF):  In the un  OTHEF 4 @Nun ME OF JURY M street, fact	NAME AND TINE 28 I THE MICHAEL STATE TO THE MICHAEL	g cause  LACE OF Cause  LACE OF Cause  LACE OF Cause  LACE OF Cause  LACE OF Cause  LACE OF Cause  LACE OF Cause  LACE OF Cause	given in	Part I.	ral Di Rand rdiac or reep  24a. WAS AI PERFO 1 UYES  CATION (Street y) or Town, State ause(e) and me	N AUTOPSY RMED? 2 NO	ors, town rrest,	Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
3. PART I. Enter the shock, or MMEDIATE CAUSE (I lisease or condition eculting in deeth)  Sequentially list concidence of any, leading to immediate. Enter UNDERLAUSE (Disease or inhat initiated events esuiting in death) Library in the condition of the condition	disease, or heart feliure littlens, rediete ying sjury as T Cant condition of the condition	DUE TO  DUE TO	t caused these on each (OR AS A COI (OR AS A	e deeth. Do line.  NSEOUENCE C  NSEQUENCE C  NSEQUENCE C  NSEQUENCE C  NSEQUENCE C  At home, farm, e, death occur	22. 1 LO 87 not enter  F):  OF):  In the un  OTHEF 4 @Nun ME OF JURY M street, fact	NAME AND TINE 28 I THE MICHAEL STATE TO THE MICHAEL	g cause  LACE OF E  BURY AT  D	given in  DEATH (C)	Part I.	ral Di Rand rdiac or reep  24a. WAS AI PERFO 1 UYES  CATION (Street y) or Town, State ause(e) and me	N AUTOPSY RMEO? 2 NO INJURY O	ccureo	Approximate Interval Betwoonset and De Interval
23. PART I. Enter the shock, or MMEDIATE CAUSE (I seems or condition recuiting in deeth)  Sequentially list condition recuiting in deeth)  Sequentially list condition recuise. Enter UNDER CAUSE (Disease or inhat initiated events resulting in death) LA  PART II. Other signification of the condition isease, or heart feliure littlens, rediete ying sjury as T Cant condition of the condition	DUE TO  DUE TO	(OR AS A COM (OR A	e deeth. Do line.  NSEOUENCE C  NSEQUENCE C  NSEQUENCE C  NSEQUENCE C  NSEQUENCE C  At home, farm, e, death occur	22. 1 LO 87 not enter  F):  OF):  In the un  OTHEF 4 @Nun ME OF JURY M street, fact	NAME AND TINE 28 I THE MICHAEL STATE TO THE MICHAEL	g cause  LACE OF E  BURY AT  D	given in  DEATH (C)  seldence  NO	Part I.	ral Di Rand rdisc or reep  24a. WAS AI PERPO 1 — YES  CATION (Street) PERPO Town, State  sues(s) and muste and place, a	N AUTOPSY RMEO? 2 NO INJURY O	CCURED Lated.	Approximate Interval Betw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do	



TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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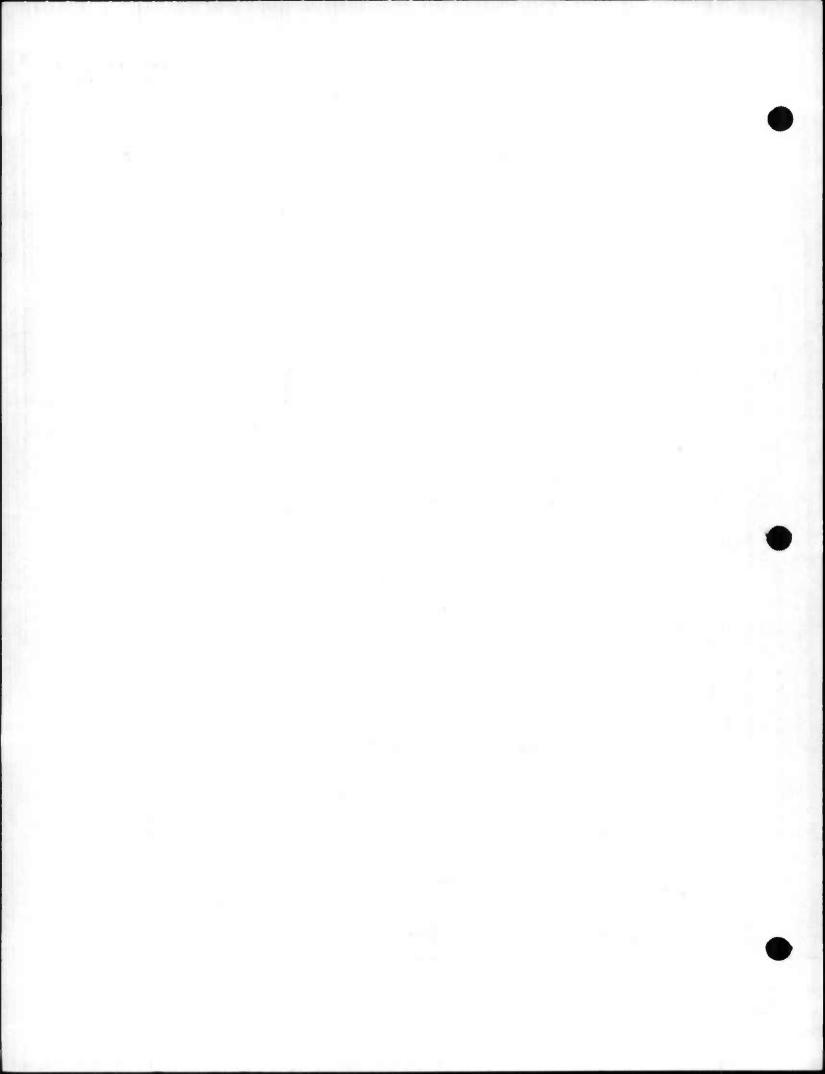
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	REGISTRAR  1. OECEDENT'S NAME (First, Middle, Las	at)	CER	TIFICATE	OF DEA	ATH	REG. NO		02 1	9:45 A.N	
	1 1	1	(RAKHIL	SHVETS)			MONTH D	25-	TEAR 92	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest bir		EAR IF UND	ER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	910	A BIRTNP	LACE (State or Foreign USSIA	
	BALTO County	street and number) Several Hos	pital	9b. CITY, TI	RANDAI		- A			F DEATN	
-	RESIDENCE OF DECEDENT 100. STATE 100. COU	BALTIMOR		DC. CITY, TOWN OR	LOCATION DALLS	OWN				IOd. INSIDE CITY LIMITS? YES 2 NO	
7	3725 MARRIOTTS	VILLE RD			10f. ZIP CO	DE 21133		1.0	IZEN OF WH	IAT COUNTRY?	
	1. MARITAL STATUS  Never Married 2 Married FORCES? 1 YES IF YES, GIVE WAR OR DAT		YES 2 NO	If y	S DECENOENT De, specify Cu	ben, Mexica	NIC ORIGIN? (Specify Yen, Puarto Rican, etc.)	s or No—	14. RACE - Black, Specify:	- American Indian, White, atc.	
	15. OECEDENT'S EI (Specify only highest gra Elementary/Secondary (0-12) 12	DUCATION ide completed) College (1-4 or 5+)	(Give k	ENT'S USUAL OCCI ind of work done duri NOT use retired.) SALES	JPATION ng most of wor	king	16b. KIND OF BU	RETA:			
L	7. FATHER'S NAME (First, Middle, Last) GERSH	SHERMAN				KLAR		(UNKI	NOWN)		
L	90. INFORMANT'S NAME (Type/Print) MRS. ALLA BLYU						Poute Number, City or Tow D. RANDAL			D 21133	
1	toa. METHOD OF DISPOSITION    Muriel 2   Cremation 3   Re	emoval from State	20b. PLACE AND cemetery, over BAL	OATEOF DISPOSITI	N(Neme of IEBREW	5			City or Town	WN, MD	
┡	1. SIGNATURE OF FUNERAL SERVICE	LICENSEE	1760				STOWN RD.,		10., 1	MD 21215	
	23. PART I. Enter the diseases, o shock, or heart failur IMMEDIATE CAUSE Dinei disease or condition resulting in death)	a. SCPS	AS A CONSEQUE	NCE OFF						Approximate Interval Between Onset and Death	
	Sequentisily list conditions, if sny, lesding to immediats cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. A C U OR OUE TO (OR OL)	AS A CONSEQUE	ICE OF):	1/19	12	utaret aset	as	N		
ī	PART II. Other significant condition	ons contributing to dea	ith but not reau	iting in the unde	rlying cause	given in	Part i. 24a. WAS AN PERFOI	RMEO?	0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  YES 2 NO	
2	5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatient 3 🗆 0	OTHER:	26, PLACE OF		eck only one)  6  Other (Specify)				
2	7. MANNER OF DEATH  1. Metural 5 Pending 2 Accident Investigation		bar)	INJURY M	C. INJURY AT WORK?	□ NO	28d. DESCRIBE NOW				
	3 Suicide 6 Could not b 4 Homicide determined	building, atc.	JUHY — At home, (Specify)	farm, atreet, factory	office		26f. LOCATION (Street City or Town, Stete)	end Number	or Rural Rou	ite Number,	
	29e. CERTIFIER (Check only one)  2 mEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner as stated.										



MAY 28 1992

32 REDISTRARS SIGNATURE INCL.

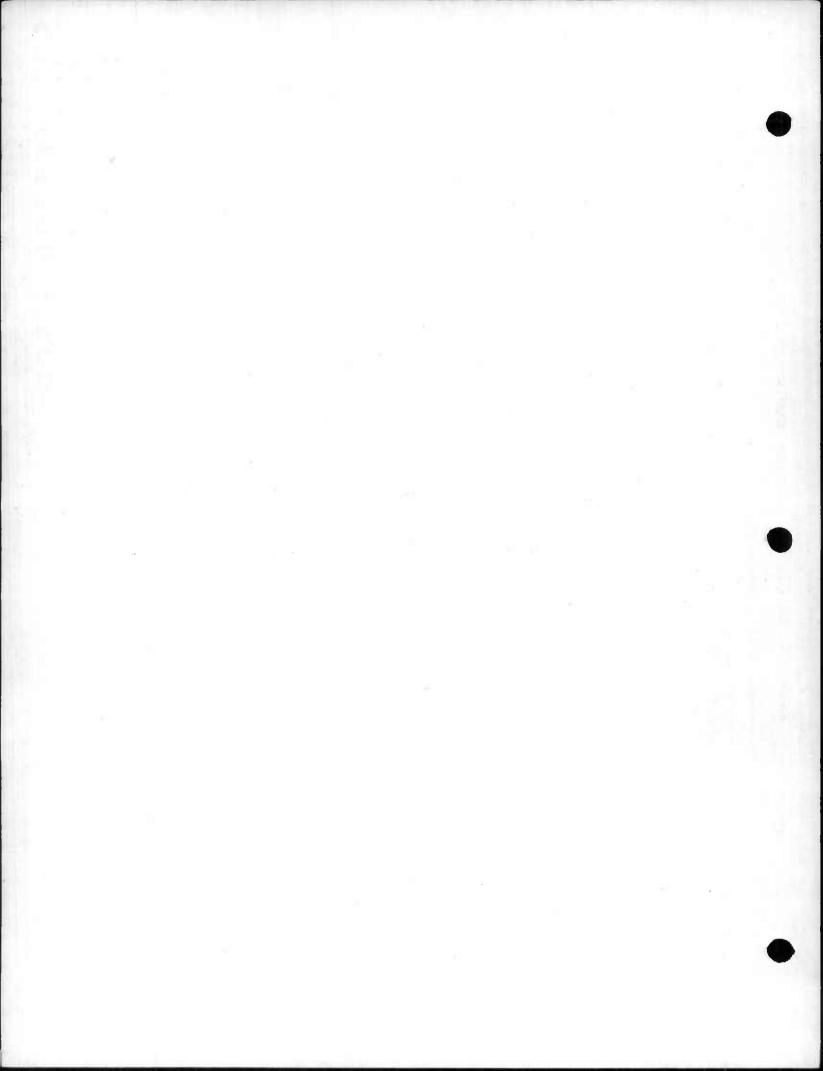


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Nous after death. Page 6 may be retained by the hospital or att	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he fleet within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYL	AND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
н	SCHLAICH	2. DATE OF DEATH DAY 21

	1 - FOR STATE REGISTRAR	TATE OF MARYLAND / D	DEPARTMENT OF I		ITAL HYGIENE REG. NO.				
	1. OECEDENT'S NAME (First, Middle, Lest)  ELLWOOD	AAB	SCHLAI		OATE OF DEATH DAY 21	year 92 0450 M			
1	4. SOCIAL SECURITY NUMBER 218-01-9885  9a. FACILITY NAME (If not institution, give atreet a	M 2 □ F 74	YRS. MONTHS DAYS	HOURS MIN.	ATE OF BIRTH Worth, Day, Year) 08/25/17	a. BIRTHPLACE (State or Foreign Country)  Mary land  UNTY OF DEATH			
TOR	Waterview Health Car	e Center	Salis		Wi	comico			
DIRECTOR	10e. STATE 10b. COUNTY Maryland Baltimo	re	10c. CITY, TOWN OR LOCA		/	10d. INSIDE CITY LIMITS?  1 YES 2 X NO			
AL	10e. STREET AND NUMBER			1. ZIP CODE	10g. Cl	TIZEN OF WHAT COUNTRY?			
FUNERAL	1026 Elm Road			21227		USA			
BY	1 Never Married 2 Married	MAS DECEDENT EVER IN U.S. ARM FORCES? 1 TYES 2 NO FYES, GIVE WAR OR DATES	If yes, s	CENDENT OF HISPANIC OF DECIty Cuban, Mexican, Pub. 2 NO Specity:	RIGIN? (Specify Yes or No— erto Rican, etc.)	14. RACE — American Indian, Black, Whita, etc. Specify: white			
COMPLETED		leted) (Give life. E	EDENT'S USUAL OCCUPATION with done during mono NOT use retired.)	ON sel of working	16b. KIND OF BUSINESS/IN	IOUSTRY			
OMF	3rd 17. FATHER'S NAME (First, Middle, Last)	Plat	iic. worker	16. MOTHER'S NAME (F	irst, Middle, Malden Surname)				
BE C	Louis Schlaich			Louise We					
TO B	19e. INFORMANT'S NAME (Type/Print) Rev. Harvey W. von H				Number, City or Town, State, 2 ley Stream,				
	20a, METHOD OF DISPOSITION	20b, PLACE O	F DISPOSITION (Name of ce			- City or Town, State			
	1 Surial 2 Cremation 3 Removal f 4 Donation 5 Other (Specify)	rom State Meadow	ridge Cemet	ery 5/26	/92 Dorsey	, Maryland			
	21. SIGNATURE OF PUNETIAL SERVICE LICENSE	(0)	Ambro	ND ADDRESS OF FACILIT	Home, Inc.				
	· fales	& Ter		us, Md. 21:					
	23. PART i. Entar tha diseases, or comp shock, or heart failure. List of	iications that caused the dea only one cause on each line.	th. Do not antar tha m	oda of dying, such as	cardiac or reapiratory a	Approximate Interval Between			
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	ARTERIO SCIEVO OUE TO (OR AS A CONSECU	HE CARDI	ovascula	e Disea	Onset and Death			
MION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQU	JENCE OF):						
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in dasth) LAST								
	PART ii, Other significant conditions co	ntributing to death but not re	sulting in the underlyin	g cause given in Part	i. 24s. WAS AN AUTOPS	Y 24b. WERE AUTOPSY FINDINGS			
PHYSICIAN: MEDICAL		N syndrome			PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		26. F	LACE OF DEATH (Check o	nly one)				
YSIC		SPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 Nursing Ho	ne 5 🗆 Residence 8 🗆	Other (Specify)				
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	M 1 🗆	YES 2 NO	DEŞCRIBE HOW INJURY O	CCURED			
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At hom building, etc. (Specify)	e, farm, street, factory, offi	281	LOCATION (Street and Numb City or Town, State)	er or Rural Route Number,			
COMPLETED	one)	To the best of my knowledge, dear the beels of examination and/or in				tated. The cause(a) and manner as stated.			
TO BE	290. SIGNATURE AND TITLE OF CERTIFIER  JAMes C Hell  30. NAME AND ADDRESS OF PERSON WHO CO	In M. Medica	1 Director	D OSO O	8	ATE SIGNED (Month, Day, Year)  5-21-92			
	THOMAS C. Hill J	rk, 108 Pine 1	BluFFRd,	SALISBUI	ry, and	21801			
	MAY 28 1992	12. REGISTRAP'S SIGNATURE	ur.						





BALTIMORE, MARYLAND 21215-0020

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PMISPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 yours after death. Page 6 may be retained by the	E FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be d within 72 hours after death with the State Debt, of Health and Mental Hydlere prior to burial remarking or emoval	RTANT, if Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at o
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92 14740 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle Leat) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 5 PEARL THOMAS 15:57 " 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 7. DATE OF BIFTTH 8. BIRTHPLACE (State or Foreign 1 M 2 F 6 212-28-0410 16.1905 Massachusetts 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH BALTIMORE FRANCIS SCOTT KEY MEDICAL CENTRE FUNERAL DIRECTOR RESIDENCE OF DECEDENT 10e, STATE 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2707 E. CHASE STREET. 21213 U.S. A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 PES 2/X/NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO 1 Never Merried 2 Married BY Specify: 3 Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highes Elementary/Secondary (0-12) College (1-4 or 5+) DOMESTIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
MARY L. REED ROBERT C. OLIVER BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2707 E. CHASE ST./BALTIMORE, MD 21213 2 MARION WATSON 20g. METHOD OF DISPOSITION
1 N Burlel 2 Cremetion 3 Re
4 Donetion 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Youn, State DATE KING MEMORIAL PARK RANDALLSTOWN, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C.MARCH F.H./1101 E. NORTH AVENUE 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest, shock, or heart fellure. List only one ceuse on each line. Approximate interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) avaiae an DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING 61 m CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO colectom COMPLETION OF CAUSE 1 TYES 2 70 OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 Dinpatient 2 ER/Outpatient 3 DOA OTHER: 1 | YES 2 | NO ng Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, lerm, street, fectory, office building, etc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be determined 4 🗌 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as stated. 2 MEDICAL EXAMINER On the basis of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER

My

n 32. REGISTRAR'S SIGNATURE DE

DORESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type, Print) ender

29c. LICENSE NUMBER

Eastern

4940



IMPORTANT:

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31. DATE FILED (Month, Days War)

28 1992

29d. DATE SIGNEO (Month, Day, Year)

A TOTAL OF THE STATE OF THE STA

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

MARIO GOLLE M.D.

32. REGISTRAR'S SIGNATURE

31. DATE FILEO (Month, Day, Year)

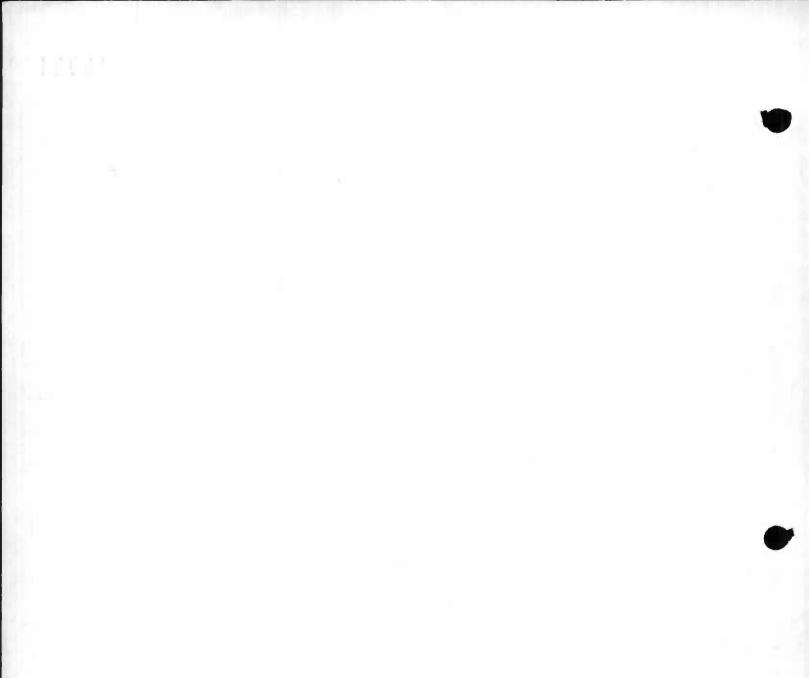
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FOR STATE REGISTRAR	STATE OF MA					EALTH AND DEATH	MENTA	L HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH		14420	3. TIME OF DEATH
UNKNOWN 92-0	12						() 1	18	AY 1	992	2:20 p
	5. SEX 8.	. AGE (In yrs. last	birthday)	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH h, Day, Year)			IPLACE (State or Foreign
Se. FACILITY NAME (If not institution, give street	et and number)			9b. CITY	, TOWN O	R LOCATION OF I	DEATH		9c, COU	NTY OF D	EATH
1037 BROADWAY				BA	LTIM	ORE					na
10a. STATE 10b. COUNTY			10c. CIT	r, TOWN C	OR LOCAT	ION					10d. INSIDE CITY
Maryland na			В	altin	more						LIMITS?
10e. STREET AND NUMBER					10f	. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES					II yes, spe	ENDENT OF HISPA ecity Cuben, Maxie 2 NO Spec	can, Puerto		a or No—	14. RACE Black Speci	k, White, atc.
15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		(Gh	CEDENT'S we kind of v Do NOT us	vork done	CCUPATIO during mos	ON st of working	168	. KIND OF BU	ISINESS/INC	DUSTRY	
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N	AME (First,	Middle, Malder	Surname)		
19a. INFORMANT'S NAME (Type/Print) OCME		19b	MAILING	ADDRESS	S (Street a	nd Number or Rure	I Route Num	ber, City or Tox	vn, State, Zip	Code)	
20a. METHOD OF DISPOSITION  1	al from State	20b. PLACE A cemetery, cren				me of	OAT	E 20c. L	OCATION -	City or To	wn, State
21. BIGHTURE OF FUNERAL SERVICE LICE	Ronald	Wade, 5/26,				Baltimo				_	
PART I. Enter the diseases, or co- shock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	under	eused the decomposition on each line.  'ERMINEI' R AS A CONSEO	)		the mo	de of dying, su	ich se can	diac or resp	piratory an	rest,	Approximate Interval Betwee Onset and Dear
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (O	R AS A CONSEC	UENCE OI	7):							
that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEC	UENCE O	7):	_						
PART II. Other significant conditions	contributing to de	eath but not re	esulting (	n the ur	nderlying	g ceuse given l	n Part I.	24a. WAS AF PERFO 1 X YES	RMED?	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					26. PL	ACE OF DEATH (0	Check only o	20)			
25. WAS CASE REFERRED TO MEDICAL	EXAMINER? HOSPITAL:										
EXAMINER?		R/Outnotient 2	DOA	28b. TIME OF 28c. INJURY AT WORK?			6 Other (Specify)  28d. OESCRIBE HOW INJURY OCCUREO				
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Naturel 5 Pending	HOSPITAL: I Inpetient 2 E  26a. OATE OF IN (Month, Day,	JURY	28b. TIM	E OF	28c. INJ WO	URY AT		SCRIBE HOW	INJURY OC	CUREO	
EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH	26a. OATE OF IN	JURY Year) NJURY — At hor	28b. TIM	E OF URY M	28c. INJI WO 1 \begin{array}{c}	URY AT RK? 'ES 2 NO	28d. OE:	CATION (Street or Town, State	and Number		Route Number,
EXAMMER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural S Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Creck only 1 CERTIFYINO PHYSICI.	28a. PLACE OF In building, etc	JURY Year)  NJURY — At hor 2. (Specify)  y knowledge, das	28b. TIM INJ	E OF URY M street, fact	28c. INJI WO 1 U Notory, office	URY AT RK? (ES 2 NO	261. LOC City	ATION (Street or Town, State	and Number	or Rural F	
EXAMMER?  1 YES 2 NO  27. MANNER OF DEATH  1 Naturel 5 Pending Investigation  3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only 1 CERTIFVINO PHYSICI.	28a. PLACE OF In building, etc	JURY Year)  NJURY — At hor 2. (Specify)  y knowledge, das	28b. TIM INJ	E OF URY M street, fact	28c. INJI WO 1 U Notory, office	URY AT RK? (ES 2 NO	28d. OE: 261. LOC City se to the car te time, date	ATION (Street or Town, State	and Number	or Rural F	

DHMH-16 Rev 1/89

21201

BALTIMORE, MARYLAND

111 PENN STREET



8. BIRTHPLACE (State or Foreign Country)

china

1992

9c. COUNTY OF DEATH

MONTGOMERY

10g. CITIZEN OF WHAT COUNTRY?

Specify.

U.S.A.

14. RACE — American Indian, Black, White, etc.

1893

3. TIME OF DEATH

10d. INSIDE CITY LIMITS?

1X YES 2 NO

CHINESE

6:55A

REG. NO

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First Middle, Last)

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	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at	The second secon
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LILY S. WANG MAY. 22 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year IF UNDER 1 YEAR | IF UNDER 24 HRS. 1 M 2 F 207-36-0571 98 SEPT.22 burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not inatitution, give street and nu 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR MERIDIAN NURSING HOME Silver Spring RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION MD. MONTGOMERY SILVER SPRING FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 3227 BEL PRE RD. 20906 the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1X Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced funeral director, page 5 should be detached for use as the COMPLETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.) 16b. KINO OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 5+ ADVISOR REPUBLICAN NAT'L. COMM 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at YK WANG death. Page 6 may be retained by BE UNKNOWN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 8 SCHINDLER CT., ANCHEN LIN a 20m. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of must 1 Burlet 2 Cremetion 3 Removel from State OATE 4 Donation 5 Other (Specify) in state examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Ronald Wade, Dir 22. NAME AND ADDRESS OF FACILITY 5/27/92 655 W. Baltimore St, Balto., MD 21201 the medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on sech line. in by IMMEDIATE CAUSE (Final the disease or condition GANGRENE reaulting in death) event, cremi DUE TO (OR AS A CONSEQUENCE OF): and com burial, PERIPHERAL VASCULAR DISEASE or other traumatic CERTIFICATION Sequentially list conditions, prior to t DUE TO (OR AS A CONSEQUENCE OF): if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST the atter Mental Inluny, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 30 any EXTREMELY ADVANCED AGE signed Health a I YES 2 NO shows Deen 1. of Dept. certificate h the State D or Item 2 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 - Residence 8 - Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY : After this ce death with the 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED INJUR 1 W Natural 5 Pending Investigation 84 1 YES 2 NO 2 Accident 28a. PLACE OF INJURY — Al home, ferm, street, factory, office building, etc. (Specify) 99 3 Sulcide COMPLETED 8 Could not be after 28 i 4 Homicide DIRECT hours Hem 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) and manner as attend. TO THE HOSPITAL
TO THE FUNERAL I
be filed within 72 h
IMPORTANT: If II 2 MEDICAL EXAMINER: On the bests of axaminetion and/or investigation, in my opinion, death occurred at the time, data and placa, and due to the cause(s) and menner as stated. BE 29c. LICENSE NUMBER Theil tree D34740 0 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) FIELDS, MD ROBERT 18111 PRINCE PHILLIP DR

> 32. REGISTRAR'S SIGNATURE lia Savidson Bridge

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

> SILVER SPRING, MD. 20903 20c, LOCATION - City or Town, State State Anatomy Board Approximata intarval Batween Onset and Death 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. DATE SIGNEO (Mgrith, Day, Year) 92 22 5 OLNEY, MD 20832 DHMH-16 Rev 1/89

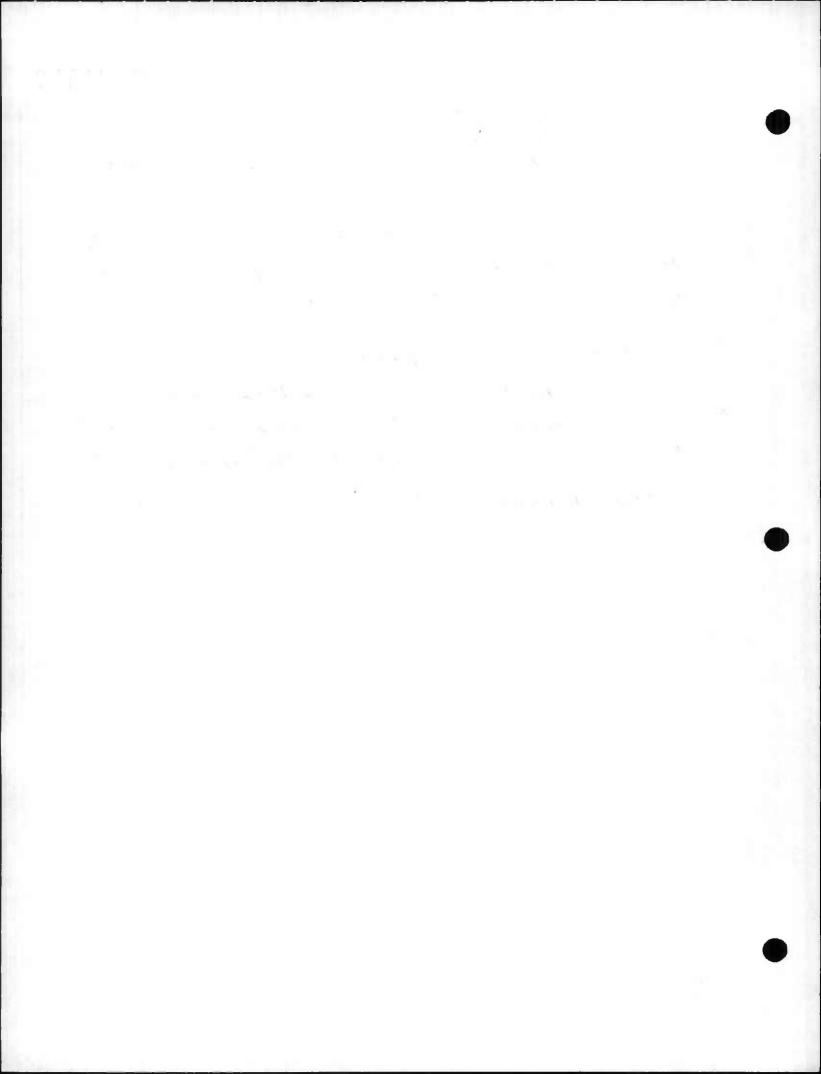
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1. 2. 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	1 - STATE REGISTRAR	STATE OF MA				E OF			MENTAL HYGIEN REG. NO		S-man	1 -7 /	7 0
	1. DECEDENT'S NAME (First, Middle, Last)		1		IOAII		DEA		2. DATE OF DEATH		3.	TIME OF DEA	TH
	Linwood	NARRY		Wh	ite				05 25		YEAR	3:49	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX .	AGE (In yrs. lesi		IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH		. BIRTHPL	ACE (State or F	-
	Unknown	1 € M 2 □ F	28	YRS.	MONTHS	DAY8	HOURS	MIN.	(Month, Day, Year)		Country)	)	
	9a. FACILITY NAME (If not institution, give et	treet and number)			9b. CITY	Y, TOWN O	R LOCATIO	ON OF D		9c. COUNT	Y OF DEAT	TH	
8	1058 Argyle Ave.	-Apartment	2-K		Bal-	timo	re						
DIRECTOR	RESIDENCE OF DECEDENT											-	
E	10a. STATE 10b. COUNTY			10c, CIT	A A	OR LOCAT	ION					INSIDE CIT	Y
	10e. STREET AND NUMBER				10f. ZIP CODE				10g. CITIZEN OF W			TES 2	NO
A	1050 11-11	e Ave	AUT.	6	-	101	ZIP COU	121	1 Use				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARI	11 11 11 11 11 11 11 11 11 11 11 11 11							71.		
BY FL	1 Herver Married 2 Married 3 Widowed 4 Divorced	FORCES? 1   IF YES, GIVE WAR	YES 2 N		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No— If yee, specify Cuben, Mexican, Puerto Rican, etc.)  1 ☐ YES 2 NO Specify:  14. RACE — American In Black, White, etc.						ien,		
	15. DECEDENT'S EDUC	CATION	16a DEC	CEDENT'S	IISHAL O	CCUPATIO	MA .		16b. KIND OF BU	PINESS (INDIV	et g	ne	
COMPLETED	(Specify any ringhest grade	completed)	(Gi		work done	during mos		g	166. KIND OF BU	SINESS/INDU	SIRY		
2	Elementary/Secondary (0-12/	College (1-4 or 5+)		LAU	bur				-				
OM	17. FATHER'S NAME (First, Middle, Last)	4					16. MOTI	HER'S NA	ME (First, Middle, Maiden	Sumama)		·	
	Joseph W	hi Te					E	1/2	411	Thir	2		
BE (	19a. INFORMANT'S NAME (Type/Print)		196	. MAILING	ADDRES	S (Street e	nd Number	or Rural	Route Number, City or Tow	n, State, Zip C	iode) 1	10 00	
2	blease wh	iTE		110	15	=. 6	rle	An	5 51.13	1/10	· 14	de	-
	20). METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	oval from State	20b. PLACE A				me of		DATE 20c. LO	CATION — CI	ty or Town,	State	
	Donation 5 - Other (Specify)		11/13	12	iter place	SIA.	MC	em	125 15	970	m		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME AN	ID ADDRES	SS OF FA	CILITY				
	Bells Fy	sheppel	Hom	1	1	1/2	IN.	. (	MAROLI	72 5	57	_	
	23. PART I. Enter the diseases, or of shock, or heart fellure.	complications that c	eused the de	eth. Do i	not enter	r the mo	de of dyl	ing, aud	h ea cerdlec or resp	ratory arres	ıt,	Approxim	
ŀ	IMMEDIATE CAUSE (Final	List only one could	On each line.					_				Onset an	
1	disease or condition												
	DUE TO (OR AS A CONSEQUENCE OF):												
ON	Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	002 10 (0)	TANK OUNDED	OLITOL O									
띮	CAUSE (Diseese or Injury that Initiated events	DUE TO (OF	R AS A CONSEC	DUENCE O	F):							<del> </del>	
F	resulting in death) LAST												
	PART II. Other algnificent condition	a appetulturate a di	-ab taa -	25.0	1 41								
CAL	PART II. Other alignificent condition	a contributing to de	etn but not re	eauiting	in the ui	nderlying	ceuse g	jiven in	Part I. 24a, WAS AN PERFOR		AV	RE AUTOPSY F	TO
									1 TYES 2	KNO		MPLETION DF DEATH?	CAUSE
Σ									—	•	1	☐ YES 2 ☐	NO
AN	25. WAS CASE REFERRED TO MEDICAL					26 DI	ACE OF D	EATH (C)	eck only one)				
PHYSICIAN: MED	EXAMINER?  1 A YES 2 NO	HOSPITAL:	P/Outpetlant 3	□ 004	OTHE	R:							
H	27. MANNER OF GEATH	28s. OATE OF IN.	JURY	28b. TIM	E OF	28c. INJ	URY AT	sidence	6 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCU	REO		
	Netural 5 Pending	(Month, Day,	Year)	IN.	IURY M	WO	RK? 'ES 2	NO					
D BY	3 Suicide 6 Could not be	28e. PLACE OF III building, atc	NJURY — At hor	me, tarm,	atreet, fac	tory, office			281. LOCATION (Street		Rural Rout	e Number,	
TED	4 Homicide detarmined	buttoning, and	· (apecity)						City or Town, Stata)				
2	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	CIAN: To the best of my	knowledge, dea	eth occurr	ed at the t	time, date	and place.	end due	to the cause(e) end mar	oper se stated			
COMPLET	2 (MEDICAL EXAMINE											nd menner ae :	stated.
	296 SIGNATURE AND TITLE OF CERTIFIES	-		_			29c. LICE					onth, Day, Year)	
) BE	Mutt	Hall A	1/2/					C.M			26 1		
2	30/NAME AND ADDRESS OF PERSON WHI	COMPLETED CARSE	OF DEATH (ITEM	# 27) (Type	Print)		<u> </u>	Call	a like	- 05	20	774	
	MARIO F. GOLL	B, JR, W	W 11	1 Pc	nn c	Stree	+ P	tal+	imore Mary	land o	1201		
	31. DATE FILED (Mohth, Day, Year)	32: REGISTRAN'S	SIGNATURE	4.00			-1-4		THAT C LIGHT Y	CILLY Z	12.41		
	MAY 28 1992	Juna way	MOON-NOON										





FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

1 -

WOLFERMAN 27 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH 213-28-5595 DAYS 1 - M 2 -F 61 22 3/ permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and num 9b. CITY, TOWN OR LOCATION OF GEATH FUNERAL DIRECTOR SINAI OSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE 10e. STREET AND NUMBER 10f. ZIP CODE 618 S POTOMAC STREET use as the burial-transit 21224 the hospital or attending physician. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 XNO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Married 2 Married If yes, specify Cuban, Maxican, Puerto Rican, etc.) BY YES 2 NO Specify 3 Widowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEOENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) 12 YEARS HOMEMAKER page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) JOHN POZNANIAK retained by # TILLIF ZYWICKI BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 MR. JOHN G. WOLFERMAN 618 S, POTOMAC STREET BALTO. MD. 21224 nours after death. Page 6 may be pe 20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State OATE must nation 3 - Re director, 1\(\sum \) Burial 2 \(\superscript{\text{Cremation}}\) 3 \(\superscript{\text{4}}\) Donation 5 \(\superscript{\text{Other}}\) Other (Specify) ST. STANISLAUS CEM. 6-1 BALTO. CITY MD. examiner 21. SIGNATURE OF FUNERAL SERVICE LIQENSI 22, NAME AND ADDRESS OF FACILITY
KACZOROWSKI FUNERAL HOME filled in by the funeral Masaronslei 2525 FLEET ST. BALTO. MD. 21224 medical 23. PART I. Effer the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, nock, or heart fellure. List only one cause on each line. **IMMEDIATE CAUSE (Final** LEMINAL LIVER CANCER
DUE TO (OR AS A CONSEQUENCE OF): and completely fille burial, cremation. the disease or condition resulting in death) ERMINA executed within or other traumatic event, CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): the attending physician a Mental Hygiene prior to if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events OR ATTENDING PHYSICIAN: The law requires that the death certificate be DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST injury, PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? certificate has been signed by the the State Dept. of Health and d, or Item 23 shows any in 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) **EXAMINER?** OTHER: 1 YES 2 NO 1 mpatient 2 ER/Outpetient 3 DOA 4 - Nurs ng Home 5 - Residence 6 - Other (Specify) of the 27. MANNER OF BEATH 28s. DATE OF INJURY this c marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural L DIRECTOR: After the hours after death w М 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 261. LOCATION (Street and Number or Bural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29e. CERTIFIER
(Check only

1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. THE FUNERAL DID THE FUNERAL DID BE SIED WITHIN 72 ho 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(s) and manner as stated. CACHNIZZAPO, M.D 29b. SIGNATURE AND THES OF CERTIFIER 29c. LICENSE NUMBER BE 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2

32. REGISTRAR'S SIGNATURE

was timedoon-1

31. DATE FILEO (Month, Day, Year) Seel 8 2 YAM STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

RITA WOLFERMAN

92

9c. COUNTY OF DEATH

USA

10g. CITIZEN OF WHAT COUNTRY?

WHITE

3. TIME OF OEATH 950

454-MD

10d, INSIGE CITY LIMITS?

14. RACE — American Indian, Black, White, etc.

1 X YES 2 NO

Approximate Interval Batween

24b. WERE AUTOPSY FINDINGS

**AVAILABLE PRIOR TO** COMPLETION OF CAUSE

OF DEATH? 1 YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

Onset and Death

B. BIRTHPLACE (State or Foreign

2. DATE OF DEATH

97

ALTERNATION AND THE The first open as in NA NO. Wash The state of the second of

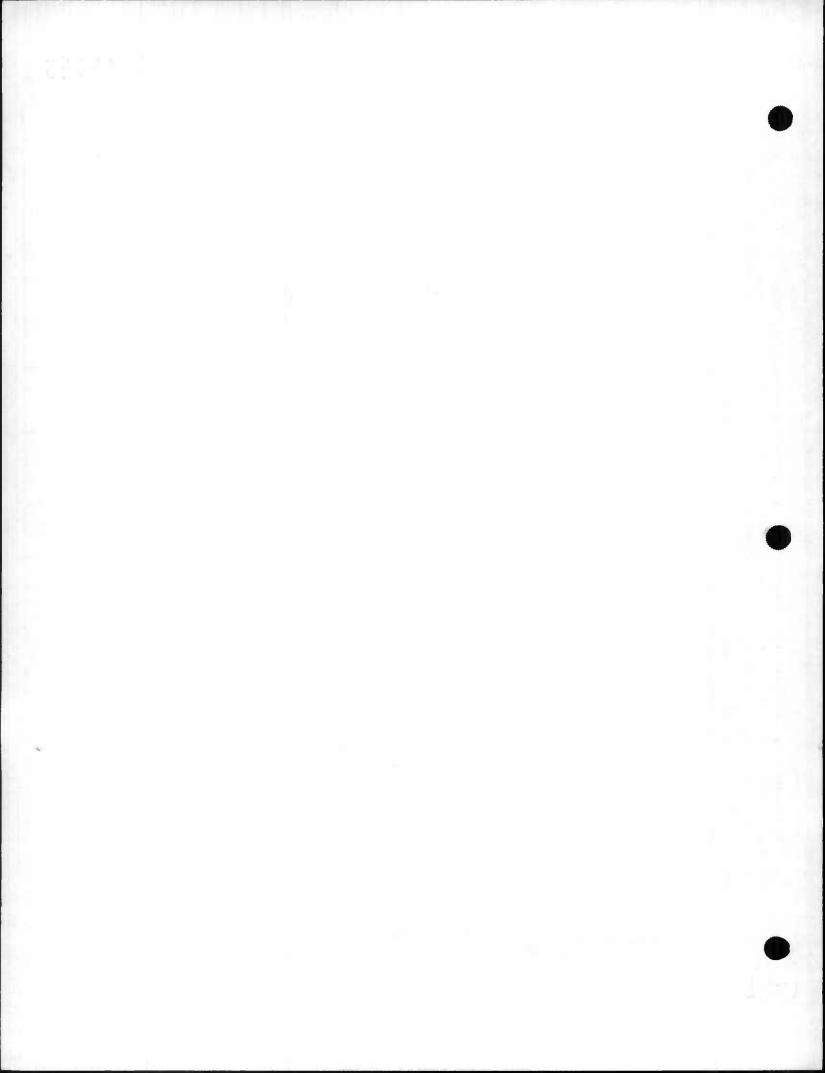
BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin State Dect. of Health and Mental Hygiene prior to burial, cremation, or removal.	s medical examiner must be netified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the lifed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAD

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF DEATH	REG. !	NO.			
	1. DECEDENT'S NAME (First, Middle, Last)  IR V//	T WYM	AN		2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 213-82-0591	1 M 2 F	E (In yrs. lest birthday) 67 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 2/5/192	25	BIRTHPLACE (State or Foreign Country) MARYLAND		
TOR	9a. FACILITY NAME (If not institution, give single BALTIMORE COUNTY RESIDENCE OF DECEDENT	GENERAL HOS	SP.	96. CITY, TOWN OR LOCATION OF RANDALLSTOW					
DIRECTOR	10a. STATE 10b. COUNTY	CARROLL	10c, CITY	TOWN OR LOCATION HAMPSTEAD			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
FUNERAL	100. STREET AND NUMBER 2671 HANOVER PIKE	Ξ		101. ZIP CODE	101. ZIP CODE 10g. CIT				
BY FUN	11. MARITAL STATUS  1 X Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, specify Cuban, Mexi	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or If yea, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 XNO Specify:				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementacy/Secondary (0-12)	CATION completed)  College (1-4 or 5+)	16e. DECEDENT'S (Give kind of w life. Do NOT use NONE		BUSINESS/INDUST	WHITE			
	17. FATHER'S NAME (First, Middle, Lest)  JACOB	WYMAN		18. MOTHER'S	NAME (First, Middle, Maid		0		
2	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street and Number or Run	ANNA  Il Route Number, City or	Town, State, Zip Coo	GOLDBERG		
	MRS. MILDRED SMIT	2	Db. PLACE AND DATEO	GREENSPRING AVE	OATE 20c.	2 BALTO	0. / MD 21209 or Town, State		
I	20 Cremetion 3   Removal from State   Commetter Score   Commetter								
	resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF		76 KE (AFR.	A Imp	The state of the s		
	PART II. Other significant condition DOWN'S Synch ASHuma		but not resulting l	n the underlying causa given i	PERF	AN AUTOPSY CORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 ANO		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (COTHER:	Check only one)				
	1 PES 2 PRO  27. MANNER OF DEATH  1 Natural 5 Pending	1 Of Inpatient 2 ER/Ou 28e. DATE OF INJURY (Month, Day, Year)	26b, TIME	4 Nursing Home 6 Residence OF 28c, INJURY AT WORK?  M 1 YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOT	W INJURY OCCUR	ED		
	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At he building, atc. (Specify)				28f. LOCATION (Stree City or Town, Sta	28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)			
				d at the time, data and place, end do			use(e) end manner ee stated.		
	296. SIGNATURE AND TITLE OF CERTIFIER Suk Cognis	House	physicis	29c. LICENSE N	UMBER	29d. DATE SIGNED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO  Size Kizem One Mil  31. DATE FILED MONTHS OF STANDARD 992	Baltinere  32 REGISTHAR'S 910	County Gr	eneral Hospital.	Randallst	ma, Mg	21133		

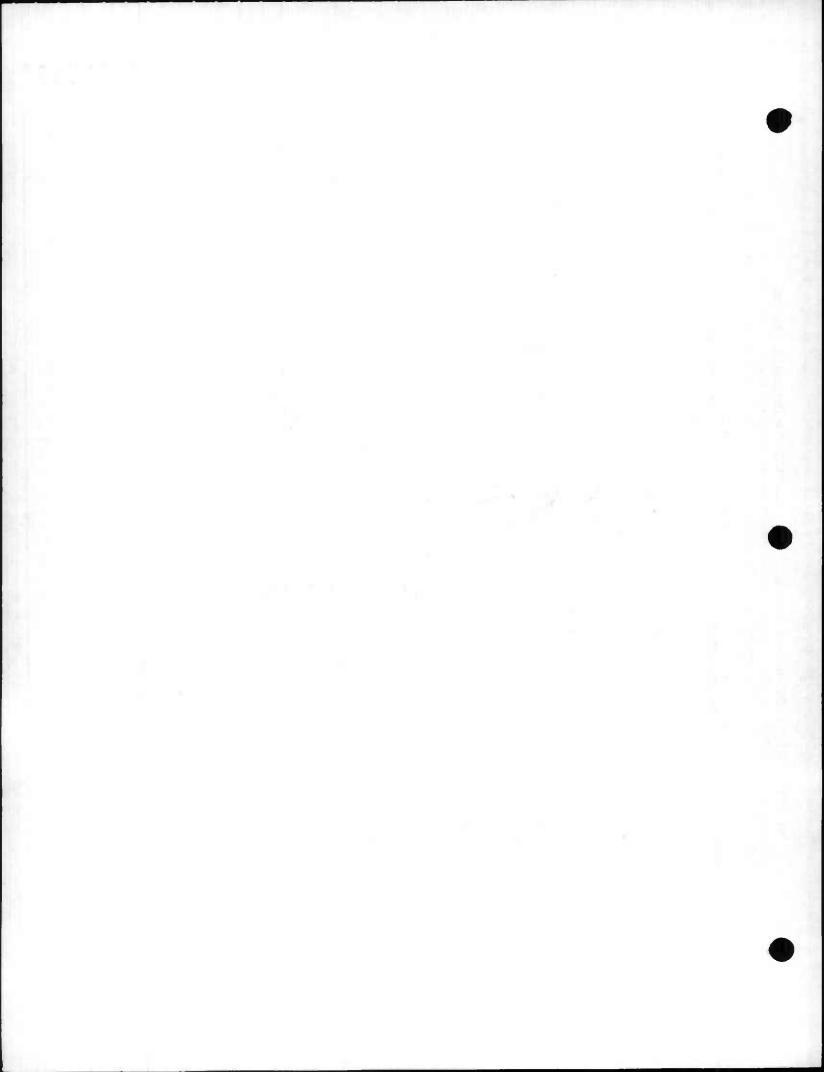




BALTIMORE, MARYLAND 21215-0020 in 24 hours after death. Page 6 may be retained by the hospital or afternoling physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for the within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARY	AND / DEPART	MENT OF HEA	ALTH AND MI DEATH	ENTAL HYGIEN	IE .	2 14746	
	1. OECEDENT'S NAME (First, Middle, Last)  Sema	Wag.				DATE OF DEATH	4 9	3. TIME OF OEATH	
	4. SOCIAL SECURITY NUMBER 014-20-2718	1 🗆 M 2 🚉 🕌	67 YRS.	ONTHS DAYS H	OURS MIN.	0. DATE OF BIRTH (Month, Day, Year) 8/20/192		BIRTHPLACE (State or Foreign Country) MASS.	
STOR	96. FACILITY NAME (If not institution, give s 3519 KESWICK RD. RESIDENCE OF DECEDENT		9	BALTI		Н	9c. COUNTY	OF OEATH	
L DIRECTOR	100. STATE 10b. COUNTY MARYLAND 100. STREET AND NUMBER	Y	10c. CITY,		BALTIMORE			10d. INSIDE CITY LIMITS? 1 AYES 2 NO	
FUNERAL	3519 KESWICK RD.			10f. Zi	21211		OF WHAT COUNTRY?		
BY	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 TYES IF YES, GIVE WAR OR D	2 X NO	If yes, specify	DENT OF HISPANIC y Cuben, Mexicen, NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	-115000	RACE — American Indian, Black, White, etc. Specify: WHITE	
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5+)	life. Do NOT use i	k done during most o	l working	16b. KIND OF BUS	SINESS/INDUST	RY	
BE CON	17. FATHER'S NAME (First, Middle, Last)  LOUIS  19e. INFORMANT'S NAME (Type/Print)		LOR	(First, Middle, Malden	S	MITH			
5	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  JOSEPH WAGNER  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  3519 KESWICK RD. BALTIMORE, MD 21211								
	20e. METHOD OF DISPOSITION  1X Puriel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify)	oval from State cen	PLACEAND DATE OF I	DISPOSITION (Name of place)			CATION — CRY		
	21. SIGNATURE OF FUNERAL SERVICE LIC	Leu Leu	rico		EVINSON EISTERST	& BROS., OWN RD.	INC. BALTO.	,MD 21215	
	IMMEDIATE CAUSE (Finel	ciat only one couse on e	ecn line.				ratory arreat,	Approximete interval Between Onset and Death	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST	:	CONSEQUENCE OF):  CONSEQUENCE OF):	BT CI	ANCER			15 YEARS	
PHYSICIAN: MEDICAL C	PART II. Other eignificent conditions	s contributing to death b	ut not resulting in t	he underlying ce	use given in Pa	1 I YES 2	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO CDMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		26. PLACE THER:  Nursing Home 5	OF DEATH (Check				
BY PH	27. MANNER OF DEATH  1. Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 26c. INJURY WORK?		d. DESCRIBE HOW IN	JURY OCCURE	D	
	3 Suicide 6 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec	— At home, term, stree	et, fectory, office			et and Number or Rural Route Number, te)		
						he cause(s) and men			
OMPLE	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	RIAN: To the best of my known in the basis of examination	edge, death occurred a end/or investigation, is	t the time, date end n my opinion, death	occured at the time	, date and place, end	ner ee stated. I due to the ceu	rse(e) end menner ee stated.	
O BE COMP	(Check only	3: On the basic of examination	HD	n my opinion, death	occured at the time.  LICENSE NUMBER  013683	, date and place, end	due to the ceu	196(e) end menner ee steted.  NED (Moritly, Dey, Yeer)  26/92	





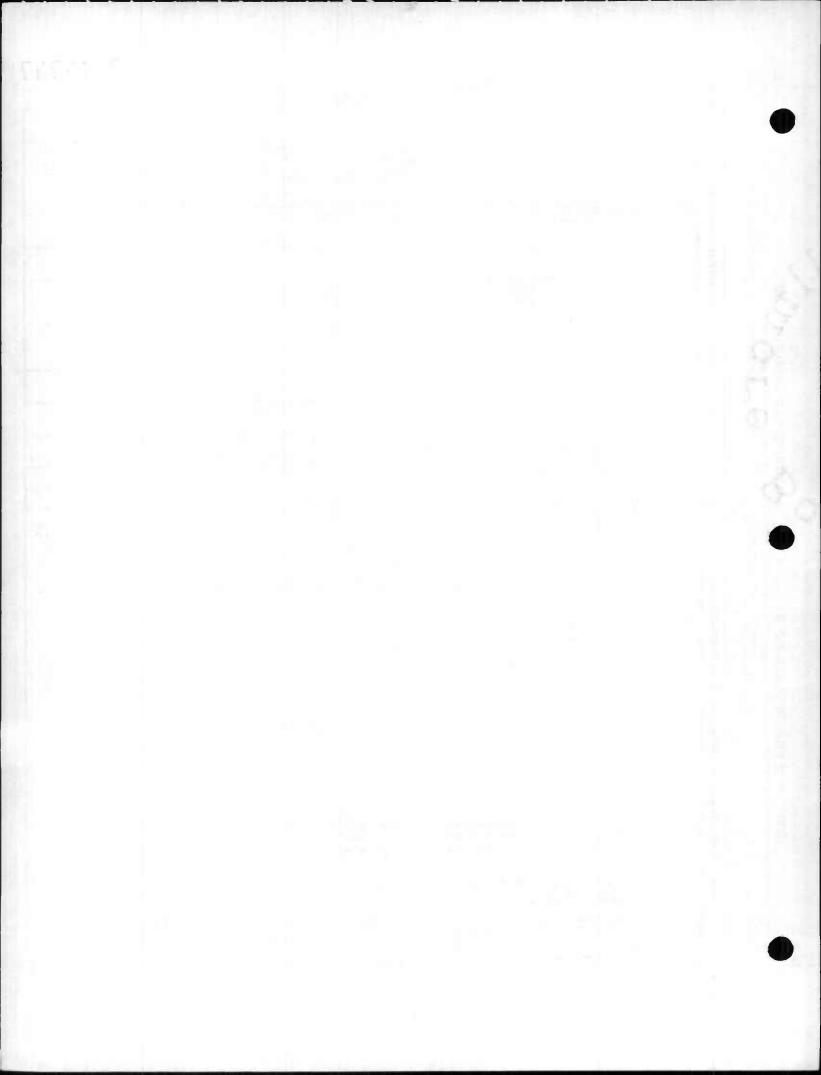
1 - FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	i
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FUNERAL DIRECTOR	MARYLAND  10a. STREET AND NUMBER	AL CENTE	8. AGE (In yrs. last	YRS. MONTHS 9b. CITY	DAYS	IF UNDER	MIN.	5 24 7. DATE OF BIRTH (Month Pay, Year) 3/8/191		Country)	VILLE, N
ED BY FUNERAL DIRECTOR	LIBERTY MEDIC RESIDENCE OF DECEDENT 10a. STATE MARYLAND 10a. STREET AND NUMBER 518 GOLD STRE	AL CENTE	ER		TOWN (	OR LOCATIO		(Month_Dev. Year)			·
ED BY FUNERAL DIRE	MARYLAND  10a. STREET AND NUMBER  518 GOLD STRE	ΤΥ		SE COUNTY OF B							
ED BY FUNER	518 GOLD STRE		MARYLAND								d. INSIDE CITY LIMITS? X YES 2 \( \text{NO} \) NO
ED BY	11. MARITAL STATUS	518 GOLD STREET 21217							USA	T COUNTRY?	
ш	1 Never Married 2 Married FORCES? 1 YES 2 NO					13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify 1 If yes, specify Cuban, Mexican, Puerto Rican, etc.)  1 YES 2 X NO Specify:			s or No—	Black, Wi Specify:	American Indian, thite, etc.  BLACK
4	15. DECEOENT'S ED (Specify only highest grace (Specify only highest grace (U-12)	UCATION le completed) College (1-4 or 5 +	(Gh	EDENT'S USUAL OF e kind of work done Do NOT use retired.)			7	16b. KIND OF BU	SINESS/INOUS	STRY	
SE COM	17. FATHER'S NAME (First, Middle, Lest)  CHARLES HAGA	NS				LUC	IND	AE (First, Middle, Malden A EDWARD	S		
٩	199a. INFORMANT'S NAME (Type/Print)  199b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  CINDY SINGLETARY  200a. METHOD OF DISPOSITION 1									1217 State	
	4 Donation S Donat (Specify)	10-5	WEST	22. L	NAME A	ND ADDRES	S OF FAC		N FUN	VERA)	
IFICATION	23. PART Lener the diseases or abook, or heart failure immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OUE TO (	(DR AS A CONSECU	JENCE OF):	-			. , ,,,,,,,			Approximate Interval Betwee Onset and De
MEDICAL	PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 10 NO							COL	RE AUTOPSY FINDING NILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO		
200	25. WAS CASE REFERRED TO MEDICAL EXAMMER?  1 2 ND	HOSPITAL:	ER/Outpatient 3	OTHEF DOA 4   Num	1:	ACE OF DE		ck only one)  B Other (Specify)			
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF I	INJURY	28b. TIME OF INJURY M	26c. INJ WO	_		28d. DESCRIBE HOW I	NJURY OCCU	RED	
0	3 Suicide 6 Could not be determined	26e. PLACE OF building, a	FINJURY — At hom itc. (Specify)	e, term, street, fact	ory, offic	•		261. LOCATION (Street & City or Town, State)	and Number or	Rural Route	Number,
COMPLETE	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYS							to the cause(s) end mar lime, date end place, en			d manner es stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIE  OF 100  100  100  100  100  100  100  100	n Kion	1 1	mo		29c. LICEP	180	55	29d. DATE S	127	(92
	RM 706  31. DATE FILED (Month, Day, Year)	32. REGISTRAF	N	Centar	1 8	treet		Baet	md	212	0

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.





DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

	92-2953-510 1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AND	D MENTAL HYGIEN	VE.	14748				
	1. DECEDENT'S NAME (First, Middle, Last)		<u> </u>	AIL OF DEATH	2. DATE OF DEATH		3. TIME OF DEATH				
1	John M.		Wierkows	eki		MY YEAR 1992	1.52 PM				
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (8	In yrs. lest birthday)   IF	F UNDER 1 YEAR IF UNDER 24 HR	s. 7. DATE OF BIRTH	8. BIR	ITHPLACE (State or Foreign				
	212-095274	1 M 2 0 F 8	5 YRS.	ONTHS DAYS HOURS MIN	W. July 1	906 000	m D.				
	9e. FACILITY NAME (If not institution, give str			b. CITY, TOWN OR LOCATION OF		9c. COUNTY OF	DEATH				
OR	Church Home Hospi	tal		Baltimore							
DIRECTOR	RESIDENCE OF DECEDENT			OWN OR LOCATION							
JIR	mn						10d. INSIDE CITY LIMITS?				
	10e. STREET AND NUMBER		10	101. ZIP CODE		T son CITIZEN O	1 NYES 2 NO				
-BA	835 S. BOND	57.		2123	2 /						
FUNERAL		12. WAS DECEDENT EVER IN	U.S. ABMED	13. WAS DECENDENT OF HIS			CE — American Indian.				
	1 Never Married 2 Married	FORCES? 1 YES	2 NO	If yes, specify Cuben, Mer 1 TES 2 PNO Sp	xican, Puerto Rican, etc.)	Bia	ACE — American Indian, ack, White, etc. ecity:				
ВУ	3 Widowed 4 Divorced			, L. 19, 19, 19	necity.	100	hite				
LEO	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION Completed)	16a, DECEDENT'S US	k done during most of working	16b. KIND OF BU	SINESS/INDUSTRY	l l				
Ē	Elementary/Secondary (0-12)	College (1-4 or 5+)	DRAFTS	etired.)	2 - 0 -		227				
COMPLETED	12m CRD	ST GUI	1 PL D								
	17. FATHER'S NAME (First, Middle, Last)										
B	JOHN WICK  190. INFORMANT'S NAME (NOWPHIN)	LNKNO	WAY								
2	VAIERIA WICK	11 K.	196, MAILING AU	DORESS (Street and Number or Ru	and the same of th		21231				
	20a. METHOD OF DISPOSITION		1832 3	. 9	- 3	1					
	1 Buriel 2 Cremation 3 Remov		PLACE AND DATE OF D	place)		OCATION — City or					
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	014 203	ARY COM			1.10,				
	()	12 /11	2	22. NAME AND ADDRESS OF	MEBER	FH.	40.7				
	Many y	Much	V				ALTO MD 2123				
	23. PART i. Enter the diseasea, or co ahock, or heart fellure. L	inplications that caused ist only one cause on each	the death. Do not sch lina.	enter tha mode of dying, a	such as cerdisc or resp	iratory arrest,	Approximata interval Between				
	iMMEDIATE CAUSE (Final disease or condition	I mi m .c.	0 /	C			Onset and Death				
	resulting in death)	M KAINOSCH	CONSEQUENCE OF								
	DUE TO (OR AS A CONSEQUENCE OF):										
	_		Sequentially list conditions,  DUE TO (OR AS A CONSEQUENCE OF):								
NOI		DUE TO (OR AS A	CONSEQUENCE OF):								
CATION	if any, laading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF):								
IFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		CONSEQUENCE OF):								
ERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury										
3	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	he underluine estine pluen	In Stand I Take Wine Ale						
3	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF):	he undarlying cause given	in Part I. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMBINE STOWN TO CAME				
3	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	he undarlying cause given		RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?				
<b>E</b>	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):	the undarlying cause given	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE				
3	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in deeth) LAST	DUE TO (OR AS A	CONSEQUENCE OF):		PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?				
3	if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in deeth) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A contributing to death but	consequence of):  ut not resulting in t	26. PLACE OF DEATH	PERFO	RMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?				
3	if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in deeth) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A contributing to death but to	consequence of):  ut not resulting in t  atient 3 □ DOA	26. PLACE OF DEATH THER: Nursing Home 5 Resident F 28c. INJURY AT	PERFO	PMED? 2 (L) MO	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?				
PHYSICIAN: MEDICAL CE	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in deeth) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 2 YES 2 NO  27. MANNER OF DEATH  1 4 etural 5 Pending	DUE TO (OR AS A contributing to death but to	consequence of:	26. PLACE OF DEATH THER: Nursing Home 5 Resident F 28c. INJURY AT	(Check only one)  (Check only one)  Acc. 6 Other (Specify)  28d. DESCRIBE HOW	PMED? 2 (L) MO	AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?				
BY PHYSICIAN: MEDICAL CE	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in deeth) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO  27. MANNER OF DEATH  1  Actural 5  Pending Investigation  3  Suicide 8  Could not be	DUE TO (OR AS A  contributing to death but  described to the contributing to death but  HOSPITAL:    Impetent 2 1/2 ER/Output   28e. DATE OF INJURY (Month, Day, Year)   28e. PLACE OF INJURY	consequence of):  ut not resulting in t  etient 3 DOA 4  28b. TIME 0  (NJURY)	26. PLACE OF DEATH THER: Nursing Home 5 Resident F 28c. INJURY AT WORK? M 1 YES 2 NO	(Check only one)  I TYPE  (Check only one)  I Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street	INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO				
BY PHYSICIAN: MEDICAL CE	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO  27. MANNER OF DEATH  1  Setural 5  Pending Investigation	DUE TO (OR AS A  contributing to death be  HOSPITAL:   Inpetient 2\( \Sigma \) ER/Output  28e. DATE OF INJURY (Month, Day, Year)	consequence of):  ut not resulting in t  etient 3 DOA 4  28b. TIME 0  (NJURY)	26. PLACE OF DEATH THER: Nursing Home 5 Resident F 28c. INJURY AT WORK? M 1 YES 2 NO	(Check only one)  ICC 6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO				
BY PHYSICIAN: MEDICAL CE	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2  NO  27. MANNER OF DEATH  1  Actions 5  Pending Investigation 3  Suicide 8  Could not be datermined	HOSPITAL:    Impatient 2 10 ER/Output   28e. DATE OF INJURY (Month, Day, Year)   28e. PLACE OF INJURY building, etc. (Special	etient 3 DOA of a laboration at home, farm, streetily)	26. PLACE OF DEATH THER: Nursing Home 5 Resident F 28c. INJURY AT WORK? 1 YES 2 NO et, factory, office	(Check only one)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, State)	INJURY OCCURED	AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO				
BY PHYSICIAN: MEDICAL CE	if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other algnificant conditiona  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Astural 5 Pending Investigation  2 Accident 3 Suicide 8 Could not be datermined  29e. CERTIFIER (Check only)	HOSPITAL:    Inpetient 2 1 ER/Output   280. DATE OF INJURY (Month, Day, Year)   280. PLACE OF INJURY building, etc. (Speci	atient 3 DOA of a learn, streethy)	26. PLACE OF DEATH THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? 1 YES 2 NO et, factory, office	(Check only one)  (Check only one)  (Check only one)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  due to the cause(s) and ma	INJURY OCCURED  and Number or Rura	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO				
COMPLETED BY PHYSICIAN: MEDICAL CE	if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other algnificant conditiona  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Astural 5 Pending Investigation  2 Accident 3 Suicide 8 Could not be datermined  29e. CERTIFIER (Check only)	HOSPITAL:    Inpetient 2 1 ER/Output   280. DATE OF INJURY (Month, Day, Year)   280. PLACE OF INJURY building, etc. (Speci	atient 3 DOA of a learn, streethy)	26. PLACE OF DEATH THER: Nursing Home 5 Resident F 28c. INJURY AT WORK? M 1 YES 2 NO et, factory, office of the tima, data and place, and on my opinion, death occured at	(Check only one)  (Check only one)  (Check only one)  26d. Describe How  28f. Location (Street City or Town, State)  due to the cause(s) end mathe time, date and place, as	INJURY OCCURED  and Number or Rura  inner se stated.  and due to the ceuse	MAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  1 YES 2 NO  NO NO NO NO NO NO NO NO NO NO NO NO NO N				
BY PHYSICIAN: MEDICAL CE	if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in deeth) LAST  PART II. Other algnificant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  Yes 2 NO  27. MANNER OF DEATH  1  Actident Investigation Investigation  2  Accident Investigation Of the datermined  29. CERTIFIER (Check only orre)  2  MEDICAL EXAMINER	HOSPITAL:    Inpetient 2 1 ER/Output   280. DATE OF INJURY (Month, Day, Year)   280. PLACE OF INJURY building, etc. (Speci	atient 3 DOA of a learn, streethy)	26. PLACE OF DEATH THER: Nursing Home 5 Residence F 28c. INJURY AT WORK? 1 YES 2 NO et, factory, office	(Check only one)  (Check only one)  (Check only one)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Town, State)  due to the cause(s) end ma the time, date and place, as	INJURY OCCURED  and Number or Rura  inner se stated.  and due to the ceuse  29d. DATE SIGNE	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO  No Prior Number,  No P				

EXAMINER?  1 🖾 YES 2 🗌 NO	HOSPITAL: 1 Inpetient 2 IER/Outpetient 2	DOA 4	26. PLACE OF DEATH (Check only one)  OTHER: 4  Nursing Home 5  Residence 6 Other (Specify)				
MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURE			

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore Maryland 21201 31. DATE FILED (Month, Day, Year)
MAY 28 199

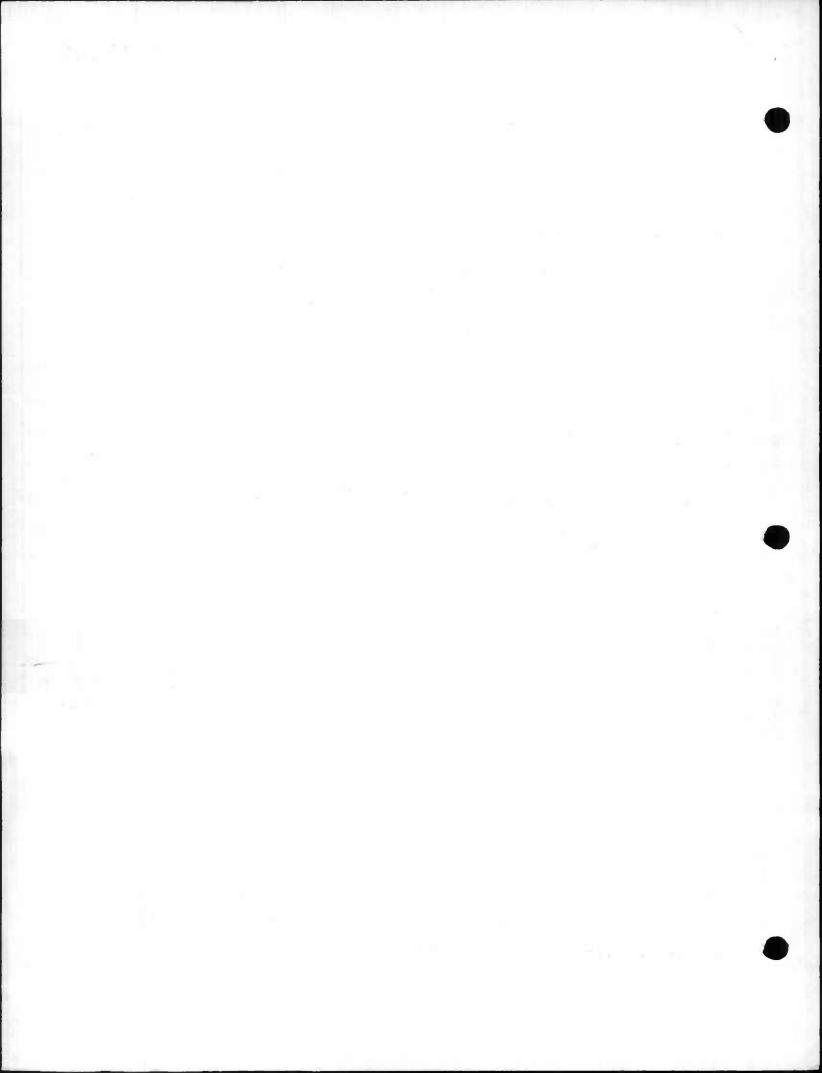
32 REGISTRAR'S SIGNATURE LAND

BALTIMORE, MARYLAND 21215-0020	in 24 nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

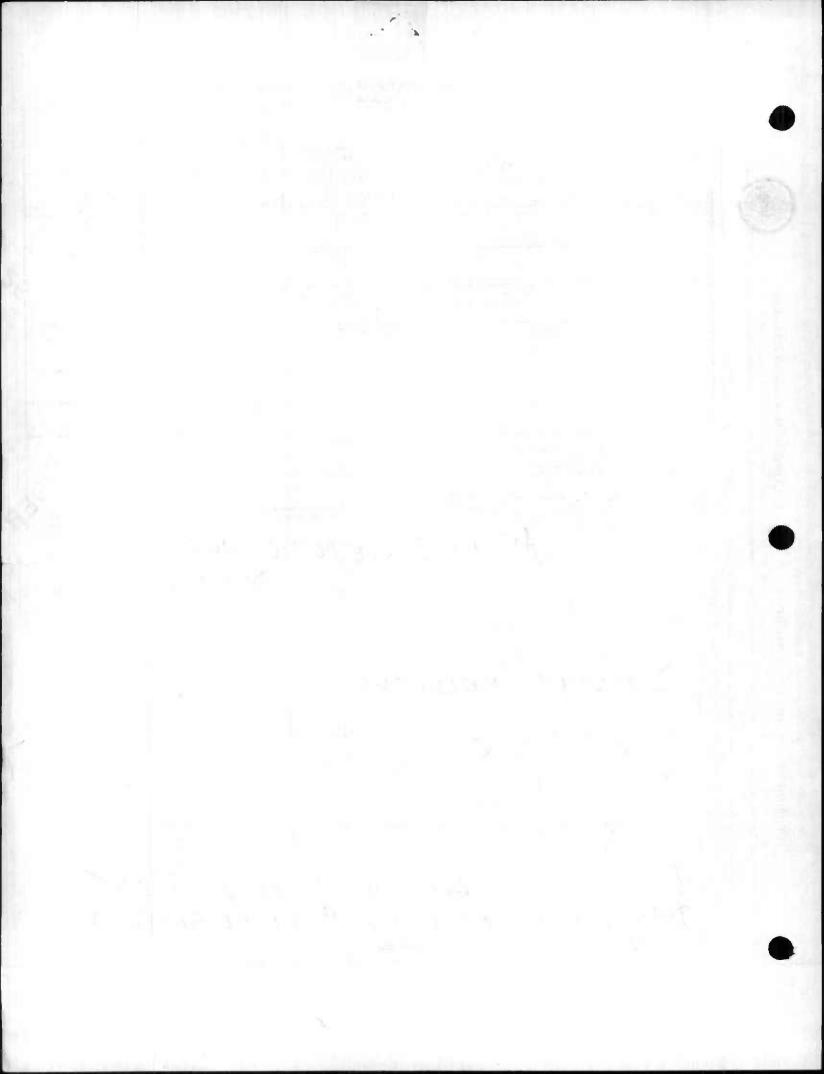
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF D	DEATH DAY	YEAR	3. TIME OF DEATH
	GWY SAM	YANG				5	24	92	1735 M
	4. SOCIAL SECURITY NUMBER 213-96-0558	5. SEX 6. AG	76 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Des	8-15	6. BIRTH	PLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give s CHURCH HOSPIT				OR LOCATION OF DI LTIMORE			INTY OF D	EATH
DIRECTOR	MARYLAW BY	ALTO: CO.	10c. CITY	SALT	WN OR LOCATION ALTIMORE				10d. INSIDE CITY LIMITS? 1  YES 2 AND
FUNERAL	2000 ODE	IL AVE	5	10	101. ZIP CODE 109. CITIZEN OF WHAT CO			WHAT COUNTRY?	
BY	11. MARITAL STATUS  1 Neyer Married 2 Merried  1 Neyer Married 2 Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ASMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES				. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— if yes, specify Cuban, Maxican, Puerto Rican, stc.)  1 YES 2 NO Specify:  Specify:				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of w life. Do NOT us	rork done during m	ON ost of working	16b. KINI	O OF BUSINESS/INC	DUSTRY	
BE COM	17. FATHER'S NAME (First, Middle, Last)  CAE SUN YANG  18. MOTHER'S NAME (First, Middle, Maiden Surname)								
5	19a. INFORMANT'S NAME (Type-Print)	and Number or Rural	ABC	ity or Town, State, Zip	Code)				
	20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Ram  4 Donation 6 Other (Specify)	oval from State	Ob. PLACE AND DATE O	PEDISPOSITION (N	LUY ME	MS-27	20c, LOCATION -	City or To	WIN, State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	Gan	22. NAME A	ND ADDRESS OF FA	Sylve	PAL	CH	PARKUICU
CERTIFICATION	23. PARTA. Enter the diseases, of shock or heart failure.  IMMEDIAE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF	):					Approximate interval Between Onset and Death
- 11	PART II Other significant conditions conditions and the significant conditions and the significant conditions and the significant conditions are significant conditions.								
MEDICAL					, , , , , , , , , , , , , , , , , , , ,		PERFORMED?  YES 2 DANO	240	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2000 NO
AN	25. WAS CASE REFERRED TO MEDICAL			20.0	ACE OF OCATA CO.				
PHYSICIAN:	EXAMINER?	HOSPITAL: 1   Inpetient 2   ER/OL		OTHER:	LACE OF DEATH (Chi		icify)		
BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		JRY W	URY AT DRK? YES 2 NO	28d. DESCRIB	E HOW INJURY OC	CURED	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, at secify)	treet, factory, offic	•	26f. LOCATION City or Tox	(Street and Number vn, State)	or Rural F	loute Number,
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC CONTROL OF CO	CIAN: To the best of my kno	wiedge, death occurre	d at the time, date	and place, and due leath occured at the	to the cause(a)	and manner as atal	ted. ne cause(a	) and manner as stated.
IO BE	296. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (N  D 3 9 8 / 3							(Month, Day, Year) 4/92	
	30. NAME AND ADDRESS OF PERSON WHO  Mourc Scale  31. DATE FILED (Month, Day, 1681)	32 REGISTRAR'S SIG	Brufo	ills W	any Be	Utmo	irz, m	b	21235
	MAY 28 1992	Julie Davidson-	and se		· ·				





DALLIMORE, MAR	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shoul be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.	
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	24 h	filled on, c	
ć	ithin 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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	1. DECEDENT'S NAME (First	LOW	se and	pelini		CATE O			2. DATE OF DEATH MONTH	MY S	YEAR 3. TIME OF DEATH F
	4. SOCIAL SECURITY NUMBER 056 - 10 - 19		5. SEX 1 M 2 F	6. AGE (In yrs. les 83	yrs.	IF UNDER 1 YEAR		R 24 HRS.	7. DATE OF BIRTH (Morth, Day, Year) 01-31-19	09	8. BIRTHPLACE (State or Foreign Country) PA
CTOR	9a WOLTY NAME (If not in	Memor	atreet and number)	oital		SECITY, TOWN	OR LOCAT	Y MA	tu-	9c. COUN	Hanter L
DIRE	MD  100. STREET AND NUMBER		arford		10c, CITY	Havre				100 CITII	10d. INSIDE CITY LIMITS? 1 □ YES 2 □ NO ZEN OF WHAT COUNTRY?
Y FUNERAL	505 Cong  11. MARITAL STATUS 1 Never Merried 2	Married	12. WAS DECEDEN	YES 2 X		13. WAS D	ECENDENT	2107 OF HISPANI	C ORIGIN? (Specify Ye, Puerto Rican, atc.)		USA  14. RACE — American Indian, Black, White, etc. Specify:
LETED BY	(Specify onli	CEDENT'S EDU ly highest grade	CATION completed) College (1-4 or 6 +	(G	ive kind of w . Do NOT us	USUAL OCCUPA ork done during a retired.)	FION most of world		16b. KIND OF BU	SINESS/INDO	White
TO BE COMPL	6 17. FATHER'S NAME (First, M JOSEPH 190. INFORMANT'S NAME (1)	Casal	di			nemake	18. MOT	Elvi	ME (First, Middle, Meiden ra Sirabo oute Number, City or Tow		
10	Mrs. Rose  20a. METHOD OF DISPOSIT  1X Burial 2 Cremetic	E. Ho		20b. PLACE	742	Tyding	s Ros	ad, F	lavre de	Grace	, MD 21078
	4 Donation 5 Other 21. SIGNATURE OF FUNERA		CENSEE 2	Hari	ord I	22. NAME Mitc	hell-	Smith	55/19 At JUTY Funeral Ice, MD	Home	, P.A.
	23. PART I. Enter the d ahock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	a. APT	caused the dese on each line	1)5	ot enter the n	node of dy	ting, such	ea cerdiac or reap	ratory erre	Approximata interval Between
CERTIFICATION	Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diete ING Iry	с	(OR AS A CONSEC				/	SISEO	IE	
MEDICAL	PARTIL Other significa	TE		death but not r			ng cause	given in F	24e. WAS AN PERFOI	AUTOPSY AMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	ER/Outpatient 3		OTHER:	PLACE OF C				
>	27. MANNER OF DEATH	Pending Investigation	26a. DATE OF (Month, De	INJURY By, Year)	26b. TIME INJU	OF 28c, II	JURY AT YORK? YES 2		Other (Specify)  2ed. OESCRIBE HOW I	NJURY OCC	URED
ву рну	3 Suicide		28a, PLACE OF	F INJURY — At ho etc. (Specify)	me, farm, si	reet, factory, of	Ice		26f. LOCATION (Street : City or Town, State)		or Rural Route Number,
ETED BY	4 Homicide	Could not be determined	building,				_				
COMPLETED BY	4 Homicide  29s. CERTIFIER (Check only	DEFINE PHYSICAL EXAMINE	CIAN: To the best of ax	my knowledge, de			death occur	red at the t		d due to the	cause(s) and manner as stated.
ETED BY	29s. CERTIFIER (Check only one) 2 MEDI	DEFINE PHYSICAL EXAMINE	CIAN: To the best of R: On the bests of ax	my knowledge, de	investigation	, in my opinion,	death occur		ime, data and place, ar		cause(s) and manner as stated.

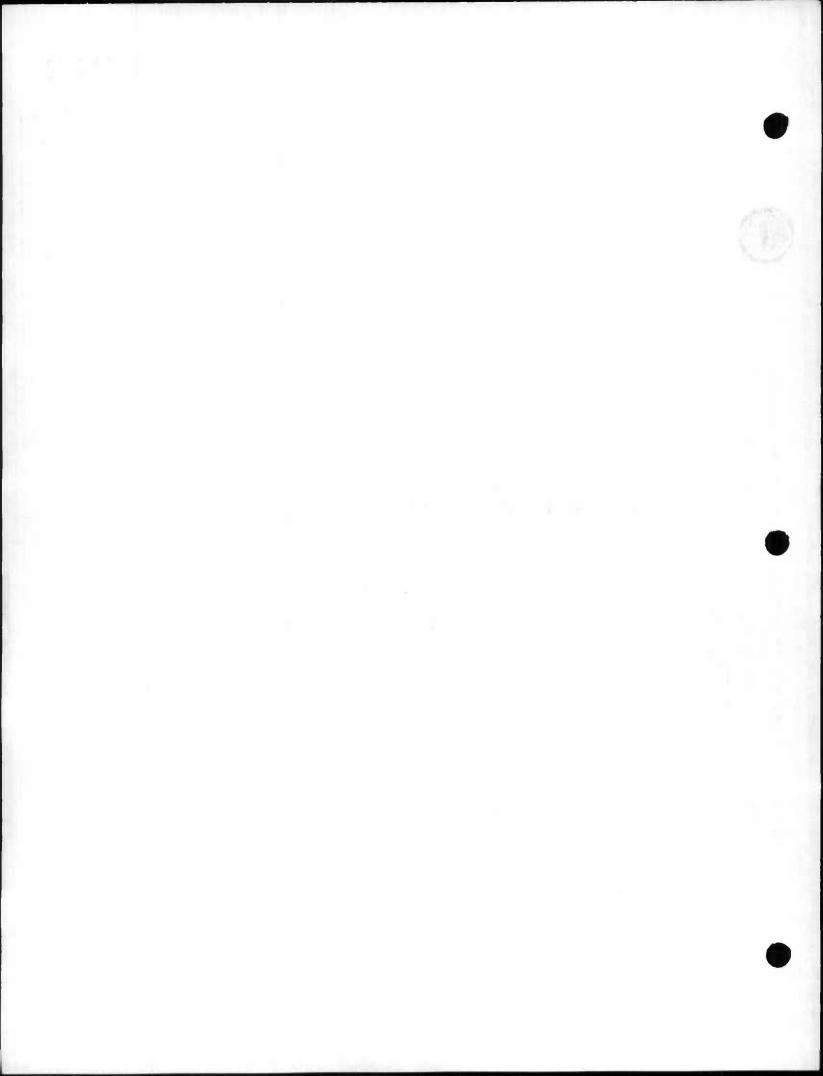


DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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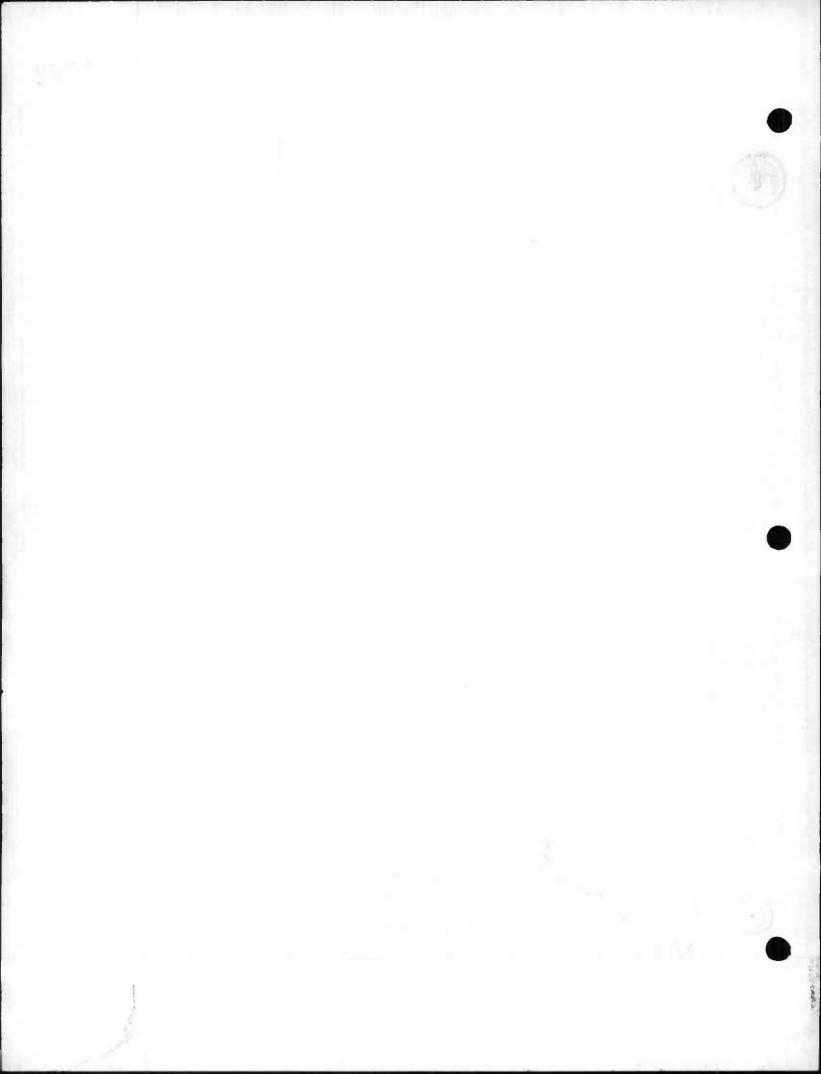
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	DEC NO

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HEAL	TH AND MI	ENTAL HYGIENI REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last				2	DATE OF DEATH		3. TIME OF DEATH
	Jose NMI Aria	S				04 27		5:20 p.m. m
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UN		. DATE OF BIRTH (Month, Day, Year)	8. BIF	THPLACE (State or Foreign intry)
	214-76-5346	1 XM 2 🗆 F	50 YRS.	HINS DAYS HOU	1	1/22/41		Spain
~	9a. FACILITY NAME (If not Institution, give			. CITY, TOWN OR LOC	ATION OF DEAT	н	9c. COUNTY OF	
DIRECTOR	Prince George's	General Hospi	tal	Cheve	cly		Prince	George's
E C	10a. STATE 10b. COUN	TY	10c, CITY, T	OWN OR LOCATION				10d. INSIDE CITY
듬	Maryland Pr	ince George's		adensburg				LIMITS?
	10e. STREET AND NUMBER	2000 000180 0	DI	10f, ZIP C	ODF		10= CITIZEN O	1 X YES 2 □ NO WHAT COUNTRY?
FUNERAL	5504 Tilden Road				20710			dent
S	11. MARITAL STATUS	12. WAS DECEDENT EVER I	N U.S. ARMED			ORIGIN? (Specify Yes		CE — American Indian.
	1 Never Married 2 Merried	FORCES? 1 YES		If yes, specify C	Jiban, Maxican, F	varto Rican, etc.)	Bi	ack, White, atc.
ВУ	3 Widowed 4 Divorced			1 22.03 2	о зрасну.	Spanish	Sp	Spanish
ED	15. DECEDENT'S ED	UCATION ie completed)	18a. DECEDENT'S USI	UAL OCCUPATION	ddaa	16b. KIND OF BUS		
E	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use re	done during most of we tired.)	" KII NY			
COMPL	12		Bus Boy			Washin	gton Hi	lton Hotel
8	17. FATHER'S NAME (First, Middle, Last)			16. M	OTHER'S NAME	(First, Middle, Maiden S	Surname)	
BE	Benjamin Arias					nteserin		
0	19a. INFORMANT'S NAME (Type/Print)		and the second s	ORESS (Street and Num				
	Maria E. Arias		5504 Ti	ilden Road	l, Blad	ensburg,	Marylan	d 20710
	20a. METHOD OF DISPOSITION  1 XBurlal 2 Cremation 3 Ref	movel from State 20b	PLACEAND DATE OF D	ISPOSITION (Name of			ATION — City or	Town, Stata
	4 Donation 5 Other (Specify)	Mt	etery cremetory or other 01ivet (		4/30		hington	, DC
	21. SIGNATURE OF FUNERAL SERVICE L	CEMBER /	. 1	Francis (	RESS OF FACILI	Sone Fun	aral Ho	me DA
	Varje	D true	inal					e, MD 20781
	23. PART I. Enter the diseases, or	complications that caused List only one cause on e	the desth. Do not	enter the mode of	dying, such a	s cerdiac or respire	atory arreat,	Approximate
z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. a. cecte of Boundary of the Control of the Contr		presea	Sy /	Lacher	-c	interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thei initiated events resulting in deeth) LAST	a chidera	CONSEQUENCE OF):	carcin	ine	e lake	200	majer
AL C	PART ii. Other significant condition	na contributing to death b	ut not resulting in ti	ne underiving caus	e given in Par	t i. 24s. WAS AN A	IITOPSV 24	Ib. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICA						PERFORM 1 YES 2	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outp		HER:	DEATH (Check of			
Ŧ	27. MANNER OF DEATH	28e, DATE OF INJURY	28b. TIME OF	Nursing Home 5  28c. INJURY AT		d. DESCRIBE HOW IN.	ILIEN OCCUPED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2		a. DEJONIBE HOW INC	JOH! OCCORED	
	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY building, aic. (Spec	— At home, farm, stree			L LOCATION (Street an	d Number or Rural	Route Number,
1	4 Homicide determined	ounding, arc. (Spec	ny)			City or Town, State)		
7	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of my knowl	edge, death occurred at	the time date and ale	an and due to t			
COMPLETED	one) 2 MEDICAL EXAMINI	ER: On the basis of examination	end/or investigation, in	my opinion, death oc	cured at the time	, date and place, and	er as stated. due to the couse	(s) and manner as stated.
	296, ASGNATURE AND TITLE OF CERTIFIE				CENSE NUMBER			
TO BE	NUL	7 MD		De	2008	/	► 4/ =	30 - 9 )
	30. NAME AND ADDRESS OF PERSON W	1 my course of DE		21 Leru	Dyn ld	15 Mis	1207	40
	MAY 0 4 199	32 St. REGISTRAR'S STONE	Tason-Mandale	2	1			`
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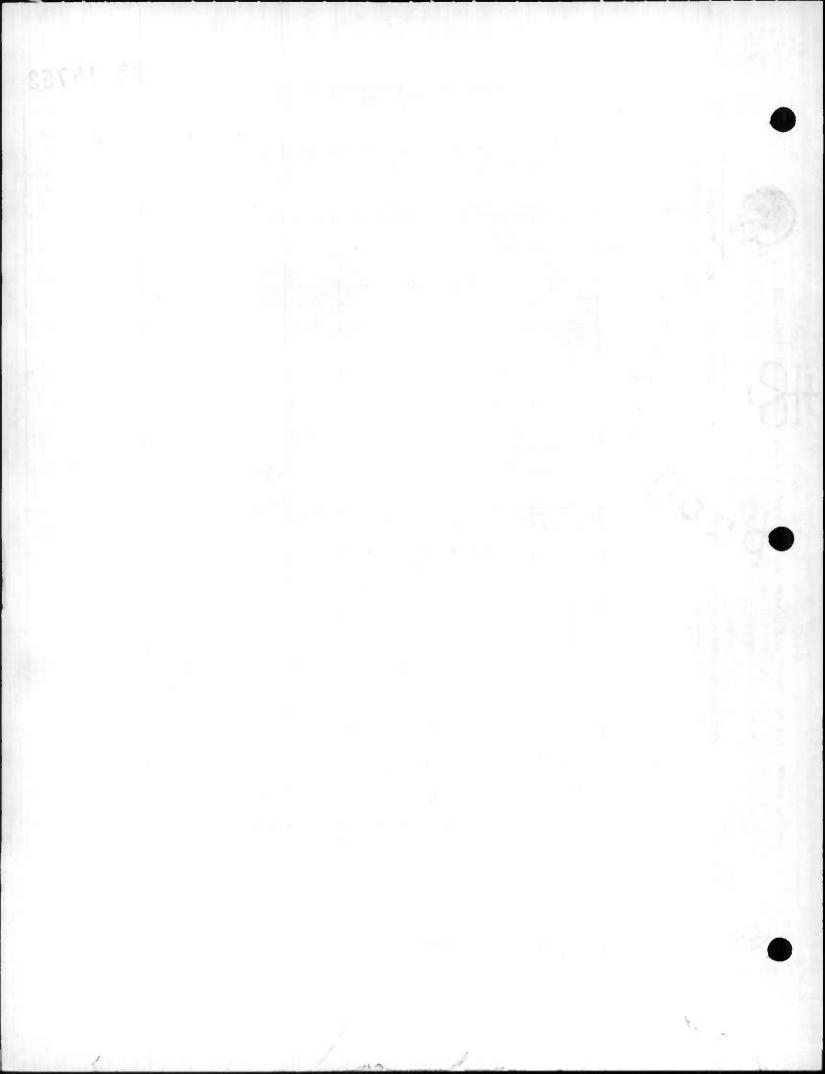
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H	蕭	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medi-
5	2	蓋
	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in b.	TO THE FUNERAL DIRECTOR After this centificate has been signed by the attending physicien and completely filled in bit of states of the state within 72 hours after death with the State Digo, of Health and Mental Hydiens prior to burist, cremation, or ner

REGISTRAR			CERTIFI	CATE OF DE	AIH	REG. NO	)	
Aleathea	Amo	s			2.	April 2	7 1992	YEAR 12:47
4. SOCIAL SECURITY NUMBER 578-32-0848	+ 🗆 w :	KI *		WORTHS OVERS HOUR	IS MIN.	Mover, Day, Year) 9-07-191	2	B. BIRTHPLACE (Statu or Fore Country) Kansas
Bradford Oa				Clinton		•	Tall State	e George's
Maryland	Montgome		1000000	Town on Location Theaton				10d. INSIDE CITY LIMITE? 1 - YES 2- N
10s. STREET AND NUMBER 2809 Rando	lph Road			101. ZIF C	00E 0902			ted States
11. MARETAL STATUS 1 ☐ Never Married 2 ☐ Married 2 ☐ Married 2 ☐ Divorce	arried FORC	EST 1 1 Y	ER IN U.S. ARMED YES 2 NO OR GATES	13. WAS DECEMBER If yee, specify C 1 ☐ YES 2 🚫	uben, Mexican, P	ORIGIN? (Specify Ye verto Rican, etc.)		14. RACE — American Indian Black, White, etc. Specify White
15. DECED (Specify only in Elementary/Secondary (8-12	ENT'S EDUCATION ighest grade completed)	(1-4 or 5 +)	(Give kind of we Me. On NOT use	1000	orking	166. KIND OF BU		
17. FATHER'S NAME (First, Mile)	Se, Lant)	_	Liaiso		OTHER'S NAME	Fed &	Seattle Sea	overnment
Not Availab		Eic	choltz		Not Ava			
194. INFORMANT'S NAME (Type	T. CYCH. /			ADDRESS (Street and Mun				
Wortley (				ndolph Ros	d, Whea	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN	-	where we will be a second
1 D Burtel 2 □ Cremation 4 □ Donation 5 □ Other (%	3 [] Samoual from !	State	cometery cremetory or off Fort Linco	er place)	. 1	50700 E.T		l, Maryland
> 161	E. Din	00	M00877	Fort Line	oln Fur	neral Hot	ne, In	c., 3401
23. PART I. Enter the dise shock, or hear	ases, or complicati	ons that cau	used the death. Do no	Bladensbu	rg Rd.,	Brentwo	od, M	D., 20722 st.   Approximat
23. PART I. Enter the dise shock, or hear IMMEDIATE CAUSE (Final disease or condition resulting in death)	rt failure. List only	ung Ca	used the death. Do no on each line.	ot enter the mode of	rg Rd.,	, Brentwo	ood, M	D., 20722
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DIVISION OF VITAL RECORDS, P.O. BOX 6876	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and com
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	1. DECEDENT'S NAME (Fire	st, Middle, Last)	J	essie	Willia	ms Alle	F DEAT		2. DATE			YEAR 22	3. TIME OF DEATH
	4. SOCIAL SECURITY NUM	MBER	5. SEX		yrs. last birthday)	IF UNDER 1 YEAR		24 HRS.	7. DATE (				PLACE (State or For
	241-10-5000		1 M 2 F	85	YRS.	9b. CITY, TOW	B HOURS	MIN.	01/	25/07		Countr	on, N.C.
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DIRECTOR	RESIDENCE OF DE	CEDENT				Daiti	LIIIOTE				Da	TCIIII	ore
RE	10a. STATE	10b. COUNT				r, TOWN OR LOC							10d. INSIDE CITY LIMITS?
	Maryland		nce Georg	e's		Ft. Was							14 YES 2 [
RA	10e. STREET AND NUMBER						101. ZIP CODE		,				HAT COUNTRY?
NE	6206 Targor	Court	12. WAS DECEDEN	IT EVED IN I	I S A DAVED			2074	·			USA	
BY FUNERAL	1 Never Married 2		FORCES?	YES	2 X NO	If yes,	ECENDENT O specify Cubar ES 2 NO	n, Maxican	, Puerto R	(Specify Yea ican, etc.)	or No	14. RACE Black Specif	- American India , Whita, etc. y: Black
0	15. DE	CEDENT'S EDU	JCATION .	1	6a. DECEDENT'S	USUAL OCCUPA	TION		16b.	KIND OF BUS	SINESS/IND	DUSTRY	
9	Elementary/Secondary		College (1-4 or 5	+)	life. Do NOT us	vork done during i e retired.)	most of workin	g					
MP	7		None		Presse	r				Parham	n Cle	aner	s
COMPLET	17. FATHER'S NAME (First,						11-11-1			liddle, Maiden	Surname)		
BE	Ike Willian				_			ancy					
ဥ	19a. INFORMANT'S NAME	, contract				ADDRESS (Street							
	Alice F. 01					Targon		, Ft					
	1 Burlei 2 Cremati	ion 3 🗆 Ren	noval from State	cemete	ACE AND DATE	her plecel		- 1	DATE		CATION —		
	21. SIGNATURE OF FUNER		CENSEE	- met	ropolit		AND ADDRES			Ale	exand	rıa,	VA
	1 to	1		11	/	Franc	ris Ga	sch	s So	ns Fun	neral	Hom	e. PA
	23. PART I. Enter the shock, or	diseasea, or heart fellure.	complications the	et ceused t	he deeth. Do r	4739	Balti	more	Ave	., Hya	ittsv	ille	, MD 207
TIFICATION	23. PART I. Enter the shock, or immediate CAUSE (Fidiseese or condition resulting in death)  Sequentially list cond if any, leading to immediate. Enter UNDERLY CAUSE (Diseese or in that initieted events resulting in deeth) LA:	itions, ediate YING lury	B. DUE TO	OR AS A CO	the deeth. Do not hilline.  ONSEQUENCE OF THE ON	4739 ot enter the n  Sepsip	Balti mode of dyl	more ng, auch	Ave	., Hya	ittsv	ille	, MD 207 Approxima
AL CERTIFICATION	shock, or I IMMEDIATE CAUSE (F) disease or condition resulting in death)  Sequentially list condi if any, leading to imm- cause. Enter UNDERLY CAUSE (Disease or inj that intitleted events resulting in deeth) LA:	Itlons, ediate YING jury	a. DUE TO b. DUE TO c. DUE TO	OR AS A CO	ONSEQUENCE OF	4739 ot enter the n  Sepsif N  PNE	Balti node of dyl	more ng, auch	Ave as card	., Hya	attsv ratory arr	ille reat,	, MD 207 Approxima Interval Be Onset and
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BY PHYSICIAN: MEDICAL C	shock, or IMMEDIATE CAUSE (F) disease or condition resulting in death)  Sequentially list condiff any, leading to immicause. Enter UNDERLY CAUSE (Disease or Injust intitleted events resulting in deeth) LA:  PART II. Other algnification of the condition of the c	Itions, ediate ving strong str	B. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	GOR AS A CO GOR AS	ONSEQUENCE OF	4739 ot enter the n  Separation of the service of t	Balti: mode of dyli  HDN1  Ing ceuse g  PLACE OF DE  PLACE OF DE  NJURY AT  WORK? YES 2	more ng, auch piven in F	Ave as card	24e. WAS AN PERFOR 1 YES 2	AUTOPSY MED?	111e reat,	Approxima interval Be Onset and Onse
ED BY PHYSICIAN: MEDICAL C	shock, or IMMEDIATE CAUSE (F) disease or condition resulting in death)  Sequentially list condiff any, leading to immicause. Enter UNDERLY CAUSE (Disease or Injust intitleted events resulting in deeth) LA:  PART II. Other algnification of the condition of the c	itions, ediate ying lury ST Cant condition	B. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	GOR AS A CO GOR AS	ONSEQUENCE OF TO THE PROPERTY OF THE PROPERTY	4739 ot enter the n  Separation of the service of t	Balti: mode of dyli  HDN1  Ing ceuse g  PLACE OF DE  PLACE OF DE  NJURY AT  WORK? YES 2	more ng, auch piven in F	Part I.	24e. WAS AN PERFOR	AUTOPSY MED?	111e reat,	Approxima interval Be Onset and Onse
ETED BY PHYSICIAN: MEDICAL C	Shock, or IMMEDIATE CAUSE (F) disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition in the condition in the cause. Enter UNDERLY CAUSE (Disease or injust in the cause. Enter UNDERLY CAUSE (Disease or injust in the cause. Enter UNDERLY CAUSE (Disease or injust)  PART II. Other algnification in the cause of	itions, ediate ying lury st condition medical.  To MEDICAL  Pending investigation could not be detarmined detarmined medical.	B. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	OR AS A CO OR AS A CO	ONSEQUENCE OF TO DONSEQUENCE O	4739 ot enter the n  le sy ): N DNE ): n the underlyi  26. OTHER: 4   Nursing He E OF   28c. II JRY M   1   treet, factory, off	Balti: mode of dyli  HDN1  Ing ceuse g  PLACE OF DE  PLACE OF DE  PLACE OF DE  PLACE OF DE  PLACE OF DE  PLACE OF DE  PLACE OF DE  PLACE OF DE  PLACE OF DE  PLACE OF DE  PLACE OF DE  PLACE OF DE  PLACE OF DE  PLACE OF DE	more ng, such place in Place i	Part I.  Part I.  Other 28d. DESC.  City o	24e. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW IN TION (Street a r Town, State)	AUTOPSY MED? NO NJURY OCCURRY AUTOPSY and Number	24b.	MD 207 Approxima Interval Be Onset and  WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CA OF DEATH?  1 YES 2 N
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Shock, or IMMEDIATE CAUSE (F) disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition in the condition in the cause. Enter UNDERLY CAUSE (Disease or injust in the cause. Enter UNDERLY CAUSE (Disease or injust in the cause. Enter UNDERLY CAUSE (Disease or injust)  PART II. Other algnification in the cause of	itions, ediate ying lury ST Cant condition TO MEDICAL  Pending investigation  Could not be detarmined CTIFYING PHYS	B. DUE TO  DUE	GR AS A CO GR AS A CO	ONSEQUENCE OF TO DONSEQUENCE O	4739 ot enter the n  le sy ): N DNE ): n the underlyi  26. OTHER: 4   Nursing He E OF   28c. II JRY M   1   treet, factory, off	Balti: mode of dyli  MDN1  Ing ceuse g  PLACE OF DE  Ome 5 Rei  NJURY AT  WORK?  YES 2 Tica  ste and place, , death occurre	more ng, such place in Place i	Ave as card	24e. WAS AN PERFOR 1 YES 2 (Specify) CRIBE HOW IN TION (Street a r Town, State)	AUTOPSY MED?  AUTOPSY MED?  AND NUMBER occurred Number as stated dies to the	24b.  24b.  or Rural R  ed. e cause(a)	MD 207 Approxima Interval Be Onset and  WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CO OF DEATH?  1 YES 2 N



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BOX 68760.	
S. P.O.	
ECORD	
OF VITAL R	
DIVISION	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filled within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	once.
retained by	5 should b	notified a
te 6 may be	irector, page	must be
r death. Pag	ne funeral di	examiner
4 hours afte	filled in by the	e medical
rted within 2	completely fial, cremation	c event, th
ate be execu	ysician and prior to bur	r traumati
leath certific	attending pl	y, or othe
as that the o	afth and Me	s any Inju
e law require	has been signed.	23 show
YSICIAN: Th	s certificate	d, or item
ENDING PHY	DR: After this ler death wit	s is marke
TAL OR ATT	VAL DIRECTO 72 hours aft	If item 28
TO THE HOSPI	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND A	/ DEPAF ERTIF					MENTAL	HYGIEN REG. NO	E	2	4754
	1. DECEDENT'S NAME (First, Middle, L		AYE						2. DATE O	F DEATH	AY	YEAR 2	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	st birthday)	IF UNDE	R 1 YEAR	IF UNDER		7. DATE O	E BIRTH		8. BIRTH	PLACE (State or Foreign
	219-34-6844	1 🗆 M 2 😿 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.		30,	1916	Mar	yland
TOR	9a. FACILITY NAME (If not institution, g Baltimore Cou	nty Gen. Ho	ospital		9b. CIT	Ran	dall:		EATH		9c. COUN	TY OF D	
DIRECTOR	10e. STATE 10b. CO	10c. CIT	Y, TOWN	or Locat	ion gs M:	ills					10d. INSIDE CITY LIMITS? 1 YES 2 YNO		
FUNERAL	100. STREET AND NUMBER  111 Oakme	ere Rd.				101	ZIP CODI	1117			10g. CITIZ		S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	T EVER IN U.S. AI YES 2 X	RMED NO	13.	WAS DEC	city Cube	n, Mexica	NIC ORIGIN? In, Puerto Ri y:	(Specify Ye can, etc.)	or No-	14. RACE Black Specifi	- American Indien, White, etc.
COMPLETED	15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION trade completed)  College (1-4 or 5		ECEDENT'S Give kind of to Do NOT us	work done	during mo	IN st of worldr	ng	16b.		siness/ind		
MP	6			Co	ok					nes	taura	me	
BE CO		A. Bosley						Dm	ma R.	Cole			
10	Pauline W hitte	en	19	111	Oakm	s (Street e	Rd.,	Owi:	ngs M	ills,	m. State Zip Md.	2111	.7
	20e. METHOD OF DISPOSITION 1 M Burlet 2 Cremetion 3 1 4 Donation 5 Other (Specify)	Removal from State	20b.PLACE cemetery, crit	ematory or o	ther place	1		18.	1992		erco,	-	vn, State
	21, SIGNATURE OF FUNERAL SERVICE	Elicensee	*			Eck!	nard	t Fu	neral	Chap		ings	21117 Mills, Md.
	iMMEDIATE CAUSE (Finel disease or condition	ire. List only one cau	ise on each line	e.		r the mo	de of dyl	ng, auc	h aa cerdi	ac or reap	iratory arre	est,	Approximata interval Between Onset and Death
	reaulting in death)	a. END -	(OR AS A CONSE	QUENCE O	F):	711	_		CICIT	2212			17
z	V	b. A C.											4 D.
OT 1	Sequentially list conditiona, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE O	F):				0 1				
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		OR AS A CONSE			2040	) ~	C/r	RZIA	JOM,	<b>1</b> .		
0	PART II. Other aignificent condi	tions contributing to	deeth but not	requiting	in the H	nderlylna		hen In	Port I	24a. WAS AN	ALITOROV	1.00	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL										PERFOR	MED?	240.	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IAN	25. WAS CASE REFERRED TO MEDICA					26. PL	ACE OF D	EATH (Ch	eck only one)	1			
Sign	EXAMINER?	HOSPITAL:	ER/Outpatient 3	DOA	OTHE		5 🗆 Re	sidence	6 Other	(Specify)			
ву РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigati	26a. DATE OF (Month, D	INJURY ay, Year)	28b. TIM	E OF URY M	26c. INJU WOI 1 Y		NO NO	28d. DESC	RIBE HOW I	NJURY OCC	URED	-
	3 Suicide 6 Could not 4 Homicide determine	be 28s. PLACE O	F INJURY — At he atc. (Specify)	ome, farm, s	street, fac	tory, office	,		28f. LOCAT City or	FON (Street Town, State)	and Number	or Rural Ri	oute Number,
COMPLETED		HYSICIAN: To the best of a											end manner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERT	IFIER Q	M.0				29c. LICE	HSE NUN					(Month, Day, Year) 1-92,
-	30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CALL	SE OF DEATH ATE	M 070 /5	0-1-4								

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DANIEL H. ROSLER. BCGH.

31. DATE FILED (Month, Day, Year)

MAY 15'92

June Deutscher Person

31. DATE FILED (MONTH, Day, Year)
MAY 1 5 '92

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manger (dla / maid)

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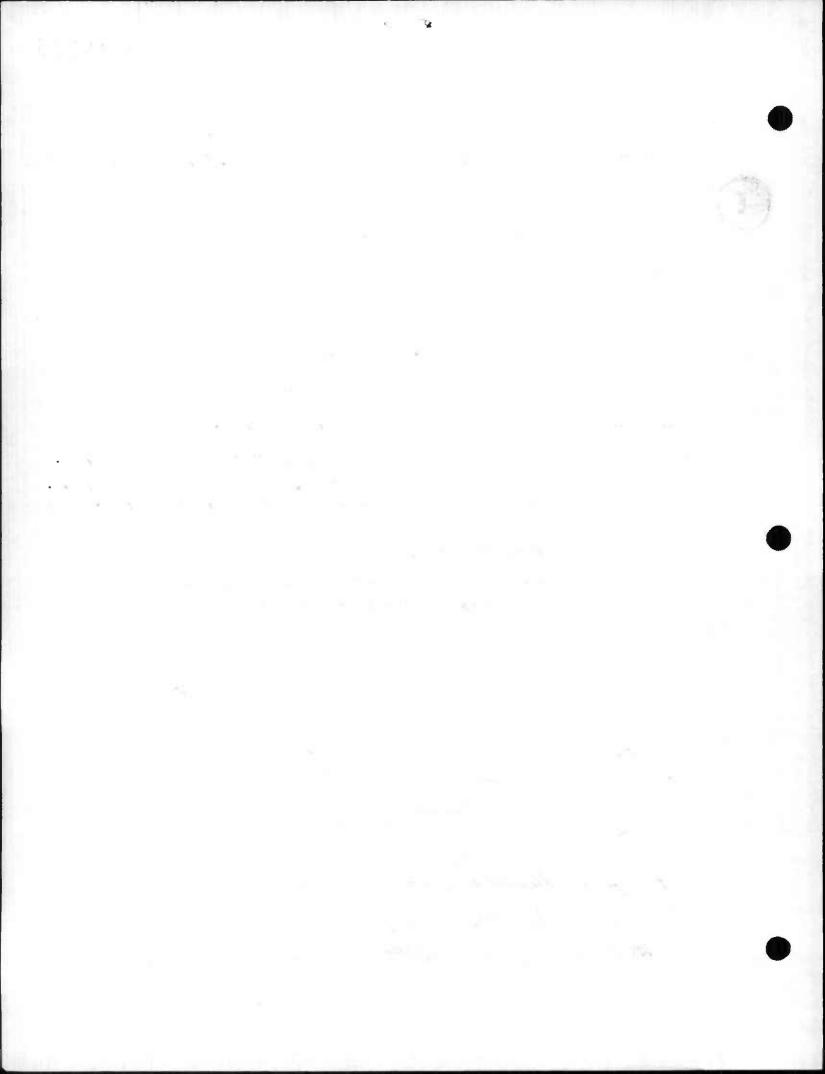
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. To hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT, If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

- STATE REGISTRAR		STATE OF N		CERTIF					MENTAL	REG. NO.	E		
1. OECEDENT'S NAME (First, I		ADAMS							2. DATE O	7, 19		YEAR	3. TIME OF OEATN 2:45 PM
4. SOCIAL SECURITY NUMBE 214-12-9260		5. SEX	6. AGE (In yrs	s. last birthday) YRS.	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE O	_		8. BIRTH	HPLACE (State or Foreign) The Caroli
9a. FACILITY NAME (If not inst	Itution, give s			Tho.	9b. CITY	, TOWN C	R LOCATIO	ON OF D		10,		NTY OF D	
5 Brooks Roa	-				Be	el A	ir					ford	
RESIDENCE OF DECE	10b. COUNT	Y		10c. CIT	Y, TOWN O	OR LOCAT	ION						10d. INSIDE CITY
Maryland	На	rford			l Ai								LIMITS?
De. STREET AND NUMBER				0		101	. ZIP CODE	E			10g. CIT	ZEN OF V	WHAT COUNTRY?
5 Brooks Ro	ad						210					USA	
1. MARITAL STATUS  Never Married 2 1		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	MO	1	If yes, spi		n, Mexica	NIC ORIGIN? in, Puerto Rid ly:		or No—	Spec	E — American Indian, k, White, etc. iite
15, OECEI (Specify only)	DENT'S EDU		16a	DECEDENT'S				20	16b. F	UNO OF BUS	INESS/INC		106
Elementary/Secondary (0-1		College (1-4 or 5 +	As	ille. Do NOT u	se retired.)			-	man	Town	n Mai	nter	nance
7. FATHER'S NAME (First, Mid James Isaac	Ada	ms					18. MOTI Rec	jina	Edit	ddle, Maiden Lh De	Surname) Borc	l	
Mary Regina				5 Bro					ir, Mc			Code)	
De. METHOD OF DISPOSITIO	N		20b. PLA	CEANDDATE	OF DISPOS	ITION (Na	me of		DATE	20c. LO	CATION —	City or To	own. State
☐ Burlel 2 ☐ Cremetion ☐ Donation 5 ☐ Other (S	3 🗆 Rem Specify)	oval from State	Be1	Air M	emor:	ial	Gard	ens!	5-11-9	2			Air, Md.
SIGNATURE OF FUNERAL	SERVICE LIC	LA Pass	0111		H	owar		McC	Comas				lome, P.A.
Sequentially list condition and the sequential of the sequential o	na, ete	a. RENADUE TO  b. CARCIN  DUE TO  OUE TO	OM AS A CON		777 FI: WEL	E	WIT VD L	H	MET,	ASTA	)SE S		
ART II. Other eignificen		s contributing to	daeth but n	ot resulting	in tha un	derlying	) cause (	given in		PERFOR	MED?	24b	WERE AUTOPSY FINDS AMARABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
5. WAS CASE REFERRED TO EXAMINER? 1 YES 2 NO	MEOICAL	HOSPITAL:	50.0 · · ·		OTHER	<b>1</b> :			eck only one)				
MANNER OF DEATN  1 Netural 5 P		1 Inpatient 2 I	INJURY	28b. TIM	_	28c. INJ	URY AT	NO	8 Other (	Specify)	JURY OC	CUREO	<del></del>
3 Suicide 8 C	vestigation build not be itermined	28e. PLACE Of building,	INJURY — A	t home, farm,	street, tecto		_	, 110	28f. LOCAT City or	ION (Street e Town, Stete)	nd Number	or Rural F	Route Number,
	AL EXAMINE						eath occur	ed at the	time, date e		d due to th	e ceuse(e	o) end menner ee stated
Phelip (	2.	Henn	an	X			29c. LICE		49 A	101			(Month, Day, Year) -9 Z
NAME AND ADDRESS OF I	11)	COMPLETEO CAUS	1ah	m.	Print)					7	3	· ·	
MAY 08'	32	gulia 1	avidson	Randall									





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

BEG NO.

	1100011001			LITTE	ICALE	- UF	DEALL		REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last) Buck-Lew, Sec-ai	-	Sec-Ai	. B	uck-I	Lew		2. DATE O MONTH		08	92	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 213342343	5. SEX 1 🔀 M 2 🗍 F	6. AGE (In yrs. Ia	at birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O		10	8. BIRTI	IPLACE (State or Foreign	
	9e. FACILITY NAME (If not institution, give :	street and number)	-		9b. CITY,	TOWN (	OR LOCATION OF		13		NTY OF E	CHINA	
DIRECTOR	St. Agnes Hospi	t. Agnes Hospital Balt							altimore city				
DIRE	Maryland Howa	•		10c. CIT	v, town o E1kr							10d. INSIDE CITY LIMITS?  1 YES 2 NO	
FUNERAL	106. STREET AND NUMBER 5877 Woodvalle	TREET AND NUMBER 5877 Woodvalley Road					21227			U.S		WHAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	YES 2	RMED		f yee, sp	ENDENT OF HISP.	cen, Puerto Ric	(Specify Yes		14. RACI	E — American Indian, k, White, etc.	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(G	ive kind of a	-	during mo	ON st of working	16b. H	IND OF BU	SINESS/INI	DUSTRY	TELLOW	
OMP	17. FATHER'S NAME (First, Middle, Last)			Eng:	ineer		1a, MOTHER'S N	AME (First, Mid	ldle, Meiden	Surname)			
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street s	ad Number or Rum	/ Route Number	Ch. o. Tou	- Di-t- 7	0-41		
2	Mrs Rose Buck-Lew						nd Number or Rure ey Road		_				
	1 Donation 5 Other (Specify)		20b. PLACE : cemetery, cre Metr	o Cre	ther plece) 2mato	ry	Inc	5/13		onsv		wn, Stete , Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIC		7		На	rry	H Witzl	ke Fun					
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa reaulting in death) LAST	c	OR AS A CONSECUTOR AS A CONSEC	DUENCE OF	The	f and	+ Fail	Line				Onset and Death	
MEDICAL CE	PART II. Other aignificant condition  Chronic C	s contributing to d	eath but not r	eaulting i	n the und	derlying	cause given in		4a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO	
THE SIGNAL	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (C	hack naty one)					
	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER 4 Numb	:	5 Reeldence		2000/44				
	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF IN (Month, Day,	(JURY Year)	28b. TIMI	E OF	28c. INJI WO		28d. DESCR		NJURY OC	CURED		
	3 Suicide 6 Could not be determined	28e. PLACE OF I building, at	INJURY — At ho c. (Specify)	me, ferm, s	treet, fecto	ery, office		261. LOCATI City or	ON (Street e Town, State)	nd Number	or Rural R	oute Number,	
	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC DESCRIPTION OF THE PHYSIC DESCRIPTION OF TH	CIAN: To the best of m	y knowledge, de mination end/or i	nth occurre	d at the tin	ne, date	end place, end du	e to the cause time, date en	(e) end men d plece, en	ner as stat	ed. e ceuse(e	end menner ee stated.	
2 2	296. SIGNATURE AND TITLE OF CERTIFIEF	my 7	mse i	Allen	oly		29c, LICENSE NU	MBER /			E SIGNED	(Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO  31. DATE FILED (Month, Pay, Year)  NAY 1 1 92	32. REGISTRARY											
	MAI T T 3Z	June 1	CHUTALON-	Many de	The same								

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	HEGISTHAN		CE	HIIF	ICAL	E UF	DEAL	н		REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) FRANCI) BU	LYLEY F	RANCIS	С.	BUCK	LEY			2. DATE OF MONTH	DEATH D	w 08	YEAR 92	TIME OF DEATH A
	4. SOCIAL SECURITY NUMBER 213 07 2695	5. SEX 6.	AGE (in yrs. last	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Morith, D August	ev Weer)		Country)	ACE (State or Foreign
	9e. FACILITY NAME (If not institution, give a	street end number)			9b. CITY	r, TOWN C	R LOCATIO	ON OF DE				TY OF DEAT	
DIRECTOR	Frederick Memori	al Hospita	1		F	rede	rick				Frederick		
B	10a. STATE 10b. COUNT	Y		10c. CIT	Y, TOWN (	OR LOCAT	ION					140	Dd. INSIDE CITY
	Maryland Howa	rd				cott	Cit						LIMITS?
FUNERAL	104. STREET AND NUMBER 8540 Highridge Ro	ad				101	2104;				_	S.A.	AT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT E			13.	WAS DEC	ENDENT O	F HISPAI	NIC ORIGIN? (S	Specify Yes	or No—	14. RACE	American Indien.
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 [] IF YES, GIVE WAR		ю			2 NO		m, Puerto Rica y:	in, etc.)	200	Specify:	White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		18e. DE(	CEDENT'S	USUAL O	CCUPATIO	ON at of working	9	16b, KI	ND OF BUS	SINESS/IND	USTRY	
PLE	Elementary/Secondary (0-12)	College (1-4 or 5 +)	<i>M</i> .		Tra				İ				
O	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	ER'S NA	ME (First, Mide	lle, Maiden	Sumame)		
BE C	Frank Buckley						Reg	gina	Co	wan	,		
0	19e. INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS	S (Street a	nd Number	or Rural I	Route Number,	City or Town	n, State, Zip	Code)	
F	John C Buckley S	r.	2	942	N Ro	gers	Ave	P.0	. Box	443	Ellic	cott (	City 21043
	20s. METHOD OF DISPOSITION    Buriel 2   Cremation 3   Rem 4   Donation 5   Other (Specify)		20b.PLACE A comptony, creat GOOD	no dated	ephe	rd C	emet	ery	5/11	E11	icot	City or Town,	State  7 Md.
	21. SIGNATURE OF FUNERAL SERVICE LIK	ZI. WIZ	1		22 H	arry	H W	S OF FA	e Fune	eral	Home	Inc.	
	23. PART I. Enter the diseases, or	complications that c	used the de	nth. Do r									Approximate
	immediate Cause (Final	List only one cebse	on each line.										Interval Between Onset and Death
	disease or condition resulting in death)	AWTE	AS A CONSEC	CA	192	AL	71	uff	ANCT	125			39411
_		- A.S.			r):								159/
TIO	Sequentially list conditions, if any, leading to immediate	0	AS A CONSEC		F):								
FIG.	CAUSE (Disease or Injury	cDUE TO (OF	AS A CONSEC	LIENCE OF	n.								
CERTIFICATION	that initiated events resulting in death) LAST	d			,.								
	PART ii. Other significent condition	a contribution to de	ash his and a										
EDICAL	- PHEUMON	- A	eth but not n	suiting i	in the un	ideriying	g ceuse g	Iven in		PERFOR	MED?	AM	ERE AUTOPSY FINDINGS  ARABLE PRIOR TO  MPLETION OF CAUSE
									-   '	YES 2	□ NO	Of	DEATH?
ž													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				700	ACE OF DE	ATH (Ch	eck only one)				
YSI	1 TYES 2 PNO	1 Inpatient 2 E	VOutpatient 3	□ DOA	OTHER 4 Nun		e 5 🗆 Res	idence	8 Other (S)	oeclfy)			
PHYSICIAN: M	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF INJ (Month, Day, 1		28b. TIMI INJ	E OF URY M		URY AT RK? YES 2	NO	28d. DESCR	BE HOW II	NJURY OCC	UREO	
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF IN	IJURY At hor	ne, ferm, s	treet, fact		_		28I. LOCATIO	N (Street e	and Number	or Rural Bout	a Number
91	3 Suicide 8 Could not be determined	building, etc.	(Specify)						City or T	own, State)	TO THE THE	or nurer roops	r rumos,
COMPLETED		CIAN: To the best of my											nd manner se stated.
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	3					29c. LICE	NSE NUA	ABER .		29d. DATE	SIGNED (M	onth, Day, Year)
5 B	you have	JULIO 1	JEHO	CAL			7)-	31	912		<b>&gt;</b> (	05/0	28/92
	30. NAME AND ADDRESS OF PERSON WH JULIO THE ENOL AL	SIL TR	AIL			FNE	DE	Zii	4, 1	^D	21-	101	
	31. DATE FILED (MAY I I '92	32. REGISTRAR'S	SIGNATURE Drividson		202								

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VITAL RECORDS, F.O. BOA 80/80,	e law requires that the death certificate be e
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	ATTENDING PHYSICIAN: The
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria-transit permit.
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY		RTMENT OF			IENTAL HYGIEN REG. NO.	2 6	2 14758
	1. DECEDENT'S NAME (First, Middle, Last) LISTON (NMN)	BEVARD				1	2. DATE OF DEATH MONTH MAY	5 19	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 213-38-8737	1 XM 2 □ F	E (In yrs. last birthday)	IF UNDER 1 YE		24 HRS.	7. DATE OF BIRTH (Month, Day, Year) May 14,	1905	BIRTHPLACE (State or Foreign Country) Maryland
TOR	90. FACILITY NAME (If not institution, give so  Bel Forest Nursir  RESIDENCE OF DECEDENT	ALCO SERVICE S			est Hi		Maryland	se. COUNTY	of DEATH rford
DIRECTOR	Maryland Harf			r, town or Lo	CATION				10d. INSIDE CITY LIMITS? 1  YES 2 NO
FUNERAL	100. STREET AND NUMBER 1115 Carrs Mill				101. ZIP CODE 210	)14		U	N OF WHAT COUNTRY?
BY FU	11. MARITAL STATUS  1 Never Married 2 Merried  3 Nidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	If yes	DECENDENT OF SPECIFIC CUBER OF	7, Mexican,	C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No — 14	RACE — American Indien, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done during se retired.)		g	16b. KINO OF BUS		
BE CON	17. FATHER'S NAME (First, Middle, Last) Liston Burr	s Bevard			Vi	rgin			Rutledge
10	190. INFORMANT'S NAME (Type/Print)  Arnold F. Bevard		196. MAILING	Carrs N	et end Number 1ill Ro	or Rural Ac	el Air, M	n, Stete, Zip Co arylan	ad 21014
	20e. METHOD OF DISPOSITION 157 Burlel 2 December 3 Remy 4 Donation Donation	oval from State	Ob. PLACE AND DATE	Memoria	al Gard	lens	1992 Bel	Air,	y or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE LIC	C (Smile	1/2	131	7 Coke	sbur	y Rd., Abi	ingdon	Home P.A.
	23/PART I. Enter the disease, or c shock, or heert failure. I IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceuse on	ed the deeth. Do eech line.					ratory errea	t, Approximete Interval Between Onset and Death
NOIL	Sequentially list conditions, if any, leading to immediate		A CONSEQUENCE O	20					
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	F):					
PHYSICIAN: MEDICAL CE	PART II. Other algorificent conditions	a contributing to deeth	but not resulting	In the underl	ying cause g	iven in P	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Ou	t-11-1 1 D 201	OTHER:	. PLACE OF DE				
ву РНУ	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIA	IE OF 28c.	INJURY AT WORK?  YES 2		Other (Specify) 28d. DESCRIBE HOW IN	NJURY OCCUR	RED
8	3 Suicide 8 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	RY — At home, ferm, secify)	atreet, factory, o	ffice	,	281. LOCATION (Street a City or Town, Stelle)	ind Number or	Rural Route Number,
COMPLET		CIAN: To the best of my kno							ouse(e) end menner ee stated.
TO BE C	296. SIGNATURE AND LITTLE OF DENTIFIER 30. NAME AND ADDRESS OF PERSON WHO	Sun	W	)		NSE NUMB		29d. DATE S	IGNED (Month, Day, Year)

WE AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

'92

32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year)
MAY 18

DHMH-16 Rev 1/89

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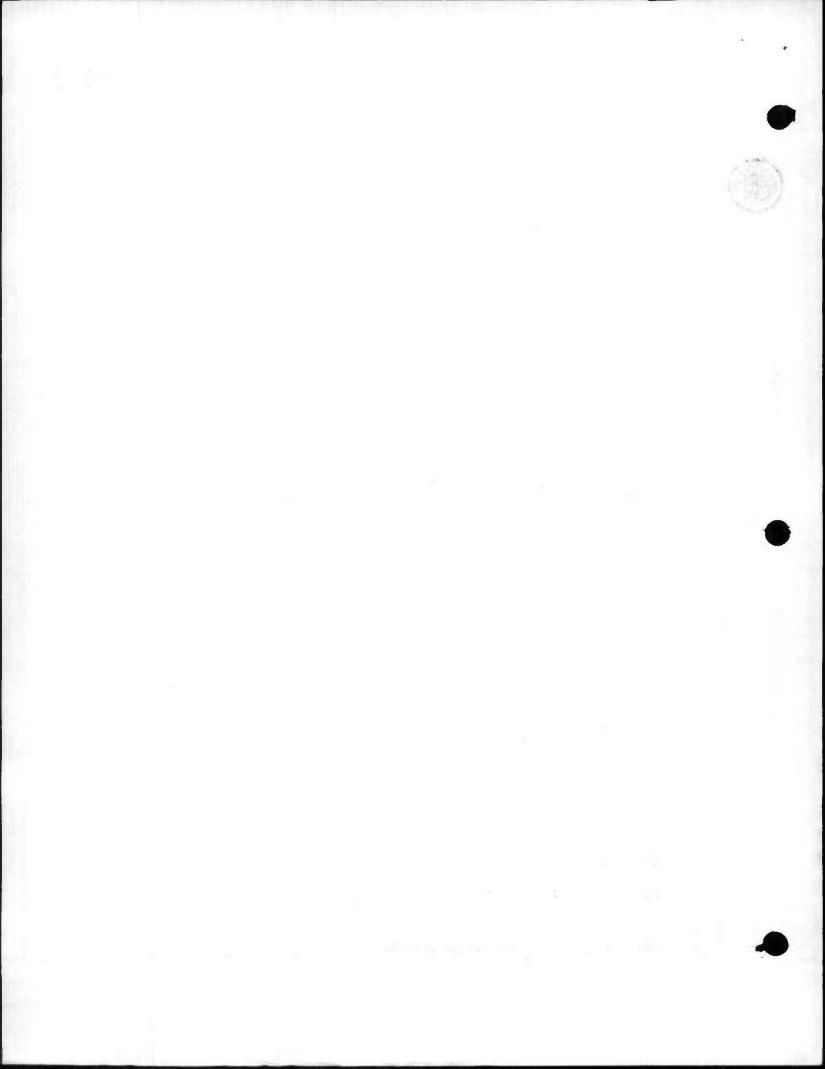
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital o	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filled within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 92 14759
CERTIFICATE OF DEATH
REG. NO.

	1 - STATE REGISTRAR	011112 01 1	CI		ICATE				REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		. 0		)				2. DATE OF DEATH	H	YEAR	3. TIME OF DEATH		
	RUTH	NAUMI		RUL	SN	4			5	17	92	11-45 AMM		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs. les		IF UNDER	1 YEAR DAYS	# UNDER	24 HRS. MIN.	7. DATE OF BIRTH	c)	8. BIRTI	HPLACE (State or Foreign		
	316-16-0049	1 🗆 M 2 💢 F	67	YRS.		UNIO	HOURS	MINT.	10-18-22	ľ		ntucky		
~	9a. FACILITY NAME (If not institution, give	street and number)			9b. CITY,	TOWN C	OR LOCATIO	N OF DE	ATH	9c. 0	9c. COUNTY OF DEATH			
0	Carroll County	General 1	Hospital		We	estm	inst	er		Ca	arroll			
ü	10a. STATE 10b. COUNT			_	Y, TOWN O	R LOCAT	ION					10d. INSIDE CITY		
DIRECTOR	Maryland Ca	arroll			Key	mar						LIMITS?		
	10e. STREET AND NUMBER					101	ZIP CODE		·	10g.	CITIZEN OF	WHAT COUNTRY?		
EB	1755 Keysvill	le-Brucev	ille Roa	ad			217	57			U.S.A			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN							IC ORIGIN? (Specify			E — American Indian,		
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 X 1	NO			2 NO		, Puerto Rican, etc.	)	Spec	k, Whita, etc.  White		
											WILLCE			
										INDUSTRY				
٦										actic				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			HOR	CITCHE	-J.	10 MOTH	ED'S MAL	AE (First, Middle, Ma.					
Ö		elman					III. WOTH		Forinda	uen suman	<del>, ()</del>	3		
BE	19e. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADDRESS	(Street a	nd Number	or Rural A	oute Number, City or	Town State	Zin Code)	,		
2	Mr. Lee Berry Br	rown							ille Rd.			D 21757		
	20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOSI	TION (Na	me of		DATE 20c		I — City or To			
	↑ Burial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	Middi	ebur	g Chi	ırch	Ceme	eter	y 5/20	Middl	leburg	, MD		
	21. SIGNATURE OF FUNERAL SERVICE LI		0 1				D ADDRES					105)		
	> Volum	R. Ha	right	-					al Home					
	23. PART I. Enter the diseases, or				not enter	the mo	esv1.	LLE,	MD 2178	4 (4	arrest.	Approximate		
	ahock, or heart fellure. IMMEDIATE CAUSE (Final	List only one cau	ise on each line	).	^					,		interval Between Onset and Death		
	disease or condition	Car	cer	10	Ta	nen	LAS.					Chiset and Death		
	resulting in death)		(OR AS A CONSEC	DUENCE O	F):									
z		b.										[		
윤	Sequentially list conditiona, if any, leading to immediate	DUE TO	OR AS A CONSEQUENCE OF):											
2	CAUSE. Enter UNDERLYING CAUSE (Disease or injury	c												
E	thet initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE O	F);							i		
CERTIFICATION		d												
4	PART II. Other eignificant condition	na contributing to	death but not r	eaulting	in the un	deriying	g cause g	lven in f	Part I. 24a. WAS	AN AUTOP	SY 24b	WERE AUTOPSY FINDINGS		
DICAL										S 2 ZANO		AMILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?		
ME												1 YES 2 NO		
ž														
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			07115		ACE OF DE	ATH (Che	ck only one)					
XS	1 YES 2 NO	1 Impatiant 2	ER/Outpatient 3	□ DOA	OTHER		e 5 🗆 Res	ildenca 6	Other (Specify)					
H	27. MANNER OF DEATH	26a. DATE OF (Month, D		26b. TIN	IE OF JURY	28c. INJI WO	URY AT RK?		28d. DESCRIBE HO	YRULNI W	OCCURED			
BY	1 Netural 5 Pending 2 Accident Investigation				М		ES 2 [	NO						
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE O building,	F INJURY — At ho atc. (Specify)	me, farm,	street, facto	ory, office			261. LOCATION (Str. City or Town, S		nber or Rural F	Route Number,		
<u></u>														
릴	29a. CERTIFIER (Check only one)													
COMPLETED	2 MEDICAL EXAMIN	ER: On the beals of e	xemination and/or i	Investigation	on, in my o	olnion, d	eath occure	d at the t	ime, date end place	, and dua t	the cause(s	e) end menner as stated.		
BE (	256. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICE			29d.	DATE SIGNED	(Mgnth, Day, Year)		
9	grateste	here	no	1			2	39.	502		6/1	2192		
	10. NAME AND ADDRESS OF PERSON W	D COMPLETED CAUS	SE OF DEATH (ITE	M 27) (Type	Print)	14	1	-)	Co Sen	. 11.				
	21 DATE EN ED (Morth, Carl Morth	1005	MIN ,	17	.0		Layr	0 [ (	co yeu	- 170	00.			
	31. DATE FILED (Month, Day, Year)		R'S SIGNATURE											
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	FOR 1 - STATE REGISTRAR	STATE OF	MARYLAND	/ DEPAI					MENT			2	14760
	1. DECEDENT'S NAME (First, Middle, Last)				IOAI	LOI	DLA	111	2 DAT	REG. NO	).		TIME OF DEATH
	Lestie Irene	Bupp							MON			YEAR	IME OF BEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	ast birthday)	IF UND	R 1 YEAR	IF UNDE	A 24 HRS.	7. DAT	E OF BIRTH		BIOTHOL	ACE (State or Foreign
	220-28-7726	1 M 2 NF	72	YRS.	MONTHS	DAYS	HOURS	MIN.	Mos	oth. Day. Year)	,	Country)	ACE (State or Poreign
	9s. FACILITY NAME (If not institution, give a	reet and number)	1-		MONTHS DAY'S HOURS MIN. (Mopth, Day, Year)  9b. CITY, TOWN OR LOCATION OF DEATH  9c. COUNTY OF DEATH								
DIRECTOR	Carroll County	Westminster Carr							in				
S S	10s. STATE 10b. COUNTY			100 00	TY, TOWN OR LOCATION								
DIR		rroll		100.01	Finksburg							d. INSIDE CITY LIMITS?  YES 2 NO	
×	10e. STREET AND NUMBER					10	f. ZIP COD	E			10g. CITIZE	N OF WHA	T COUNTRY?
單	2836 Cedar Hur	st Road					210	)48			U.S	5.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13	WAS DE	CENDENT (	OF HISPA	NIC ORIGI	IN? (Specify Ye	-	4. RACE -	American Indian,
ВУ	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES	Mo		1 Tyes, sp	2 M NO	in, Mexici Specii	en, Puerto /y:	Ricen, atc.)		Specify W 11	te
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, D	ECEDENT'S Give kind of	USUAL O	CCUPATI	ON		16	6. KIND OF BU	SINESS/INDUS	STRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5		a. Do NOT u	se retired.	Quing in	OST OF WORKI	ng	i				
MP	12		W	orke	er					shoe	facto	ry	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First,	Middle, Malden	Surname)		
BE	Elmer Smit	1					Gol	die	Le	hr			
0	19s. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRES	S (Street	and Number	or Rural	Route Nun	nber, City or Tow	vn, State, Zip Co	ode)	
-	Mr. Walter W.	Bupp	- 53	307	Bar	nes	Ave	nue	. W	estmi	nster	. MI	21157
	20e. METHOD OF DISPOSITION  1 Burlet 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	oval from State	20b. PLACE cametecy. cr FT1e	AND DATE	OF DISPO	SITION /A/	ame of		DAT	TE 20c. LC	CATION — CIT	y or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	TTTTE	dens			ND ADDRE			15 Se	ven v	alle	eys, PA
					"	Pri	tts	Fun	era	1 Hom	e & C	hane	- 7
	Robert K.	Pritts.	Sr.			412	Was	hin	gto	n Rd.	Wes	tmin	nster, MD
	23. PART I. Enter the diseases, or c ahock, or heart feliure. I	omplications the	t coused the d	eath. Do	not ente	r the mo	de of dy	ing, auc	h aa cer	diac or reap	iratory arres	t,	Approximate
	IMMEDIATE CAUSE (Final	ist only one cat	ISO ON GECTI III										Onset end Death
	disease or condition reaulting in death)	. 7	RRE	MI	A								THE SECOND SHOPE
		DUE TO	(OR AS A CONSE	QUENCE O	F):							-	
2	Sequentially liet conditions, Due TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentielly liet conditiona, if any, leading to immediate	DUE TO	(OF AS A CONSE	OUENCE O	F):	110	71				1		
2	CAUSE (Disease or Injury												
E	that initiated evente	DUE TO	(OR AS A CONSE	OUENCE O	F):								
ER	resulting in deeth) LAST												
C	PART II. Other aignificant conditions	contribution to	dooth but not		I - 4b								
S	and any and any and any	contributing to	death but not	reauting	in the u	nderlyin	g ceuse g	given in	Part i.	24s. WAS AN PERFOR			RE AUTOPSY FINDINGS VLABLE PRIOR TO
ā									_ [	1 TYES 2	□ NO		MPLETION OF CAUSE DEATH?
Σ												1 (	YES 2 NO
ž.													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			-		ACE OF DI	EATH (Ch	eck only o	ne)			
YS	1 TES 2 DUNG	1   Inpellent 2	ER/Outpatient 3	DOA	4 Nu		e 5 🗆 Re	sidencs	8 🗆 Othe	er (Specify)			
PHYSICIAN: MEDICA	27. MANNER OF DEATH	28s. DATE OF (Month, D		28b. TIM INJ	E OF URY	28c. INJ WO	URY AT		28d. DE	SCRIBE HOW I	NJURY OCCUR	RED	
B	1 Natural 5 Pending 2 Accident Investigation				M	1 🗆 1		NO					
- 11	3 Suicide 8 Could not be	28s. PLACE O building,	F INJURY — At ho	ome, ferm, s	treet, fac	tory, office			28f. LOC	ATION (Street a	and Number or I	Rural Route	Number,
	4 Homicide determined								Ony	or lower, state)			
COMPLETED	290. CERTIFIER (Check only	IAN: To the best of	my knowledge, de	ath occurre	d at the t	ime, date	and place	and due	to the co-	usala) and mo-	mar as eteta-1		
MC	one) 2 MEDICAL EXAMINER	On the besis of s	amination and/or	Investigatio	n, in my c	pinion, d	eath occur	ed at the	time, date	and place en	d due to the ~	suspial and	d manner en etrand
	29b. SIGNATURE AND TITLE OF CERTIFIER												
BE	U1.15 0, 0.	rapan	ne			- 1	29c. LICE	NSE NUN	18ER		29d. DATE SI	IGNED (Mo	nth, Day, Year)
0	Chimelenser !	a Carpon					Th1,	RR	00		5	112	(9)

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Rd westronimen

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ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TRACTED U MAC ANNA 700

(Month, Day, Year)

23 REGISTRA'S SIGNATURANTED

31. DATE FILED (MONTH, Day, Year)

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIF	CATE OF DEATH	REG. NO.					
		THER BOOHER	HER	2. DATE OF DEATH DO	Y YEAR				
	4. SOCIAL SECURITY NUMBER 5. SEX 1 DLM 2 - F	6. AGE (In yrs. lest birthday) 73 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	-18 Mar	ATHPLACE (State or Foreign			
TOR	98. FACILITY NAME (If not institution, give street and number)  Greater Launel Belliu; Ite Ho RESIDENCE OF DECEDENT	1541 121	Sh. CITY, TOWN OR LOCATION OF D	EATH	PINCE	GEONGE'S			
FUNERAL DIRECTOR	100. STATE 100. COUNTY  HOWARE		TOWN OR LOCATION  RVAGE			10d. INSIDE CITY LIMITS? 1 TYES 2 NO			
NERAI	8883 Lincoln Str		101. ZIP CODE 20763		US/	F WHAT COUNTRY?			
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 WWidowed 4 Divorced  12. WAS DECEDENT FORCES? X  IF YES, GIVE W  1940-		13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Specify	an, Puerto Rican, etc.)	B4 Sp	ACE — American Indian, ack, White, etc.			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +	(Give kind of w life. Do NOT us	USUAL OCCUPATION  Mork done during most of working  e retired.)  Pral Fireman	166. KIND OF BUS	of the				
COM	17. FATHER'S NAME (First, Middle, Last) Henry Mitchell Booher	1000	16. MOTHER'S NA	ME (First, Middle, Meiden Ruth Love	Surname)	- 70 mg			
TO BE	19a. INFORMANT'S NAME (Typo/Print) S. Michael Booher	19b. MAILING 9600 G	ADDRESS (Street and Number or Aural Homestead Cour	Route Number, City or Town	n, State, Zip Code)	723			
	20a. METHOD OF DISPOSITION XIX Burlel 2 Cremation 3 Ramoval from Stata 4 Donation 5 Other (Specify)		F DISPOSITION (Name of	DATE 20c. LO	cation - city or				
_	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	de	Fleck Funeral	Home, Inc					
- 7	23. PART I Enter the diseases, or complications that	caused the death. Do n	7601 Sandy Sp of enter the mode of dying, aud	th as cerdiec or reapi	ratory arreat,	, MD 20707 Approximeta			
	IMMEDIATE CAUSE (Final	se on each the.	7			Interval Between Onset and Death			
Z	DUE TO (OR AS A CONSEQUENCE OF):  Arterioscisco Cardiovalular Disease								
ICATIO	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	OR AS A CONSEQUENCE OF	):						
CERTIFICATION	that initiated events DUE TO ( resulting in death) LAST	OR AS A CONSEQUENCE OF	):						
MEDICAL O	PART II. Other significent conditions contributing to	deeth but not recuiting in	n the underlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	46. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
N: ME				_		1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. PLACE OF DEATH (Ch	eck only one)					
IYS			4 Nursing Home 5 Residence						
ВУ РЬ	1 Natural 5 Pending (Month, Da 2 Accident Investigation	y, Year) INJU	M t YES 2 NO	26d. DESCRIBE HOW II	JURY OCCURED				
ETED	4 Homicide determined	INJURY — At home, term, st etc. (Specify)	reet, factory, offica	26t. LOCATION (Street a City or Town, State)	nd Number or Rura	il Route Number,			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of a MEDICAL EXAMINER: On the best of ex					e(a) end manner as stated.			
BE	Sun Can Oliver of Certifier	puty Medi	29c. LICENSE NUI			ED (Month, Day, Year)			
5	PAUL A DE VORE MA	E OF DEATH (ITEM 27) (Type, 4203 Quan	er Dois	itraille	ma) =	20281			
	31. DATE FILED (Month, Day, Year)  MAY 0 4 1992  Januardson	r's suchature - handele				·			

BALTIMORE, MARYLAND 21215-0020	fifer death. Page 6 may be retained by the hospital or attending physician.  the funeral director, page 5 should be detached for use as the burlat-transit permit. Page 10 multional.  all examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIVISION
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.  THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pre- min properties the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.			bio			
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH	P			
Ruth Bain						1992	2:20	M			
4. SOCIAL SECURITY NUMBER 5.	SEX 6.	AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		HPLACE (State or Foreig	gn			
230-48-7672 1	□ M 2 😿 F	89 YRS.	MONTHS DAYS	HOURS MIN.	2-28-1903		nesota,	US			
Se. FACILITY NAME (If not institution, give street	and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH 9	c. COUNTY OF					
Villa Rosa Nurs	Villa Rosa Nursing Home Mitchellville Prince G										
MD 106. STATE 106. COUNTY	e Georg		y, town or Local			10d. INSID LIMIT 1 YES					
	<u>c dcor</u> g			. ZIP CODE	1	0g. CITIZEN OF	WHAT COUNTRY?				
12217 Wimble	ton Str	eet	150	20772	2	USA					
	11. MARITAL STATUS  1 Never Married 2 Married  12. WAS DECEDENT E FORCES? 1   IF YES, GIVE WAR				NIC ORIGIN? (Specify Yes or in, Puerto Rican, etc.) y:	No- 14. RAC Blac Spec	E - American Indian, ik, White, etc.  White	ō			
1S. DECEDENT'S EDUCATI		16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUSIN	ESS/INDUSTRY					
18. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)  1 2  17. FATHER'S NAME (First, Middle, Last)  Frank Cairpov	college (1-4 or 5+)	(Give kind of life. Do NOT u	work done during mo se ratired.)	ost of working							
12		Home	maker		Own He	ome					
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden Sur	mame)					
Frank Cairney				Minni	e Holst						
19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Street	and Number or Rural	Route Number, City or Town, S	State, Zip Code)					
Sharron L. Bri	iden	9	Same as	10a1	Of.						
20s. METHOD OF DISPOSITION		20b. PLACE AND DAT	E OF DISPOSITION	(Name 5 _ 5 _	O DATE 20c. LOCAT	TION City or T	own, Stata				
10 Donation 5 Other (Specify)	I from State	of cemetary, crematory St. Ma	or other place)	emetery		xandri	a, Va.				
21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME A	ND ADDRESS OF FA	CLITY Lee Fur						
> M. l. 1	K-Ma				lexander E						
23. PART I. Enter the diseases, or com	polications that c	aused the death. Do					Approximate				
shock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)			list ,	Jufalan	el,	tory unreat,	Interval Bette	ween			
	DUE SO (O)	AS X CONSEQUENCE OF	Ted.	Snan	clean	01.	4wa	R			
Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Pro	AS A CONSEQUENCE OF	rebu	resente	s Accik	ent	1 20	rel			
PART II. Other significant conditions of	contributing to de	Stary	des	esse ^	1 VES 2	E07	MERIC AUTOMOT PING AWALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 VES 2 NO	UBE			
25. WAS CASE REFERRED TO SPOICAL EXAMINER?	OSPITAL.	N/Outpetient 3 (1)DOA	OTHER:	LACE OF DEATH (C	6 (2 Other (Reactly)						
27. MANNES OF DEATH	28s. BATE OF IN	JURY Pash, TH	HE OF _ 20c. IN	JURY AT	17	UNIV OCCUPIED	O ale Pre	t			
The second secon	Month, Day		THE WAST	YES 2 ANO	unknown	round	y on poor	).			
2 Accident Investigation 3 Suitcide 6 Could not be	28e. PLACE OF II	NUCRTY — At home, farm,	street, fectory, offic		281. LOCATION (Broug) and	Number Paral	Route Nursbeg	_			
4 Homicide 6 Could not be determined	building, etc	Whisen O	1 NNO		Loy outline, some	1 Auss	un Marc				
29a. CERTIFIER	-		will.		10 aca 160	2 / 100 0	1/12	_			
(Check only one) 2 MEDICAL EXAMINER:	- / /				a to the cause(a) and manner time, data and place, and		(a) and manner as ste	ted.			
29a. CERTIFIER 1 CERTIFYING PHYSICIA (Chock only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND LITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO CO	OMPCETED CAUSE	OF DEATH (ITEM 27) (Too	MD	29c. LICENSE NU	MBER 479.	DATE SIGNE	Morth, Day Your				
					1.753	4	/				
MAY 0 7 1992	Vallage .	Paraller Harris									

The State of the S

DALLINOUS, MANTLANL	in 24 hours after death. Page 6 may be retained by the hosp	ely filled in by the funeral director, page 5 should be detached	nation, or removal.	, the medical examiner must be notified at once,
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be ratained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

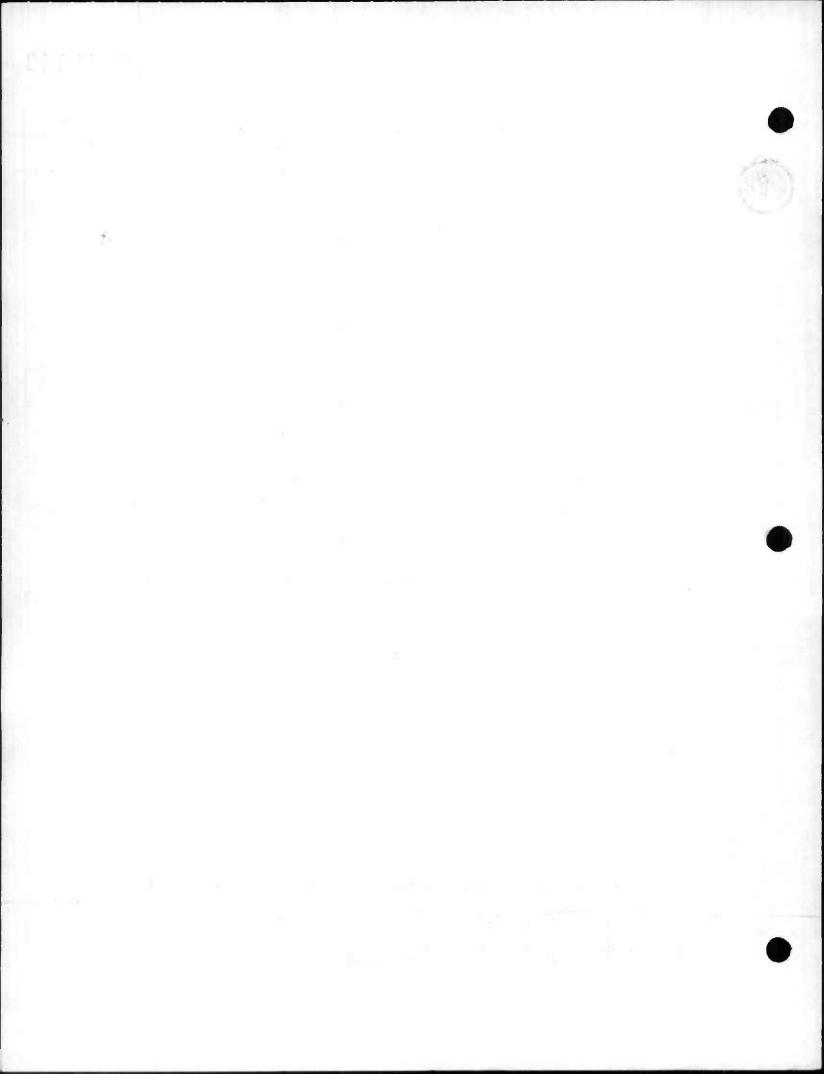
	FOR 1 - STATE REGISTRAR	STATE OF I				HEALTH AND	MENTAL HYGIEI						
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH				
1 -	4. SOCIAL SECURITY NUMBER					CAMA	11	-65	5 - 6				
1		5. SEX	6. AGE (In yrs. lest		IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)				
	579-62-4621	1 X M 2 🗆 F	44	- 1			9-07-194	7 W.	ashington, D.C.				
1 00	9a. FACILITY NAME (If not institution, give	Service and the			9b. CITY, TOWN	OR LOCATION OF	DEATH	Y OF DEATH					
0	Holy Cross Ho	spital			Sil	ver Spri	ing	g Montgomery					
S	10a. STATE 10b. COUNT	TY		10c. CITY,	TOWN OR LOCA	ATION		10d, INS					
L DIRECTOR	Maryland Mon	tgomery			Silve	er Spring	g		LIMITS?				
FUNERAL					11,	UI. ZIP CODE		10g. CITIZE	EN OF WHAT COUNTRY?				
Z	2214 Washington					20910		Unite	ed States				
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1	TEVER IN U.S. ARM YES 2 1 NO MAR OR DATES	)	If yes, s	pecify Cuben, Mexic S 2 X ND Spec	ANIC ORIGIN? (Specify Yesan, Puerto Rican, etc.)	e or No.— 14	4. RACE — American Indian, Black, White, atc. Specify: Black				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	e completed)	(Give	EDENT'S U e kind of wo Do NOT use	ISUAL OCCUPAT ork done during m	ION lost of working	16b. KIND OF BU	JSINESS/INDUS					
MPL	Elementary/Secondary (0-12)	College (1-4 or 5	+)		Reporte	r	Accur	att Re	porting, Inc.				
8	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S N	AME (First, Middle, Maider	Sumame)					
BE	Moses	W.	Brow	wn		Rur	netta	Eu	ell				
5	19a. INFORMANT'S NAME (Type/Print)						l Route Number, City or Tox		,				
	Gwendolyn Brown 20a. METHOD DF DISPOSITION		22	14 Wa	shingt	on Ave.	Silver Sp	ring 2	0910				
	20a. METHOD DF DISPOSITION  1 M Burlei 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of cametery, cremetory, or other place)  20c. LOCATION — City or Town, State  20c.												
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE P.S.	1.		22 NAME A	ND ADDRESS OF E	Funeral Hon						
		1000	u		B1ader	sburg Ro	1., Brentwo	ood, Mo	1. 20722				
	23. PART I. Enter the diseases, or ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one	ise Dn eech line.		Blader	ode of dying, su	1., Brentwo	ood, Mo	1. 20722				
NC	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. DUE TO	(DR AS A CONSEOU	JENCE OF)	B1ader	ode of dying, su	1., Brentwo	ood, Mo	1. 20722				
TIFICATION	IMMEDIATE CAUSE (Final disease or condition	a. DUE TO b. DUE TO c.	ise Dn eech line.	JENCE OF):	Blader	ode of dying, su	1., Brentwo	ood, Mo	1. 20722				
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a	(OR AS A CONSEDU	JENCE OF):	Blader	Serve	1., Brentwo	ood, Mo	1. 20722				
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MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other significent conditions	a	(OR AS A CONSEDU	JENCE OF):	Blader the m	nsburg Roode of dying, su	1., Brentwo	AUTOPSY RMED?	at. 20722  Approximate Interval Between Onset and Death Death Onset and Death Death Death Death Death Death Death Death Death Death Death Deat				
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ED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  PES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	B. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CONSEQUED AS	JENCE OF: JENCE	Blader It enter the m  the underlyle  the underlyle  28. P  OTHER:    Nursing Hor  OF  RY M 1	Isburg Roode of dying, sure and the sure of Death (come 5   Residence JURY AT DRIK? YES 2   NO	1. Brentwo	A AUTOPSY RMED?  2 NO	Approximate interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death				
ED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  PES 2 NO  27. MANNER OF DEATH  Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	B. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO	(OR AS A CONSEQUED IN THE CONSEQUED IN T	JENCE OF: JENCE	Blader It enter the m  28. P  OTHER:	Isburg Roode of dying, su	Part I. 24a. WAS AN PERFO 1 YES:  1 Other (Specify)  28d. DESCRIBE HOW  28f. LOCATION (Street City or Yown, State)	AUTOPSY RMED?  INJURY OCCUR	Approximate interval Between Onset and Death Death Onset and Death Death Onset and Death				
BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  PES 2 NO  27. MANNER OF DEATH  Natural 5 Pending Investigation 3 Suicide 6 Could not be detarmined  29a. CERTIFIER (Check only)	B. DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  C. DUE TO	(OR AS A CONSEQUED IN THE CONSEQUED IN T	JENCE OF: JENCE	Blader It enter the m  28. P  OTHER:	Isburg Roode of dying, su	1. Brentwo  ch as cardiec or resp  the characteristic of the control of the course(a) and mae at time, data and place, as	AUTOPSY RMED? 2 NO INJURY OCCUPANT OF THE PROPERTY OF THE PROP	Approximate interval Between Onset and Death Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death D				

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE sha Davidson-Handale

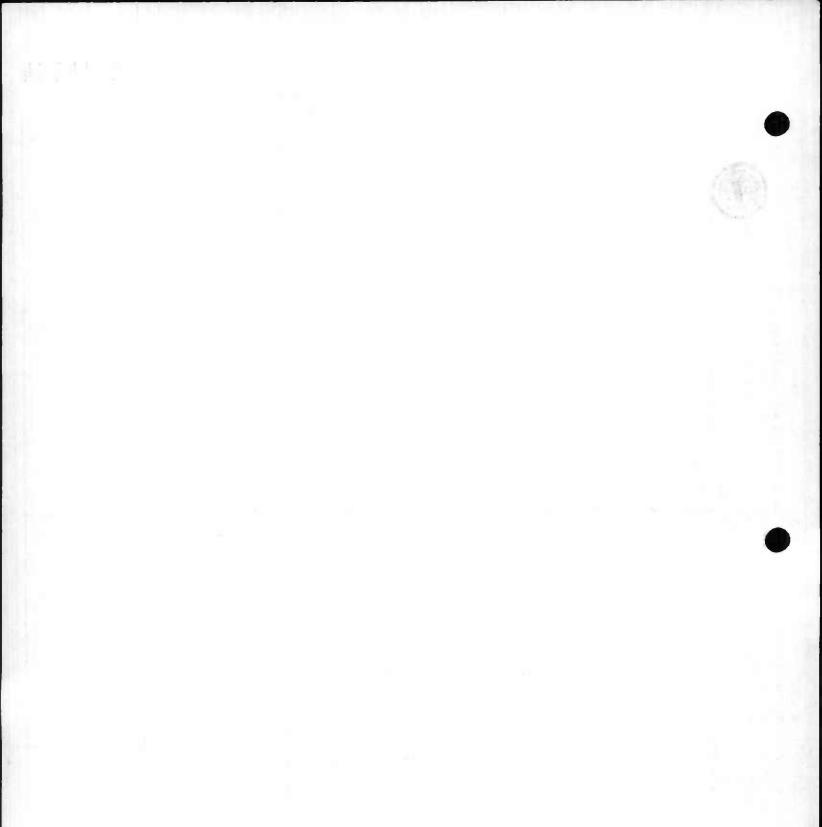
31. DATE FILED (Month, Day, Year) MAY 0 7 1992

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the hosp	e detache	t once.	
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Realth and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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ath. Pag	neral dir	miner	
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the dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Injury,	
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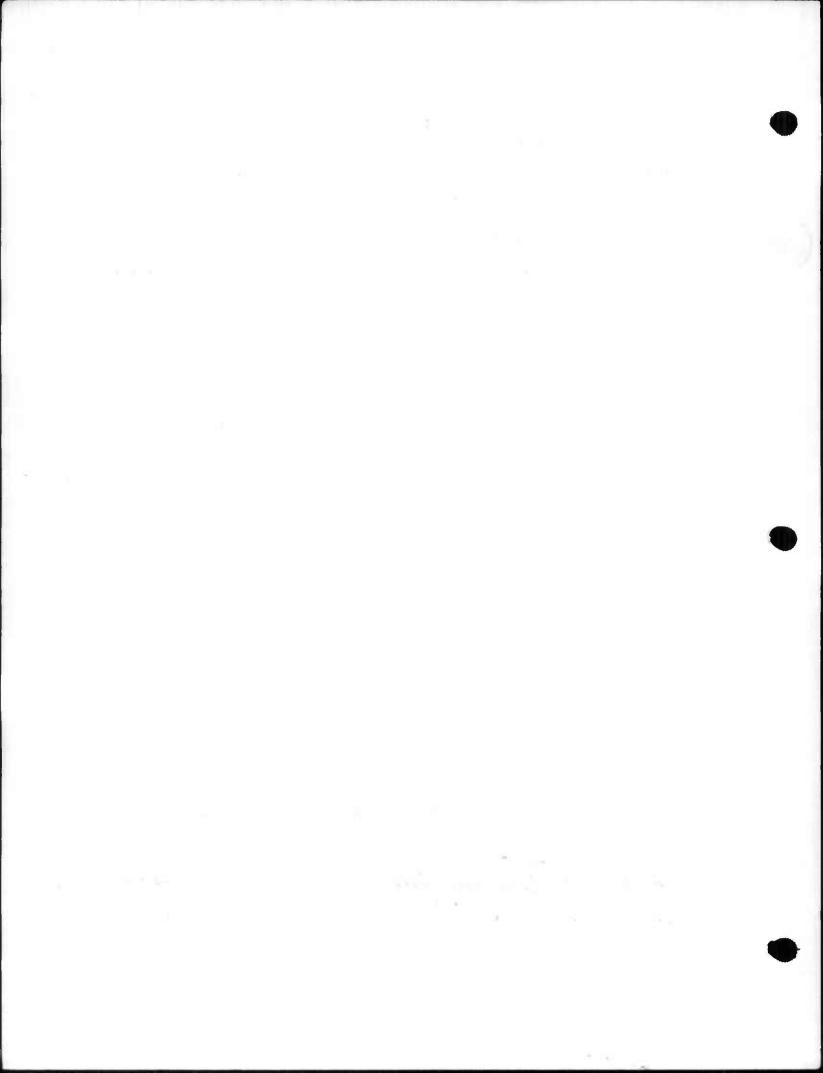
1. DECEDENT'S NAME (	First, Middle, Last)			CENTIF	ICATE	OF	DEA	IH	I a par	REC	G. NO.		_		
Vivian	В.		Boot	h					ADT	il 2	DAY	1992	YEAR	3. TIME OF DE 5:37	ATH A M
4. SOCIAL SECURITY N	UMBER	5. SEX		lest birthday)		INDER 1 YEAR IF UNDER 24 HRS.			7. DAT	E OF BIR	TH	.,,,	8. BIRT	THPLACE (State or	
247-64-687		1   M 2   F	53	YRS.	MONTHS	DAYS	HOURS	MIN.		nth, Day, 1	3, 1	939	Cour	th Caro	
9a. FACILITY NAME (# n				- 4-1	96. CITY, TOWN OR LOCATION OF DEATH							9c. COUNTY OF DEATH			
6809 Valle	y Park	Road			Capitol Heights					Prince George				George'	S
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR LOCATION									10d. INSIDE CI	rv.
Maryland	Princ	e George	s	Cap	itol 1	Hei	ohts							LIMITS?	
10e. STREET AND NUME		000280		Toup.	101	-	ZIP COD	E				10g. CIT	IZEN OF	WHAT COUNTRY	
6809 Valle	y Park	Road					2074	3				Unit	ted	States	
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S.	ARMED	13. W	AS DEC	ENDENT	OF HISPAN	NIC ORIG	IN? (Spec	Ify Yea o	or No—	14. RAC	CE — American Inc.	flan,
1 Never Married 2 3 Widowed 4		IF YES, GIVE Y		-X	1	YES	ocity Cubi	Specify	y: y:	o Hicen, e	rc.)			other	
15. 0	DECEDENT'S EDL	ICATION	16.0	DECEDENT'S	LISUAL OC	CHARATIC	NI .							Black	
(Specify Elementary/Secondar	only highest grade	College (1-4 or 5		(Give kind of life. Do NOT us	work done du se retired.)	iring mo	st of worki	ng	16	Sb. KIND (	OF BUSI	NESS/INC	DUSTRY		
	, (0.12)	2	"	Manage	er					Be11	1 A+	1ant	tic	Telepho:	ne
17. FATHER'S NAME (First	t, Middle, Last)						16. MOT	HER'S NA					10	тетерио	
John Arthu:	r Byrd						Mat	tie	Est	er R	iche	ey			
19a. INFORMANT'S NAM	E (Type/Print)			19b. MAILING	ADDRESS (	(Street a	nd Numbe	or Rural I	Route Nu	mber, City	or Town,	State, Zip	Code)	21117	
Theodore Bo				22 Enc	chante	ed 1	Hill:	s Rd	., #	101,	, Ow	ings	s Mi	11s, MD	
20a. METHOD OF DISPO	ation 3 🗆 Ram	noval from Stata		CEAND DATE		ION /Ne	me of		1		Oc. LOCA	ATION —	City or T	lown, Steta	
4 Donation 5 Ot 21. SIGNATURE OF FUNE		CENSEE		tige (	Cemete				5/92	F	Roeb	uck,	, So	uth Car	olina
M -1	1 C	CENSEE					Linc			ra1	Hom	e. 1	Inc.	, 3401	
1 lest	E. V.	iner	M0087		B1a	adei	nsbu	rg Re	d.,	Bren	itwo	od.	MD	20722	
23. PART I. Enter the ahock, Di	diseesea, or heart failure.	complications the List only one cau	t caused the	death. Do r	not enter ti	he mo	de of dy	ing, auci	h aa ca	rdiac or	reapira	itory arr	rest,	Approxir	nate
IMMEDIATE CAUSE (														1 1-1	
disease or condition														Interval I	
disease or condition reaulting in deeth)		. Metast		reast		er									d Death
		gi	atic B	reast		er								Onset ar	d Death
reaulting in deeth)  Sequentially list con-	→ ditione,	DUE TO	(OR AS A CON	reast SEQUENCE OF	F):	er								Onset ar	d Death
Sequentially liet con- if any, leading to im- cause. Enter UNDER	ditione, mediate	DUE TO		reast SEQUENCE OF	F):	er								Onset ar	d Death
Sequentially list con- if any, leading to limit cause. Enter UNDER CAUSE (Disease or it that initiated eventa	ditione, nediate LYING njury	b	(OR AS A CON	reast SEQUENCE OF	ብ: ብ:	er								Onset ar	d Death
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Sequentially liet con- if any, leading to im- cause. Enter UNDER CAUSE (Disease or in- thet inlitted eventa- reaulting in death) L.	ditione, mediate LYING njury	b. DUE TO  c. DUE TO  d.	(OR AS A CON	reast sequence of sequence of	ค: ค:							740		Onset ar 18 Me	d Death on the
sequentially list con- if any, leading to limit cause. Enter UNDER CAUSE (Disease or it thet initiated eventa	ditione, mediate LYING njury	b. DUE TO  c. DUE TO  d.	(OR AS A CON	reast sequence of sequence of	ค: ค:		, cause s	given in	Part I.		IAS AN AL		241	Onset ar 18 Me	d Death On the
Sequentially liet con- if any, leading to im- cause. Enter UNDER CAUSE (Disease or in- thet initiated eventa- reaulting in death) L.	ditione, mediate LYING njury	b. DUE TO  c. DUE TO  d.	(OR AS A CON	reast sequence of sequence of	ค: ค:		, cause (	given in	Part I.	PI		ED?	244	Onset and 18 Me	d Death On the
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Sequentially liet confi any, leading to impresses. Enter UNDER CAUSE (Disease or in the initiated eventa resulting in death) L.  PART II. Other significations of the confidence of the confiden	ditione, mediate LYING njury AST	DUE TO  b. DUE TO  c. DUE TO  d. HOSPITAL:  1   Impetient 2	(OR AS A CON- (OR AS A CON- (OR AS A CON- death but no	SEQUENCE OF	OTHER:	erfying 26. PL ng Home 66. INJU	ACE OF D	EATH (Che	ock only o	1 [] Y	YES 2X	ED?		D. WERE AUTOPSY ANALABLE PRIOR COMPLETION OF OF DEATH?	od Death On the
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resulting in deeth)  Sequentially liet comif any, leading to imm cause. Enter UNDER CAUSE (Disease or in the limited eventa resulting in death) L.  PART II. Other signif  25. WAS CASE REFERRET EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 [	ditione, mediate LYING njury AST Condition of the MEDICAL	DUE TO b. DUE TO c. DUE TO d	(OR AS A CON (OR AS A CON (OR AS A CON death but no	SEOUENCE OF	OTHER: 4   Nursin	26. PL  26. NI  WO  1   Y	ACE OF D 5 TRE JRY AT RK? ES 2	EATH (Che	6 Oth 26d. DE	1 Dy	YES 2X	ED? NO	CURED	D. WERE AUTOPSY AMARABLE PRIOR COMPLETION DF OF DEATHY  1 YES 2	od Death On the
Sequentially liet confi any, leading to improve cause. Enter UNDER CAUSE (Disease or intermediate cause) and the initiated eventa reaulting in death) L.  PART II, Other signification of the cause of t	ditione, nediate LYING niury AST Icant condition D TO MEDICAL Investigation Could not be determined	DUE TO b. DUE TO c. DUE TO d	(OR AS A CON- (O	SEOUENCE OF	OTHER:  OTHER:  URY M  OTHER:  1 OTHER:  2 OTHER:  4 OTH	28. PL 28. PL 9 Homer 66. INJU WO I 1 Y y, office	ACE OF D  5 (X) Re  JRY AT  RK?  ES 2	EATH (Che	eck only of 6 Oth 26d. DE 28t, LO	PE 1 V	YES 2X	ED? NO NO NO NO NO NO NO NO NO NO NO NO NO	OVRED or Rural	D. WERE AUTOPSY AMARABLE PRIOR COMPLETION DF OF DEATHY  1 YES 2	od Death On the
reaulting in deeth)  Sequentially liet con- if any, leading to im- cause. Enter UNDER CAUSE (Disease or in- thet initieted eventa reaulting in death) L.  PART II, Other signif  25. WAS CASE REFERRET EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neural 5 [ 2 Accident 3 Suicide 6 [ 4 Homicide  29a. CERTIFIER (Check only)	ditione, mediate LYING nijury AST Licant condition D TO MEDICAL Investigation Could not be determined	DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO d. DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO	(OR AS A CON- (O	SEOUENCE OF	OTHER: 4   Numin E OF M Rivest, factor	26. PL  26. INJ  1 U  7 y, office	ACE OF D  5 To Re  JRY AT  RK?  ES 2  and place,	EATH (Chesidence	6 Oth 26d. DE 28t. LOi City	PE 1 Y Y 1 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y	YES 2X	NO NO URY OCC	or Rural	D. WERE AUTOPSY AMALABLE PRIOR COMPLETION DF OF DEATH?  1 YES 2	FINDINGS TO CAUSE
reaulting in deeth)  Sequentially liet con- if any, leading to im- cause. Enter UNDER CAUSE (Disease or in- thet initieted eventa reaulting in death) L.  PART II, Other signif  25. WAS CASE REFERRET EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Neural 5 [ 2 Accident 3 Suicide 6 [ 4 Homicide  29a. CERTIFIER (Check only)	ditione, mediate LYING nodition and the LYING and the LYIN	DUE TO b. DUE TO c. DUE TO d. DUE TO	(OR AS A CON- (O	SEOUENCE OF	OTHER: 4   Numin E OF M Rivest, factor	26. PL  26. INJ  1 U  7 y, office	ACE OF D  5 TRe  7 AT  RK?  ES 2  and place,  with occur	EATH (Che sidence	26d. DE 28t. LO City to the ca	PE 1 Y Y 1 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y	y) HOW INJ Street and of manne	URY OCC	or Rural	D. WERE AUTOPSY AMALABLE PRIOR COMPLETION DF OF DEATH?  1 YES 2   Route Number,	PINDINGS IT TO CAUSE
Sequentially liet con- if any, leading to im- cause. Enter UNDER CAUSE (Disease or in- thet inlittled eventa- reaulting in death) L  PART II. Other signif  25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 [ 2 Accidant 3 Suicide 6 [ 4 Homicide  29s. CERTIFIER (Check only one) 1 CE	ditione, mediate LYING nodition and the LYING and the LYIN	DUE TO b. DUE TO c. DUE TO d. DUE TO	(OR AS A CON- (O	SEOUENCE OF	OTHER: 4   Numin E OF M Rivest, factor	26. PL  26. INJ  1 U  7 y, office	ACE OF D  5 TRe JRY AT  RK? ES 2  and place, oath occur  29c. LICE	EATH (Che sidence	28t. LOCAL CONTROL CON	PE 1 Y Y 1 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y	YES 2X	DRY OCC	or Rural	D. WERE AUTOPSY AMALABLE PRIOR COMPLETION DF OF DEATH?  1 YES 2	FINDINGS 1 TO CAUSE NO
Sequentially liet confi any, leading to limit cause. Enter UNDER CAUSE (Disease or interest in the initiated evental reaulting in death) L.  PART II. Other significations are significant in the confidence of th	ditione, mediate LYING nijury AST  Icant condition  D TO MEDICAL  Pending investigation  Could not be determined  ERTIFYING PHYSI EDICAL EXAMINE  THE OF CERTIFYING PHYSI  COF PERSON WH	DUE TO b. DUE TO c. DUE TO d. DUE TO	(OR AS A CON- (O	SEOUENCE OF SEOUEN	OTHER:  OTHER:	26. PL 26. INJL WOI Y, office	ACE OF D  5 Strain  5 Strain  1 Stra	eATH (Che sidence) NO and dua ed at the NSE NUM	26d. DE 28t. LOCAL 28t	Per 1 V V V V V V V V V V V V V V V V V V	YES 2X	DRY OCC	or Rural	D. WERE AUTOPSY AMARABLE PRIOR COMPLETION DF OF DEATH?  1 YES 2   Route Number,	FINDINGS 1 TO CAUSE NO
Sequentially list confi any, leading to impresses or it any, leading to impresses or it thet initieted eventa reaulting in death) L.  PART II. Other signif  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Accidant  3 Suicide 6 A Homicide  29a. CERTIFIER (Check only one) 2 MA	ditione, mediate LYING nijury AST licant condition of the determined learning investigation could not be determined learning investigation of person whereen, M	DUE TO b. DUE TO c. DUE TO d. DUE TO	(OR AS A CON- (O	SEOUENCE OF SEOUEN	OTHER:  OTHER:	26. PL 26. INJL WOI Y, office	ACE OF D  5 Strain  5 Strain  1 Stra	eATH (Che sidence) NO and dua ed at the NSE NUM	26d. DE 28t. LOCAL 28t	Per 1 V V V V V V V V V V V V V V V V V V	YES 2X	NO  URY OCC  I Number  I Number  Ap:	or Rural	D. WERE AUTOPSY AMARABLE PRIOR COMPLETION DF OF DEATH?  1 YES 2   Route Number,	FINDINGS 1 TO CAUSE NO
resulting in deeth)  Sequentially liet conif any, leading to immicause. Enter UNDER CAUSE (Disease or in the initiated eventa resulting in death) L.  PART II, Other signif  25. WAS CASE REFERRET EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1 Netural 5	ditione, mediate LYING nijury AST licant condition of the	DUE TO b. DUE TO c. DUE TO d. DUE TO	(OR AS A CON  (O	SEOUENCE OF SEOUEN	OTHER:  OTHER:	26. PL 26. INJL WOI Y, office	ACE OF D  5 Strain  5 Strain  1 Stra	eATH (Che sidence) NO and dua ed at the NSE NUM	26d. DE 28t. LOCAL 28t	Per 1 V V V V V V V V V V V V V V V V V V	YES 2X	NO  URY OCC  I Number  I Number  Ap:	or Rural	D. WERE AUTOPSY AMARABLE PRIOR COMPLETION DF OF DEATH?  1 YES 2   Route Number,	FINDINGS 1 TO CAUSE NO



FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
CEDENT'S NAME (First, Middle, Last)	4	2. DATE OF DEATH MONTH DAY

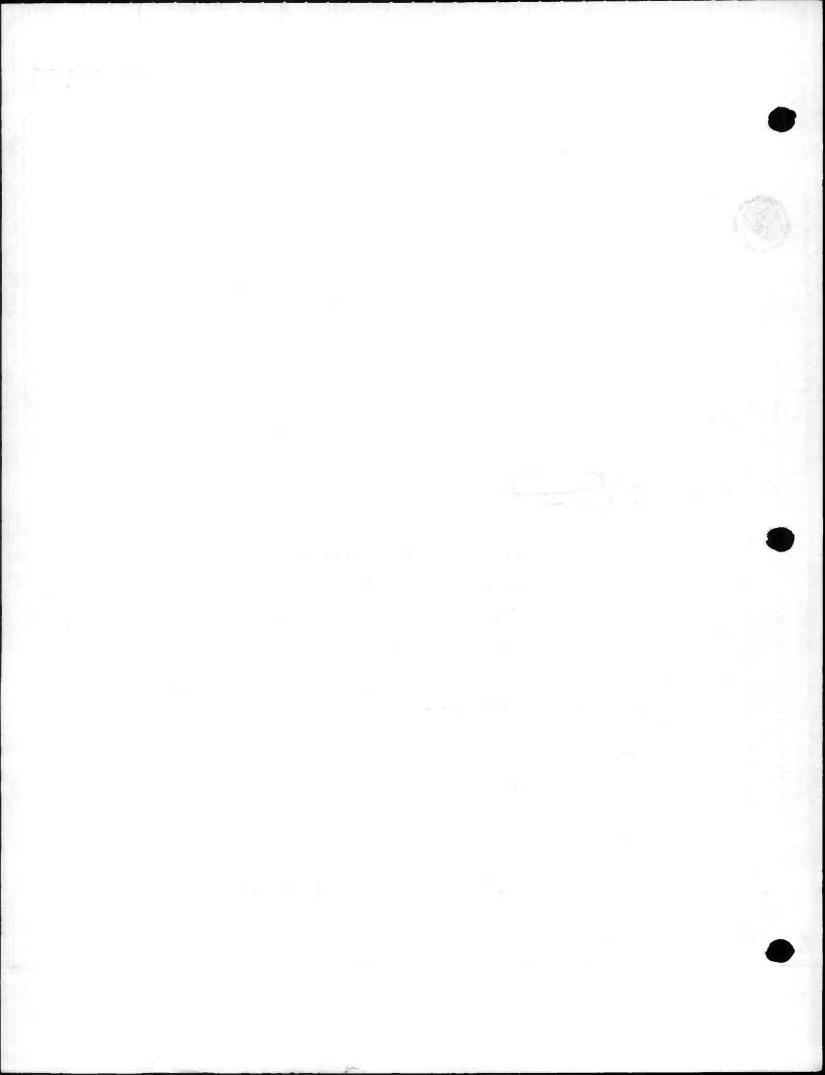
	FOR 1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTA	L HYGIENE REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)		/				OF DEATH			TIME OF OEATH
	CHRIS	Alexander	BEF	IRENS		Ар	0.5	1992	AR 3	3:15 p. M
	4. SOCIAL SECURITY HUMBER		In yrs. last birthday)	IF UNDER 1 YEAR		. 7. DATE	OF BIRTH	8. E		CE (State or Foreign
	216-82-9241	1 🔀 M 2 🗆 F	28 YRS.	MONTHS DAYS	HOURS MIN.	Aug		- 1 :		ington, DC
	9e. FACILITY HAME (If not institution, give a				OR LOCATION OF	DEATH		9c. COUHTY	OF DEATH	
OB		lonel Dent Ct		Upper	Marlbo	ro		Prince	e Geo	orge's
[[	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ	10c, CIT	Y, TOWN OR LOC	ATION				10d	. IHSIDE CITY
DIRECTOR	Maryland Prince	e George's		oper Mai					- 1	LIMITS?
1 1	10e. STREET AND NUMBER				of, ZIP CODE		T	10g. CITIZEH		
FUNERAL	4714 Colonel Den	t Ct.			20772		- 1	U.S	S.A.	
5	11. MARITAL STATUS	12. WAS OECEDENT EVER IN FORCES? 1 YES	N U.S. ARMED		ECENDENT OF HISI specify Cuban, Mex			or Ho— 14.	RACE — /	American Indian, nita, etc.
BY F	1 Hever Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			ES 2 XNO Spe		Pican, etc.)		Specify:	me, was
ED B	15. DECEDENT'S EDU	ICATION	16a. OECEDENT'S	HEHAL OCCUBA	FION	144	b. KIND OF BUSI		nicas	sian
	(Specify only highest grade	e completed)	(Give kind of life. Do NOT u	work done during i	nost of working	10	B. KIND OF BUSI	NESS/INDUST	mi .	1
12	Elamentary/Secondary (0-12) 12th	College (1-4 or 5+) N/A	Service	e Techni	ician	_ 1	C & F	Teler	ohone	e Co.
COMPLET	17. FATHER'S NAME (First, Middle, Last)				T	HAME (First,	Middle, Maiden S	-		
BEC	Theodore John	Rehrens			Gla	dvs	Chambe	rs		
0 B	19a. INFORMANT'S NAME (Type/Print)	-11-72-7-11			t and Number or Rui	ral Route Nur	nber, City or Town	State, Zip Coo		
=	Dutch Behren	S	1.	5 South	east Cra	in Bl	vd. Cok	b Isla	and I	Md 20625
	20a. METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Ren	noval from State	o. PLACE OF DISPO other place)	SITION (Name of	cemetery, cremetory of	or	20c, LOC	ATIOH — City	or Town,	Stata
	4 Donation 5 Other (Specify)		cinity Me					ldorf		
	21. SIGNATURE OF FUNERAL SERVICE LI		110000000000000000000000000000000000000		AND ADDRESS OF		Lee Fur			
	Sharmon	W. Kay	meres	6633	Old Ale	xande	r Ferry	Rd C	linto	on, $Md$ 207 $B$
	23. PART I. Enter the diseases, or shock, or heart fellure.	complications that caused List only one cause on e	d the death. Do	net enter the r	node of dyling, s	uch as ca	rdiec or respir	etory arrest	,	Approximate interval Between
	IMMEDIATE CAUSE (Final			,						Onset and Daath
	disease or condition resulting in death)	. Shotgun wou	and to the	he face	and hea	d				
		DUE TO (OR AS A	A CONSEQUENCE C	OF):						
CERTIFICATION	Sequentially list conditions,	b DUE TO (OR AS /	A CONSEQUENCE O	OFI:						
	if any, leading to immediate cause. Enter UNDERLYING	2								
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE C	OF):						
ᇤ	resulting in death) LAST	d								
1 1	PART II. Other significant condition	na contributing to death b	out not resulting	in the underly	ing cause given	In Part I.	24s. WAS AN /			RE AUTOPSY FINDINGS
CAL							PERFOR		CO	MILABLE PRIOR TO MPLETION OF CAUSE
MEDI							1 🗆 YES 🕏	_ NO		DEATH?  YES 2 NO
2										3.55 10.55
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH	(Check only	one)			
Sic	EXAMINER? 1 ZAYES 2 NO	HOSPITAL: 1   Input   1   ER/Out	patient 3 🗆 DOA	OTHER: 4 - Nursing H	ome 5 Thesiden	ce 6 🗆 Oth	ner (Specify)			
	27. MAHNER OF DEATH	28a. DATE OF INJURY (Month, Dev. Year)	28b. Til	ME OF 28c.	NJURY AT WORK?		ESCRIBE HOW IN		ED	
BY F	1 Netural 5 Pending 2 Accident Investigation	472571992	2 12		YES 2 NO	sel	f infli	icted		
	3 Suicide 6 Could not be	annually over tobo	rethy)			281. LO	CATIOH (Street a	nd Number or I	Rural Route	Geo.,MD
COMPLETE		at home	4/14 0	otouet	Dent Ct.	, Upp	er Mar.	Lboro,	Pr.	Geo.,MD
길	(Check only	SICIAN: To the best of my know								
Š	one) 2 MEDICAL EXAMIN	IER: On the basis of examination	on and/or investigati	ion, in my opinior	, death occured at	the time, da	te and place, and	dua to the co	euse(a) an	d manner as stated.
BE (	296. SIGNATURE AND TITLE OF CERTIFIE	V	711	1/	29c. LICEHSE	HUMBER	-	29d. DATE SI	GHED (Mo	onth, Day, Year)
10 E	(pupuno )	1 Bourse	cex VVI		D21230	)		14	of .	1-92
-	30. NAME AND ADDRESS OF PERSON W	/ //						,		
	Augusto P. Rodri	guez, M.D.	5009 Ray	burn Ct	., Camp	Sprir	ngs, MD	20748		
	0.0		widson-Ru	nde 00						
	HPK UU IS	154 Comaron	widon-Ma	Incom						





1	ě	2	,	1
BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit paral.		THE PARTY NO STATE OF THE PARTY NO. THE PART
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First		DDOLAL -							2. DATE OF DEATH MONTH D		YEAR	3. TIME OF DEATH
HOYT  4. SOCIAL SECURITY NUMBER		BROWN, Jr							04 29	}	92	1:30PM N
577-42-1		1 X M 2 F	6. AGE (In yrs. les	YRS.	MONTHS:	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year) 05 22	34	Count	.,
9a. FACILITY NAME (# not in		street and number)			9b. CITY	Y, TOWN	OR LOCATIO	N OF DE			NTY OF D	rginia
PRINCE RESIDENCE OF DEC		ES HOSPIT	AL CENT	ER			EVERL'					E GEORGES
10a. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
Md.	Anne	Arunde	1	1	Loth	ian						LIMITS?
10e. STREET AND NUMBER		- m anac			JO C1.		f. ZIP CODE			10a. CIT	IZEN OF V	WHAT COUNTRY?
No.16 W	avsor	s Mobil	e Cour	+			207	11				
11. MARITAL STATUS		12. WAS DECEDENT	EVER IN U.S. AR	MED	13.	WAS DEC	ENDENT OF	HISPAN	IC DRIGIN? (Specify Yes	or No-	USA 14. RACE	— American Indian.
1 Never Married 200		IF YES, GIVE WA	YES 2 NR OR DATES	10			ecify Cuben 2 🔯 NO		n, Puerto Rican, etc.)		Speci	white, atc. White
	EDENT'S EDU		16a. DE	CEDENT'S	USUAL O	CCUPATION	ON		16b. KIND OF BUS	INESS/IN	DUSTRY	
Elementary/Secondary (6		College (1-4 or 5+)		Do NOT us	se retired.)	aunng mo	st of working	,				
12				Sal	esma	an			G.W	7. C	ochr	can
17. FATHER'S NAME (First, M	liddle, Last)						18. MOTH	ER'S NAM	AE (First, Middle, Malden			
Hoyt G.		n,Sr.				_	G:	race	e Omohun	dro		
19a. INFORMANT'S NAME (7	ype/Print)		19b						oute Number, City or Town	n, State, Zip	Code)	
Betty Br							10a.					
20e. METHOD OF DISPOSITE P□Burtel 2 □ Cremation 4 □ Donation 5 □ Other	n 3 🗆 Rem	oval from State	20b. PLACE A comptery, cres	natory or o	of DISPOS ther place)	SITION (Na	eran	y 1	1989 2 20c. LO	CATION —	City or To	nam, Md.,
21. SIGNATURE OF FUNCTION		SENSEE		0 00	22.	NAME AL	ND ADDRESS	S OF FAC	Lee Fur	era	1 H	ome Inc
1	Tale				66	633	Old	Ale	exander E	err	y Ro	oad
23. PART / Enter the di ahock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eert fallure.	List only one cause	e on each line.						tonsils	ratory an	rest,	Approximata Interval Between Onset and Death
Sequentially list conditi if any, leading to imme- cause. Entar UNDERLY! CAUSE (Disease or Inju- that initiated evental resulting in death) LAS	diate NG ry	DUE TO (O	OR AS A CONSED  OR AS A CONSED  OR AS A CONSED  OR AS A CONSED	UENCE OF	F A	ecì c	lent		ar Diseo	se		5 days
PADT II Other significa	nt condition											
PART II, other algoritical Perios Periophe	nare	otic H	earl.	Dis	in the ur		g cause gi	ven in F	Part I. 24a. WAS AN PERFOR 1 TYES 2	MED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:					ACE DF DE	ATH (Chec	ck only one)			
1 TES 2 DAG		1 Limpitient 2 🗆 E	ER/Outpatient 3	□ DOA	OTHER 4 - Nun		e 5 🗆 Resi	idence 8	Other (Specify)			
	Pending investigation	28a. OATE DF IN (Month), Day.		28b. TIM	E OF URY M	28c. INJ WO 1 1	RK?		28d. DEŞCRIBE HOW IN	JURY OC	CURED	
3 Sulcide 6	Could not be determined	28a. PLACE OF building, at	INJURY — At hon c. (Specify)	ne, lerm, a	itreet, fact	ory, office			261. LOCATION (Street a City or Town, State)	nd Number	or Rural R	oute Number,
									o the cause(s) and man ime, date and place, and			and manner as stated.
296. SIGNATURE AND TITLE	OF CENTIFIES	I Super	2, m.	۵.				SE NUME	4	29d. DAT	E SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF	PERSON WHO	COUPLETE CAUSE	DF DEATH (ITEM	27) (Туре,	Print)							· · · · · · · · · · · · · · · · · · ·
MAY 0 7 199	2" 9	132 DESISTAN	S SPANNIUMEDO									



1	Pag	1
	Hr.	

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE PUSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

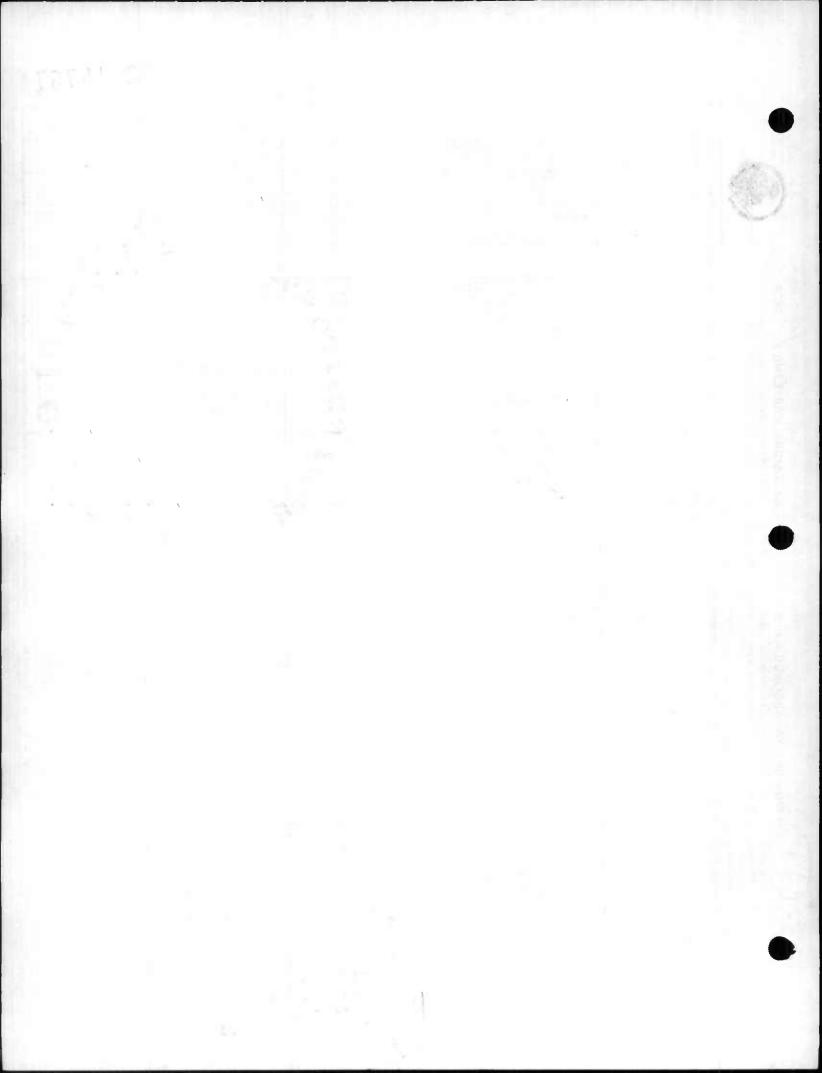
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR		CERTIFIC	ATE OF	DEATH	WEIT IAL	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)	Lue	berto	~		2. DATE OF	DAY	q'EAR	3. TIME OF DEATH
277-26-1061	1 M 2 XF 7		F UNDER 1 YEAR ONTHS DAYS	HOURS MIN.	7. DATE OF (Month, 2/2	EBIRTH Day, Your) 21/23	Coun	HPLACE (State or Foreign Ala.
e. FACILITY NAME (If not institution, give str Washington Ad				on Location of Do			lontg	omery
106. STATE 106. COUNTY  Md . Mor	ntgomery		TOWN OR LOC	pring				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
3501 Tarkingt		311		on. ZIP CODE 20906		10g.		WHAT COUNTRY?
. MARITAL STATUS  Never Merried 2 Merried  Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES	2 NO	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexica is 2 NO Specifi	in, Puerto Ric	(Specify Yes or No- an, etc.)	Spe	E — Americen Indian, ck, White, etc.
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 10th	ATION completed) College (1-4 or 8+)	16a. DECEOENT'S US (Give kind of work life. Do NOT use in House)	k done during n etired.)	TON nost of working	16b. K	IND OF BUSINESS	INDUSTRY	rack
FATHER'S NAME (First, Middle, Last)  Albert Junior						die, Meiden Sumem Chaney	e)	
e. INFORMANT'S NAME (Type/Print) Elvalee Banks		The second second		end Number or Rural	Route Number	City or Town, State,		ing, Md.
a. METHOD OF DISPOSITION  Burlal 2 Cremation 3 Nemo	val from State	o.PLACEANDDATEOF	DISPOSITION /	vame of	DATE	20c. LOCATION Elyr	- City or T	own, State
SIGNATURE OF FUNERAL SERVICE LICE William O.	MSEE ables	_	Ha.	AND ADDRESS OF FA 11 Brot! 1 Floric	hers	Funera	l Hoi	
equentially tlat conditions, sny, leading to immediate ause. Enter UNDERLYING AUSE (Disease or Injury	DUE TO (OR AS A	Carre	terde	eft le	29			news rean
hat initiated events esuiting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF).	17	,,,,,,,				wee us
ART II. Other significant conditions	contributing to death b	out not resulting in t	the underlyli	ng cause given in		4a. WAS AN AUTOP: PERFORMED? YES 2. NO		D. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI DF DEATH?  1 YES 2 NO
	HOSPITAC:		THER:	PLACE OF DEATH (Ch				
MANNER OF DEATH  1 Natural 5 Pending	1 Inpatient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	OF 28c, IN	me 5 Recidence  JURY AT  ORK?  YES 2 NO		Specify)	OCCURED	
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, streetly)			281. LOCATI City or	ION (Street end Num Town, State)	nber or Rural	Route Number,
	IAN: To the best of my know							e) end manner ee stated
b. Signature and title, of certifier	2	MD	West	29c. LICENSE NUI	UP 9	29d. C	PATE SIGNE	(Month, Day, Year)
MAME AND ADDRESS OF PERSON WHO	completed cause of oe	ATH (ITEM 27) (Type, Pri	My	Que CC.	ref	200	100	1
DATE FILED (Month, Day, Year)	Ma Day ason No	ATURE		74		The second second		

Lilioviii. Lucatera I f 0717 2-2 302023 8278746 4 45 44445, 4-23-32 8/4 8

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1 - FOR STATE REGIST

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG NO.

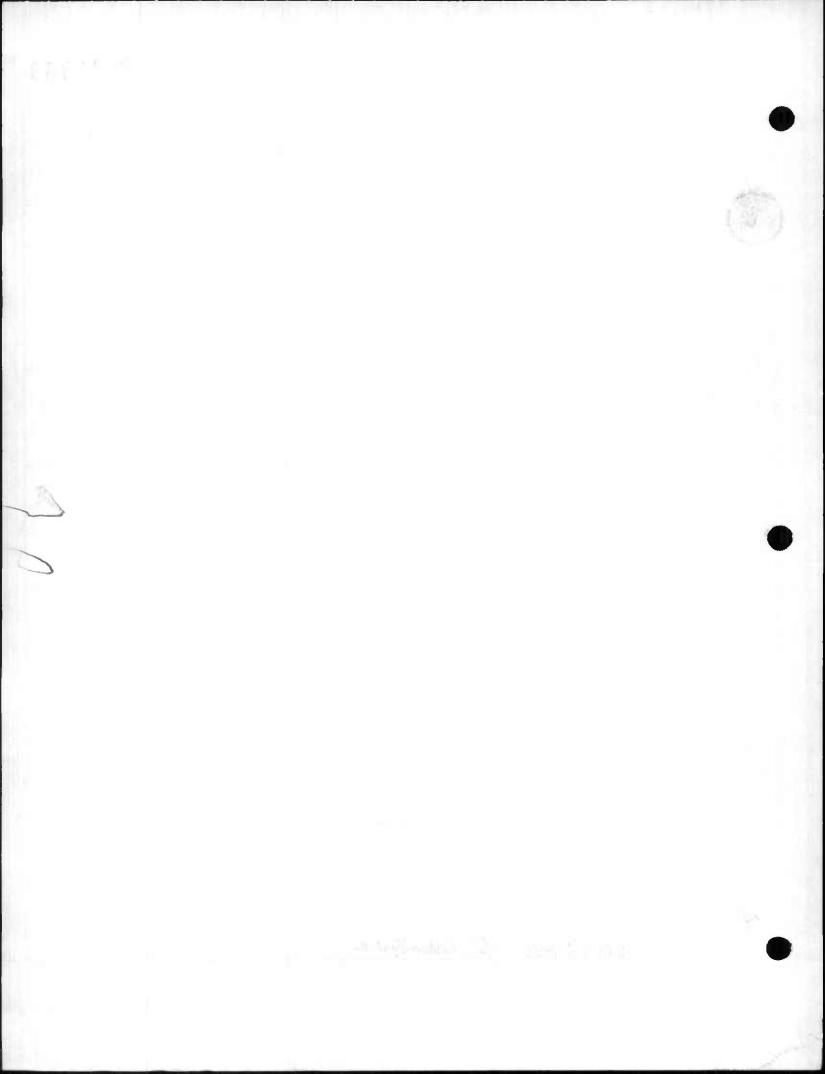
	TIEGIOTI PAT			CITTI	IOATE	- 01	DLA	111		HEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH	LV .	YEAR	3. TIME OF DEATH	
- 1	GERTRUDE	ELIZABET	CH ]	BARRE	TT				May		992	TEAN	5:19 a M	
- 4	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is	ast birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE	OF BIRTH		8. BIRTH	IPLACE (State or Foreign	
	578-05-8189	1 - M 2 X F	89	YRS.	MONTHS	DAYS	HOURS	MIN.		. Day, Year)		Countr	nington, DC	
	9a. FACILITY NAME (If not institution, give	atreet and number)			9b. CITY	TOWN C	R LOCATI	ON OF DE		3/03	90 000	NTY OF D		
œ					110	_		ON OF DE						
5	Doctors Commun	ity Hospi	tal		Lar	nham					Pri	nce (	George's	
입	10a. STATE 10b. COUNT			10c. CFT	Y, TOWN C	R LOCAT	ION						10d. INSIDE CITY	
DIRECTOR	Maryland Pri	nce Georg	010	No	w Ca	**^1	11tor						LIMITS?	
	10e. STREET AND NUMBER	ice dedig	C 3	146	w Ca		ZIP CODI						1 X YES 2 NO	
A I						101					10g. CIT		VHAT COUNTRY?	
FUNERAL	6423 Fairborn Te							20784				USA		
5	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	T EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT C	F HISPAN	NC ORIGIN	? (Specify Yes	or No-	14. RACE	- American Indian, t, White, atc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE W					2 2 NO			rout, etc.)		Speci	ly:	
													White	
百	15. DECEOENT'S EDU (Specify only highest grade	CATION completed)	16a. D	ECEOENT'S	USUAL O	CUPATIO	ON st of workin	27	16b.	KIND OF BUS	SINESS/IN	DUSTRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5 +	·) #	Give kind of a le. Do NOT us	se retired.)				1					
4	5	0	Ho	usewi	fe					Own	Home	9		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	NER'S NAI	ME (First, N	liddle, Malden	Sumame)			
U U	Edward E. Keyes								AcKin					
BE	19a. INFORMANT'S NAME (Type/Print)		1	9b, MAILING	ADDRESS	(Street =				er, City or Town	n State 74	n Codel		
2	Lester V. Barret	t. Ir.											ID 20784	
	20a. METNOD OF DISPOSITION	L, JI.					-	ace	_					
	1X Burial 2 Cremation 3 Ram	noval from State	cemetery, ci	ematory or o	OF DISPOS ther place)	TION /Name of DATE 20c. LOCATION — City or Town, State								
	4 Other (Specify)	r Hil		emetery 5/15/92 Suitland, Maryland							ryland			
- 1	21 SIGNATURE OF FUNERAL SERVICE/LI	CENSEE			22. I	NAME AN	D ADDRES	SS OF FAC	CILITY	ns Fu		l Uon	DA	
	111/1/1/20	ansen	DR. L	FD										
$\neg$	23. PART   Enter the diseases, or	7.4			4/	39 1	da et et e	more	Ave	., ну	attsv	VIIIE	, MD 20781	
	shock, or heart fellure.	List only one cau	se on each lin	e.	iot einer	una mo	ue or ayı	ing, sucr	n ss cerd	iec or respi	ratory sr	rest,	Approximate Interval Between	
1	IMMEDIATE CAUSE (Finel			1 .	1	n				$\wedge$	- 1		Onset and Death	
- 1	diseese or condition	8	Car	dic	Du	KIM	.One	arl	1	MYY	62			
1		OUE TO	(OR AS A CONSI	EOUENCE O	F):			6		1	-			
z		h -	- En	ds	10	ne	>	(	Ma	PSTI	Ve			
은 [	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE OF	F):			-	4	0	.0			
CERTIFICATION	CSUSE. Enter UNDERLYING CAUSE (Disesse or Injury	c.					ne	O Y	1	Ka	1 KL	( )e	-	
Ē	that initiated events	DUE TO	OR AS A CONSE	OUENCE P	P Dailing									
토	resulting in death) LAST	4	Rei	101										
5 F				1		/		1						
EDICAL	PART II. Other significant condition	e contributing to	deeth but not	resulting	in the un	derlying	ceuse g	lven in i	Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
얼Ⅱ										1 YES 2			COMPLETION OF CAUSE	
													OF DEATH?	
≥									- 1				1   YES 2   NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26 Pt	ACE OF O	EATN #01-	eck only one					
ᅙ	EXAMINER?	HOSPITAL:			OTHER		ACE OF D	EATH (Une	eck only one	"				
<u>≥</u>	1 YES 2 -NO	1 Inpatient 2 I			_			sidence	6 🗌 Other	(Specify)				
핕	27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF (Month, De		28b. TIM INJ	E OF URY	28c. INJ	URY AT RK?		26d. DES	CRIBE NOW I	OC YRULY	CURED		
ĕ	1" Natural 5 Pending 2 Accident Investigation				M	1 🗆 Y	ES 2 [	NO						
_	3 Suicide 6 Could not be	28a. PLACE Of building.	F INJURY — At h	ome, ferm, s	rtreet, facto	ory, office			281. LOCA	TION (Street a	nd Number	or Aural A	oute Number,	
	4 Homicide determined								Ony o	· /UWII, STATE)				
COMPLETED	29a, CERTIFIER 1V CERTEVING PHYS	ICIAN: To the heat of	me knowledge d	anth com	ad and all and			200				-17		
M	(Check only one)													
8	0/18) 2 MEDICAL EXAMINE	On the beats of ax	arr/ination and/or	investigatio	n, in my o	pinion, de	eath occur	ed at the I	time, date	and place, and	d due to th	he cause(a)	end manner as stated.	
w I	296. SIGNATURE AND TITLE OF CERTIFIE	R					29c. LICE	NSE NUM	BER		29d. DAT	E SIGNEO	(Month, Day, Year)	
∞		Stope	gra	,	M	D	T	2	69	03		2	111/0.	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAUS	E OF DEATH (ITE	M 27) (Type,	Print)			1 62	41	30		~	147)	
10													•	
	31. DATE FILEO (Month, Day, Year)	32. REGISTRAL	R'S SIGNATURE								_			

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. The FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit in filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

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VITAL RECORDS, P.O. E	I The land to the short sheet death and the bar
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DIVISION	-

	9 <b>2</b> –2609–033										0	0 1	1760
	1 - FOR STATE REGISTRAR	STATE OF M		DEPAR					MENTA	L HYGIEN	E	2	4769
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE	OF DEATH		YEAR 3. TH	ME OF DEATH
	JEROME SY	LVESTER				BE	LL		05			992 8:	33 A.M
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. Is	ast birthday)		R 1 YEAR	IF UNDER			OF BIRTH	1	. BIRTHPLACE Country)	E (State or Foreign
	220-42-4502	1 🔀 M 2 🗆 F	46	YRS.	MONTHS	DAYS	HOURS	MIN.		e 21,	1945		ERT.V
	Sa. FACILITY NAME (If not institution, give st	reet and number)			9b. CIT	, TOWN O	R LOCATE	ON OF DE				Y OF DEATH	LINDI
OR	12906 8th STREET				BOW	T FR					DOTAG	CE GEO	DOTEC
5	RESIDENCE OF DECEDENT										FULL		
DIRECTOR				10c. CIT	ry, town							10d.	INSIDE CITY LIMITS?
		nce Geo	rge's		Bo	wie						¹ 🔀	YES 2 NO
₹.	100. STREET AND NUMBER					101.	. ZIP CODI	E			10g. CITIZE	N OF WHAT	COUNTRY?
FUNERAL	12906 8th St							719			US	SA	
F	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1	YES THE	RMED NO	13.	WAS DECI	ENDENT C	F HISPAN	NC ORIGIN	1? (Specify Yes Rican, etc.)	or No- 14	6. RACE — An Black, White	nerican Indian,
В	3 Widowed 4 Divorced	IF YES, GIVE WA	R OR DATES	7		1 TYES		Specify				Specify:	
	15. DECEDENT'S EDUC	ATION	1 40 - 5	ECEDENT'S					100	22.00		BLA	CK
I	(Specify only highest grade	completed)	50	Bive kind of Do NOT u	work done	during mos	n st of workin	g	166	. KIND OF BU	SINESS/INDUS	STRY	
2	Elementary/Secondary (0-12) 8th	College (1-4 or 5+)	Equ	ipme	ent	Ope:	r.*	I-P	W	GO	VT.		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)					_	ia: MOTI	HER'S NA	MF /First i	Middle, Maiden	Sumamal		
Ö	Stanley Web	ster Be	1 7										
BE	19a. INFORMANT'S NAME (Type/Print)	SOCE BC.		D. MAILING	ADDRES	S (Street as				E. Th		orfal	
2	Martha E. Be										20719		
	209. METHOD OF DISPOSITION 12 Buriel 2 Cremetion 3 Remo		20b.PLACE					10	DAT			y or Town, St	
	t ☐ Buriel 2 ☐ Cremetion 3 ☐ Remo 4 ☐ Donation 6 ☐ Other (Specify)	vel from State	cometent or		there where I			0 - 1-	1				aryland
	21. SIONATURE OF FUNERAL SERVICE LIC	ENSEE	THALK	iOlly	22.	NAME AN	D ADDRES	SS OF FA	CILITY				aryland
	* Kemberly	BUINE	140			J.B.	. Je	nki	ns 1	Funer	al HC	me	
-	0907.000000	-				747	4 La	ndo	ver	Rd.	Lando	ver.	MD 20785
	23. PART I. Entar tha disesses, Dr co shock, Dr hasrt feilura. L	ist only one caus	causad tha d e Dn each lin	aath. DD ( e.	not anter	tha mod	da of dyl	ng, suc	h as card	diac or respi	ratory arres		Approximate Interval Between
	IMMEDIATE CAUSE (Final disease or condition	0	100	1.02.11		-401 4	1						Onset and Desth
	resulting in death)		KE			710	N						
		DUE TO (	OR AS A CONSE	OUENCE O	F):								
O	Sequentially list conditions,	DUE TO (	OR AS A CONSE	OHENCE O	6								
TA	If sny, leading to immediate cause. Enter UNDERLYING	552 15 (5	on as a conse	OVENCE O	r).							İ	
윤	CAUSE (Disesse or Injury that initiated events	DUE TO (C	OR AS A CONSE	OUENCE O	F):							-	
ERTIFICATION	resulting in death) LAST											į	
8													
AL	PART II. Other significant conditions	contributing to d	laath but not	resulting	in tha u	ndarlylng	causa g	lven in	Part I.	24a. WAS AN PERFOR			AUTOPSY FINDINGS ABLE PRIOR TO
8										1 YES 2			LETION DF CAUSE
MEDICAL												1/	YES 2 NO
ż													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Ch	eck only or	(e)			
YSI	1 YES 2 NO	1   Inpatient 2	ER/Outpatient	DOA	4 Nur		5 5 Ra	aldence	6 🗆 Othe	r (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28s. DATE OF III (Month, Day	NJURY ; Year)	28b. TIM	IE OF JURY	28c. INJU	JRY AT RK?		28d. DES	CRIBE HOW I	NJURY OCCUI	RED	
BY	1 Natural 5 Pending 2 Accident Investigation	05-09-1			3 A.	1 🗌 Y		NO	VIC	EIM OF	HOUSE	FIRE	
ED	Suicide 6 Could not be determined	28e. PLACE OF building, et				tory, office			281. LOC City	ATION (Street a	and Number or	Rural Route N	umber,
				AT HO	OME				1290	06 8th	STREE	T	
COMPLET		IAN: To the best of m											
Š	ONI) EXAMINER	On the besis of eas	mination and/or	Investigation	on, in my	opinion, de	eth occur	ed at the	time, data	and place, an	d dua to the c	cause(s) and r	nenner as stated.
ш	296. BIGNATURE AND TITLE OF CERTIFIER	1 1)((	1				29c. LICE	NSE NUM	IBER		29d. DATE S	SIGNED (Month	h, Day, Year)
0 8	but. 4	John	711	M			0.C.	M.E			D5-	09-19	92
F	O NAME AND ADDRESS OF BERSON WILL	COMBI EVED CAUDE	of period and	44 AM S	40.0						- Mad		

30. NAME AND ADDRESS OF AFRSON WHO COMPLETED CAUSE OF DEATH LITEM 27, (1508 Print)

WAKIO F. GO J. J. 111

31. DATE FILED (Monito, Day, 1601)

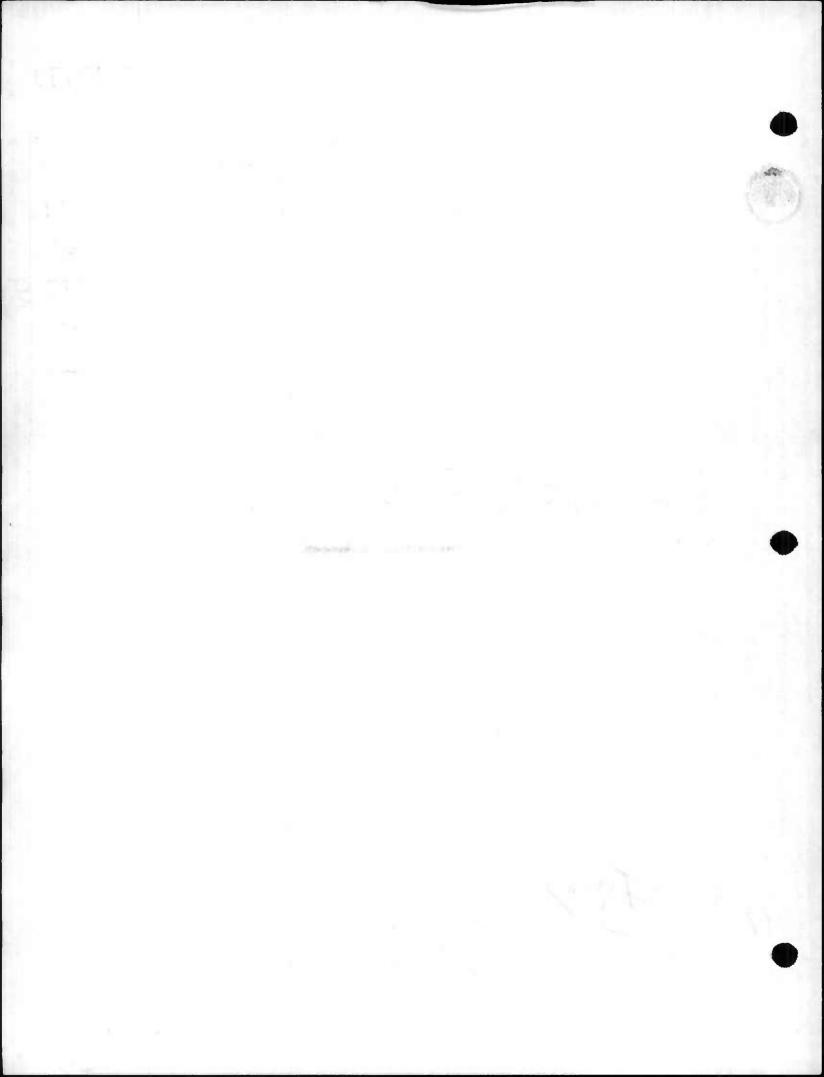
MAY 1 3 1992

Alia Javidson-Pandell

111 PENN STREET BALTIMORE MARYLAND 21201

	6	
II.	examin	
ed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to bunal, cremation, or removal,	DRTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner	
DOU.	the	
, crema	event,	
Dunal	natic	
prior t	trau	
ygiene	, or other traumatic	
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Мещ	njury	
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Hours	item	
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within	TANT	
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	REGISTRAR		CERTIF	IONIL	, DEATH	REG. NO	<i>)</i> .		
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATN			TIME OF DEATN
- 1	Emma	0.	Beene			May 8,1	992	YEAR	6:30A.MM.
							992		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTN (Month, Day, Year)		8. BIRTNPL/ Country)	ICE (State or Foreign
	299 20 2462	1 🗆 M 2 🗔 F	7 2 YRS.	MONTHS DA	YS HOURS MIN.	May 26,	1010		iccinni
	9a. FACILITY NAME (If not institution, give s		/.3	01 0174 701	WN OR LOCATION OF DE			TY OF DEAT	
-									
6	2910 Lumar Dr:	ive		For	t Washin	aton, Md		P	j
F	RESIDENCE OF DECEDENT					,	3		
DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CI7	Y, TOWN OR L	OCATION			10	d. INSIDE CITY LIMITS?
F	Md.	PG		Fort	Washingto	on		X.	YES 2 NO
"							T		
A	10s. STREET AND NUMBER				10f. ZIP CODE		44.11		T COUNTRY?
E	2910 Lumar Di	rive			20744		Un:	ted	States
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARMED	13 WAS	DECENDENT OF NISPAN	HC ORIGIN? (Specify V	a or No-	14 BACE -	American Indian
正	1 Never Married 2 Married	FORCES? 1	YES 2 NO	If ye	s, specify Cuban, Maxica	n, Puerto Rican, etc.)			American Indian, hita, etc.
B⊀	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	1 🗆	YES 2 NO Specifi			Specify:	
		no				no		Bla	CK
	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCU	PATION g most of working	16b. KIND OF B	USINESS/IND	USTRY	
ET	Elementary/Secondary (0-12)	College (1-4 or 5 -	Mile De MOT	se retired.)	g most or working				
7	8th			etary	Sup.	l p	rivat	- 0	
Ξ				ccarj	-				
8	17. FATHER'S NAME (First, Middle, Last)				A CONTRACT OF THE PARTY OF THE	ME (First, Middle, Maide			67.0
BE COMPLETED	James Stewa	art			Virg:	inia Whi	te		
00	19a, INFORMANT'S NAME (Type/Print)		19b. MA/LING	ADDRESS (St	reet and Number or Rural			Corde)	
2	Shryiell Owens	-			ar Drive	Ft			ton Ma
	Bhilyiell Owell.	5	291	о дин	ar Drive	rt	Was	surng	ton,Md.
	20a. METHOD OF DISPOSITION		20b. PLACE AND DAT	E OF DISPOSI	TION (Name	DATE 20c. 1	OCATION —	City or Town,	State
	X□ Burial 2 □ Cremation 3 □ Rem 4 □ Departion 6 □ Other (Specify)	loval from Stata	of cometany cremator	n S CE	meterv		aytor	.Ohi	0
	21. SIGNATURE OF FINERAL SERVICE LIN	CEMBERS /	-		E AND ADDRESS OF FA		u. 1 0 0 .	.,	
	21. SERVICE DE	CENSEY		777 5	tewart F	ineral H	OME		
	Nota.	1001	1111111						
	10000 11	1000	00000		001 Benn				
	23 PART I. Enter the diseases, preshock, pr haert fallure.			not anter the	i inioua oi uying, auc	il de Cardiac Oi 196	piratory arr	oot,	Approximata Interval Between
	IMMEDIATE CAUSE (Final	110 = 1 = 101 = 2							Onset and Death
	disease or condition		METASTATIC	META	NOMA				
	moulting in death)	4			11101111				-
		DOF 10	(OR AS A CONSEQUENCE O	OF):					
Z		b.							
0	Sequentially list conditions,	DUE TO	(OR AS A CONSEQUENCE O	F):					
									1
A	if eny, leeding to immediate cause. Enter UNDERLYING			_					1
-ICA1	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DIRE TO	OR AS A CONSEQUENCE	JEJ-					
TIFICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	cDUE TO	(OR AS A CONSEQUENCE O	OF):					
ERTIFICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	cDUE TO	(OR AS A CONSEQUENCE O	OF):					
CERTIFICAT	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d							
AL CERTIFICAT	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	d			flying cause given in		IN AUTOPSY		ERE AUTOPSY FINDINGS
ICAL CERTIFICAT	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d			fyling cause given in	PERF	ORMED?	AN CC	MILABLE PRIOR TO OMPLETION OF CAUSE
EDICAL CERTIFICAT	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d			rlying cause given in		ORMED?	CC	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
MEDICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d			flying cause given in	PERF	ORMED?	CC	MILABLE PRIOR TO OMPLETION OF CAUSE
Ξ	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d			flying cause given in	PERF	ORMED?	CC	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
Ξ	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d		In the under	rlying cause given in	PERF	ORMED?	CC	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
Ξ	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	dns contributing to	deeth but not resulting	In the under	RB. PLACE OF DEATH (C)	PERF 1 VES	ORMED?	CC	MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
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BE COMPLETED BY PHYSICIAN: MI	Cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	HOSPITAL: 1   Input ant 2   26a. DATE Of (Month, L) 28a. PLACE C bullding, BICIAN: To the best of a	deeth but not resulting  EPI/Outpatient 3 □ DDA  INJURY 28b. Till  F INJURY — At home, farm, etc. (Specify)  my knowledge, death occur  xamination and/or investiget  SE OF DEATH (ITEM 27) (Typ.)  DD Hill Rd  AR'S SIGNATURE	OTHER: 4   Nursing ME OF 28 JURY M street, factory, arred at the time tion, in my opin	Re. PLACE OF DEATH (C/) Home 6 Residence c. INJURY AT WORK? YES 2 NO office deta and place, and du- ion, death occured at the	PERF 1 YES  1 YES  1 YES  1 YES  1 YES  1 YES  1 YES  1 Other (Specify)  28d. DESCRIBE HOW  28d. LOCATION (Stre- City or Town, Stre- City or Town, Stre- De to the cause(a) and no 1 time, data and place,  MBER  9 4 3 1	ORMED?  2 NO  / INJURY Oct of and Number tel)  hanner as stat and due to th	CURED  Or Flural Flour  ed.  e cause(a) as	MALBLE PRIOR TO MPLETION OF CAUSE PDEATH?  YES 2 NO  No Number,  Ind manner as stated.
BE COMPLETED BY PHYSICIAN: MI	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1   Input ant 2   26a. DATE Of (Month, L) 28a. PLACE C bullding, BICIAN: To the best of a	deeth but not resulting  ER/Outpetient 3 DDA  INJURY 26b. Till  FINJURY At home, farm, etc. (Specify)  my knowledge, death occur  xamination and/or investiget  SE OF DEATH (ITEM 27) (Typ)  On Hill Rd	OTHER: 4   Nursing ME OF 28 JURY M street, factory, arred at the time tion, in my opin	Re. PLACE OF DEATH (C/) Home 6 Residence c. INJURY AT WORK? YES 2 NO office deta and place, and du- ion, death occured at the	PERF 1 YES  1 YES  1 YES  1 YES  1 YES  1 YES  1 YES  1 Other (Specify)  28d. DESCRIBE HOW  28d. LOCATION (Stre- City or Town, Stre- City or Town, Stre- De to the cause(a) and no 1 time, data and place,  MBER  9 4 3 1	ORMED?  2 NO  / INJURY Oct of and Number tel)  hanner as stat and due to th	CURED  Or Flural Flour  ed.  e cause(a) as	MALBLE PRIOR TO MPLETION OF CAUSE PDEATH?  YES 2 NO  No Number,  Ind manner as stated.



PENNSYLVANIA

10d. INSIDE CITY 1XXYES 2 NO

14. RACE — American Indian, Black, White, atc.

Montgomer

10g. CITIZEN OF WHAT COUNTRY? UNITED STATES

> Specify: BLACK

20c. LOCATION — City or Town, State

	1. DECEDENT'S NAME (First, Middle, Last) DELORES		CED OF DEA		REG. NO.	(0.0
		Belger BEL	GER	2. DA	TE OF DEATH 5/9/	YEAR 3.
		GE (In yrs ast birthday) IF U		R 24 HRS. 7. DAT	TE OF BIRTH	8. BIRTHPLA
	578-48-8237 10 M2 XIF	52 YRS. MON	THE DAYS HOURS	AMELS.	PT 24,1939	PENNS
OC.	9a. FACILITY NAME (If not institution, give street and number)		CITY, TOWN OR LOCAT			OUNTY OF DEAT
DIRECTOR	HOLY CROSS HOSP	ita	SILVER	SPRI	2NG 1	TONTO
IRE	10a. STATE 10b. COUNTY		WN OR LOCATION			100
	10e. STREET AND NUMBER	WASH	INGTON, D.		Tax .	12
ERA	545 Hillton TERAG	SE SE	101. 214 000	0019	100	TED STA
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DECENDENT	OF HISPANIC ORIG	GIN? (Specify Yes or No-	
BY F	1 Never Married 2 Married FORCES? 1 YE IF YES, GIVE WAR OF		If yea, specity Cub 1 ☐ YES 2 X NO		to Rican, etc.)	Specify:
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S USUA	AL OCCUPATION	T <sub>1</sub>	6b. KIND OF BUSINESS	BLAC
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	(Give kind of work of life. Do NOT use retir	ione during most of work red.)	ing		
MP	12	DATA PROC			RESEARCH F	
	17. FATHER'S NAME (First, Middle, Linst) CHARLES H. FEWELL				t, Middle, Meiden Sumem	•)
BE	19a. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD		RGARET ]	DUNLAP mber, City or Town, State,	Zin Code
5	MICHAEL BELGER (SON)				shington, M	
	20s. METHOD OF DISPOSITION 1 🖾 Burlal 2 🗆 Cremation 3 🗆 Removal from State	20b. PLACE AND DATE OF DIS	SPOSITION (Name of	0.4		— City or Town,
	4 □ Donation 6 □ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSEE	cemetary, crematory or other pi LINCOLN MEMO			/15 SUITLA	ND, MAR
	- 11 10 1-	M859	ALEXANDER		E FUNERAL	HOME
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	S A CONSEQUENCE OF):  S A CONSEQUENCE OF):  S A CONSEQUENCE OF):				
N: MEDICAL	PART II. Other algoriticant conditions contributing to death Reival Ensufficiency Drabeles	Congestive	.1 .	1	PERFORMED?	24b. WE AM CO OF
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OTI	26. PLACE OF D	DEATH (Check only	one)	
HYS	1 ☐ YES 2 NO 1 ☐ Inpetient 2 VER/O 27. MANNER OF DEATH 28s. DATE OF INJUR	ty 28b TIME OF	Nursing Home 5 R		her (Specify) ESCRIBE HOW INJURY (	OCCUBED
2	1 Naturel 5 Pending (Month, Day, Year 2 Accident Investigation	r) INJURY	WORK?	□ NO	Equinoc from mooks	JOURED
	Z Notice it	JRY — At home, ferm, street, (pecify)	factory, office	281. LC	OCATION (Street and Num ty or Town, State)	ber or Rural Rout
PLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my kn	owledge, death occurred at t	the time, deta and place	a, and due to the c	:ause(a) and menner as	stated.
COMPL	one) 2 MEDICAL EXAMINER: On the basis of examina					
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER	0 /	29c. LIC	ENSE NUMBER	2 Q 29d. D	ATE SIGNED (Mo
0	non makael of the	rona		570	20	5 - 9

WHO COMPLETED CAUSE OF DEATH (ITEM/2) (Type, Print)

32. REGISTRAR'S GIGNATURE

NE

Capito

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

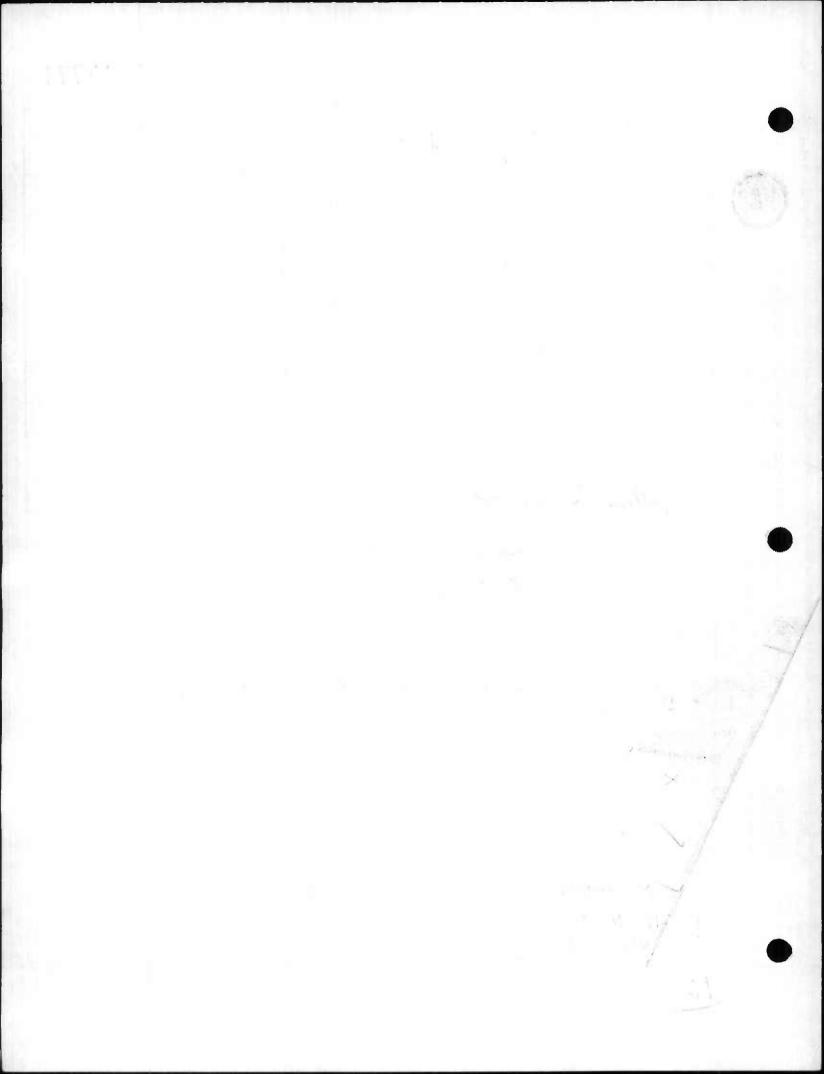
15 SUITLAND, MARYLAND FUNERAL HOME Avenue, SE DC 20020 flec or reapiratory arrest, Approximate Interval Between Onset and Death 2 years 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 - YES 2 12 NO (Specify) CRIBE HOW INJURY OCCURED ATION (Street and Number or Rural Route Number, or Town, State) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(e) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) MECHAEL DHMH-16 Rev 1/89



1011

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1 - STATE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	LTH AND MENTAL H					
1. DECEDENT'S NAME (First, Middle, Last)		2. DATE OF MONTH	F DEATH DAY				
Delia C. Brock		May	2	1			

	1. DECEDENT'S NAME (First	t, Middle, Last)								2. DATE OF		_		3. TIME OF DEATH
	Delia C. B	rock								Мау	2	199	YEAR	9:00 P.M.
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. las	t birthday)	IF UNDER 1		-	R 24 HRS.	7. DATE OF	BIRTH		8. BIRTI	IPLACE (State or Foreign
	436 64 5592		1 M 2 F	92	YRS.	MONTHS	DAYS	HOURS	MIN.	Marc		1900	Count	ry)
	9a. FACILITY NAME (If not in	natitution, give s				9b. CITY, 1	OWN	OR LOCATI	ION OF DE	EATH	11 / .	1900 Arkansas		
DIRECTOR	2910 Conne		rive			Dav	ids	sonvi	ille			Ann	e Ar	undel
2	RESIDENCE OF DEC	10b. COUNT	Υ		10c CIT	Y. TOWN OR	LOCA	TION.						
E	Maryland	194114	Arundel			vidso								10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				Da	VIUSO		101. ZIP CODE 10g. CITIZEN OF WHAT CO					1 YES 2 NO	
FUNERAL	2910 Conne	Mara D	rive				21035					United States		
S	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AR	MED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify					Specify Ves			
BY F	1 Never Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, atc.				in, atc.)	Black, White, atc.  Specify:								
	EST ESSE TOTAL			N	o					No	D		фи	White
COMPLETED	15. DEC (Specify onl)	EDENT'S EDU y highest grade	CATION completed)	(Gi	ve kind of	USUAL OCC	UPATIO	ON ast of working	ng	16b. KJ	ND OF BUS	INESS/IND	USTRY	
7	Elementary/Secondary (0	1-12)	College (1-4 or 5	+) #10.	Do NOT u									
M	17. FATHER'S NAME (First, M	licidia ( aat)			HOI	emake	r				Own H			
Ö	Will	Case	V							ME (First, Midd		Surname)		
BE	19a. INFORMANT'S NAME (7		<i>y</i>	196	. MAILING	ADDRESS (	Street o			Raine		Ctata Tin	Codel	
2	Ann Janet M	cCullo	ugh											aryland
	20e. METHOD OF DISPOSIT	ION		20b. PLACEA	NDDATE	DE DISPOSIT	ON /No	me of		CATE	200 100	CATION	No. or To	Sant-
	4 Donation 8 DOther	(Specify)		cemetery, crer Twin	City	Memo	ria	1 Ga	rden	S	Wes	t Mor	iroe	,Louisiana
	21. SIGNATURE OF FUNERA	L SERVICE LIC	CENSEE	0		22. N/	ME A	ND ADDRE	SS OF FA	CILITY				
	Kalvert	- }	C LAM	s. M	m					uneral				. 00
	23. PART I. Enter the di	seases, or o	complications the	t caused the de	eth. Do r	ot enter th	ie mo	de of dy	ng. suci	1S KO	Dr resol	le Ma	aryı	and 20715
	shock, or he IMMEDIATE CAUSE (Fin	eart fallure.	List only one ceu	use on each line.										
	disesse or condition resulting in death)	<b>→</b>	B	· derical	2 2 6	00-	10	141:	.1.	4000	1	C .		Variable 1
ı	resolung in death)	•	DUE TO	(OR AS A CONSEC	UENCE O	7:	0	2711	VC	rec w	21 .	Tail	TOVE	Junes
Z	Sequentially list conditi		a Aorti	c 4+0	no.	sig								Interval Between Onset and Death  Year 4
CERTIFICATION	If eny, leading to immediate. Enter UNDERLY	diate	DUE TO	(OR AS A CONSEO	UENCE OI	7):								
DI I	CAUSE (Disesse or Inju		C. OUE TO	(OR AS A CONSEO	HENCE OF	n.								
E	resulting in death) LAS	7		(0	OLNOL O	,.								
			d											İ
MEDICAL	PART II. Other significa				sulting I	n the unde	rlying	ceuse g	given in	Part I. 24	PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	Diabetes	nu	111+46	7						_   1	YES 2			COMPLETION OF CAUSE DF DEATH?
- 1	Hypertes	44107	1											1 - YES 2 - NO
Z														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER:	26. PL	ACE OF D	EATH (Che	ck only one)				
₹ ¥	1 YES 2 NO		1 Inpatient 2	ER/Outpatient 3			_	***	sidence	6 Other (Sp				
	1 Natural 5 🔲	Pending	(Month, D		28b. TIM	URY	WO	URY AT RK? 'ES 2		28d. DESCRE	BE HOW IN	JURY OCC	URED	
B	a D autota	nvestigation	28e. PLACE O	F INJURY — AI hon	ne, ferm, a				, NO	28f. LOCATIO	M /Ctmat a	ad Musebas	an Dural C	and the second
		Could not be datermined	building,	atc. (Specify)		, , , , , , , , ,				City or To	wn, State)	na mannoer (	ur murair m	oute Number,
COMPLETED	290. CERTIFIER 1 CERT	IFYING PHYSIC	CIAN: To the best of	my knowledge, des	th comme	d at the star	4.4							
N N														end manner ee stated.
	29b. SIGNATURE AND TITLE										piace, and			
BE	angel. 1	7.11.						Pages.	A 1 4	- 4		29d. DATE	SIGNEO	(Month, Day, Year)
2	30. NAME AND ADDRESS OF	PERSON WHO	COMPLÉTED CAUS	SE OF DEATH (ITEM	27) (Type,	Print)		1/	717	1 /		- INC	ay	4,1992
	Angela	Call											/	- 1
	31. DATE FILED (Month, Day, )	5" 100"	32. REGISTRA	H WEIGHATURE	Hande	82								
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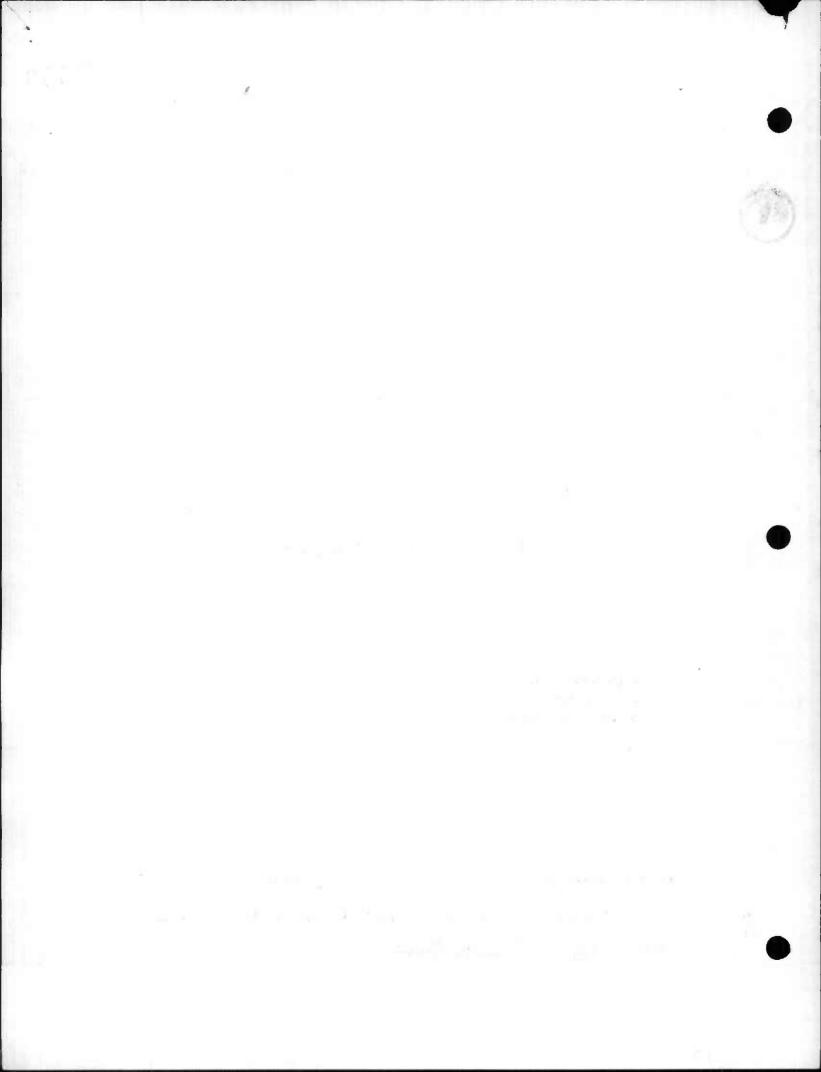
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	

COLAL SECURITY NUMBER  THE NOWN  PACILITY NAME (If not institution, give in the color of the col	S. SEX  1 M 2 X F 6 2  Street end number)  12. WAS DECEDENT EVER IF PORCES? 1 YES  IF YES, GIVE WAR OR D  DICATION  Collège (1-4 or 5+)	(In yrs. last birthde YRS  10c. W  N U.S. ARMED 2 MNO NOTES  16e. DECEDEN	Be Sity, Town of a Shi:	on Location  In g to 1  101. Z1  20  Was December 1 [X yes 2]	F UNDER 24 HPS. HOURS MIN. LOCATION OF DE d a IN IN IN IN IN IN IN IN IN IN IN IN IN	7. DATE OF BIRTH (Month, Day, Year) 8 5 2 S ATH  RIC ORIGIN? (Specify Yn, Puerto Rican, etc.)	DAY 9 a. D D Sc. COUNTY MOnt	3. TIME OF DEAT  2 3:00 A BHITTHPLACE (State or Fo Country)  MKN Rpblc Y OF DEATH  g O M e r y  10d. INSIDE CITY LIMITS? 1X Yes 2  N OF WHAT COUNTRY?  Rpblc  RRCE — American India
TAKE TOWN  TAKE TOWN TO STATE TOWN TO STATE TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	S. SEX  1  M 2 X F  6 2  street and number)  1 a 1  Y  Rd. N.W.  12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D  JCATION  College (1-4 or 5+)	N U.S. ARMED 2 NO NOTES  16a. DECEDEN (Gave kind life. Do NO	9b. CITY Be CITY, TOWN C a Shi  13.	on Location  In g to 1  101. Z1  20  Was December 1 [X yes 2]	LOCATION OF DE	7. DATE OF BIRTN (Month, Dey. Year) 8 5 2 C	9c. COUNTY MONT	BIRTAPLACE (State or Fo Country)  Mkn Rpblc  Y OF DEATH  g O m e r y  10d. INSIDE CITY LIMITS? 1X XVES 2   N OF WHAT COUNTRY?  Rpblc  LRACE - American India
SIDENCE OF DECEDENT STATE  10b. COUNT  D. C.  STREET AND NUMBER  440 Columbia  AARITAL STATUS  XNever Merried 2 Married  (15c. DECEDENT'S EDI (5pecify only highest grad  Elementary/Secondary (0-12) 6 th  ATHER'S NAME (First, Middle, Last) In tiago Bernab  INFORMANT'S NAME (Type/Print)  arc Vatin	Rd. N.W.  12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D  CATION 9 completed)  College (1-4 or 5+)	N U.S. ARMED 2 NO DATES  16a. DECEDEN (Gave kind life. Do NO	Be STY, TOWN C a Shi	these or Location ngto1 101. Zi 20 was December 1 (X Yes 2	d a  IN IN IN IN IN IN IN IN IN IN IN IN IN	IIC ORIGIN? (Specify Y n, Puerto Rican, etc.)	Mont  10g. CITIZEN  Dmkn	gomery  10d. INSIDE CITY LIMITS? 11 X X YES 2 \( \text{D} \)  N OF WHAT COUNTRY?  Rpblc  Rpblc  RRCE - American India
STATE 10b. COUNT D. C.  STREET AND NUMBER 440 Columbia  AARITAL STATUS  (Never Merried 2 Married  15b. DECEDENT'S EDI (Specify only highest grad  Elementary/Secondary (0-12) 6 th  ATHER'S NAME (First, Middle, Last) In tiago Bernab  INFORMANT'S NAME (Type/Print)  arc Vatin	Rd. N.W.  12. WAS DECEDENT EVER I FORCES? 1 ☐ YES IF YES, GIVE WAR OR D  ICATION 9 completed)  College (1-4 or 5+)	N U.S. ARMED 2 NO DATES  16a. DECEDEN (Gave kind life. Do NO	ashi  13.  13.  13.  14.  15.  15.  16.  17.  18.  18.  19.  19.  19.  19.  19.  19	ngto1  10f. zi 20  WAS DECENITY YES, specifically YES 2	TIP CODE  O O O O  IDENT OF NISPAN  Ify Cuban, Mexicar  NO Specify	n, Puerto Rican, etc.)	Dmkn	LIMITS?  1 X X ES 2   N OF WHAT COUNTRY?  Rpb1c  BACE — American India
A440 Columbia  MARITAL STATUS  KNever Merried 2 Married    Widowed 4 Divorced   15. DECEDENT'S EDI (Specify only highest great  Elementary/Secondary (0-12) 6 th  ATHER'S NAME (First, Middle, Last) In tiago Bernab  INFORMANT'S NAME (Type/Print)  arc Vatin	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D JCATION 9 completed) College (1-4 or 5+)	N U.S. ARMED 2 NO NATES  18a. DECEDEN (Give kind life. Do NO	13.  13.  13.  13.  14.  15.  15.  16.  16.  17.  17.  17.  18.  19.  19.  19.  19.  19.  19.  19	10f. Zi 2 0 WAS DECENI If yes, specif 1 (X YES 2	IP CODE  0 0 9  IDENT OF NISPAN Ify Cuban, Mexican  NO Specify	n, Puerto Rican, etc.)	Dmkn	Rpb1c
All Arter's NAME (First, Middle, Last)  ntiago Bernab  INFORMANT'S NAME (First, Middle, Last)  ATC Vatin	FORCES? 1 YES IF YES, GIVE WAR OR D  JCATION Completed)  College (1-4 or 5+)	2 NO DATES  16a. DECEDEN (Give kind life. Do NO	T'S USUAL Of of work done of use retired.)	If yes, specification of the during most of	Ify Cuban, Mexicar  NO Specify	n, Puerto Rican, etc.)		I. RACE — American India
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INFORMANT'S NAME (Type/Print)  arc Vatin	-		irea			ME (First, Middle, Meide S Bernah	-	
				S (Street and	Number or Rural R	Bethe	own, State, Zip Co	
METNOD OF DISPOSITION  (Buriel 2 Cremation 3 Ren  Donation 5 Other (Specify)	G	b.PLACE AND DA metery, crematory, ate Of	TE OF DISPOS	SITION (Name	e of	DATE 20c. I.	OCATION — CIT	
SIGNATURE OF FUNERAL SERVICE LI	Porta	ncy	1	622 1	ADDRESS OF FAC	Morro	Wash.	Woodford D.C. 2000
PART I. Enter the diseased or ehock, or heart fellure.  AEDIATE CAUSE (Finel sees or condition uiting in death)	e. A CUTE	INFEN	ADR "			n es cardiec or rea	piratory arrea	t, Approxime interval Be Onset and
quentially list conditions, ny, leading to immediate use. Enter UNDERLYING USE (Disease or injury t initiated events uiting in death) LAST	b							
		out not resultin	g in the un	nderfyling c	ceuse given in i	PERFO	ORMED?	24b. WERE AUTOPSY FIL AMILABLE PRIOR COMPLETION OF C
						_		DF DEATH?
MAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	petient 3 DOA		R:				
IANNER OF DEATN  Natural 5 Pending  Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	28b. 1	IME OF	28c. INJURY WORK	TY AT		INJURY OCCUP	RED
	28e. PLACE OF INJURY building, etc. (Spe	f — At home, ferr cify)	n, atreat, fact	tory, office				Rural Route Number,
Suicide 6 Could not be determined	ICIAN: To the heat of our trans							
Homicide    Homicide   Certifying Physone   2   MEDICAL EXAMINI	ER: On the beele of examination	Tr end/or investig			9c. LICENSE NUM			
MI ED	Initiated events iting in death) LAST  III. Other algnificent condition  HYPERION  DIABETS  HYPERION  AS CASE REFERRED TO MEDICAL  XAMINERY  YES 2 PNO  ANNER OF DEATN  Natural   Pending   Investigation    Accident   Suicide   Could not be determined	Initiated events iting in death) LAST  d.  III. Other algnificent conditions contributing to death it has been deathed as case reference to medical kaminer?  AS CASE REFERRED TO MEDICAL KAMINER?  VES 2 NO  ANNER OF DEATN  Natural 5 Pending Investigation  Accident Suicide 6 Could not be determined determined  PERTIFFIER 1 CERTIFFYING PNYSICIAN: To the best of my know know know know know know know know	Initiated events liting in death) LAST  d.  III. Other algnificent conditions contributing to death but npt resulting to death put npt npt npt npt npt npt npt npt npt np	Initiated events liting in death) LAST  d	Initiated events Iting in death) LAST  d.  III. Other algnificent conditions contributing to death but not resulting in the underlying of the initial properties of the initia	Initiated events iting in death) LAST  d.  III. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in HYPERLED DENGED IN DENGED	Initiated events iting in death) LAST  d	DUE TO (OR AS A CONSEQUENCE OF):  Iting in death) LAST  d.  III. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  HYPENDALOM  LABETES  HYPENDALOM  AS CASE REFERRED TO MEDICAL  KAMINER?  WES 2 NO  AND CASE REFERRED TO MEDICAL  I Pinpatient 2 ER/Outpetient 3 DOA  AND CASE REFERRED TO MEDICAL  I Pinpatient 2 ER/Outpetient 3 DOA  AND THER:  1 Pinpatient 2 ER/Outpetient 3 DOA  AND THER:  1 Pending Investigation Investigation Suicide  Suicide 6 Could not be determined  28e. PLACE OF INJURY  Natural 5 Pending Investigation Investigation City or Town, State)  28e. PLACE OF INJURY At home, ferm, attrest, factory, office  28e. PLACE OF INJURY AT home, ferm, attrest, factory, office  28e. PLACE OF INJURY AT home, ferm, attrest, factory, office  28e. PLACE OF INJURY AT home, ferm, attrest, factory, office

Julia Savidan Rindall



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	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retain	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sh A filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event. The medical examiner must be notify
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	1. DECEDENT'S NAME (First, Middle, Last)	inia Ly	LUCILI		RBOUR R			2. DATE	REG. NO	AV	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 232-24-0069	5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER 1 YEAR		ER 24 HRS.		OF BIRTH	,	8. BIRT Coun	HPLACE (State or Foreign try)
	9e. FACILITY NAME (If not institution, give		(3	Tho.	9b. CITY, TOW	1001000	1011 05 05	11	-8-10			ton, W. Va.
CTOR	DOLTINU COMMUNI		1	ha		ATH			INTY OF I	beingor		
DIRECTOR	10e. STATE 10b. COUNT	-00'1	10c. CITY	TOWN OR LO	ATION			10d. INSIDE CITY				
FUNERAL	100. STREET AND NUMBER							1 ☐ YES 2X NO  10g. CITIZEN OF WHAT COUNTRY?				
INE	11. MARITAL STATUS		T 63/50 101 10 10			2076					. S.	Α.
B≺	1 Never Merried 2 Merried 3 Widowed 4 Divorced	T EVER IN U.S. AF YES 2 AR OR DATES	NO	If yes,	specify Sub	OF HISPAN en, Mexica: Specify	n, Puerlo	C ORIGIN7 (Specify Yes or No—  14. RACE — American Indian, Black, White, etc.  Specify: 4 1				
TED	15. DECEDENT'S EDU (Specify only highest grad	UCATION le completed)	16e. DE	ECEDENT'S	USUAL OCCUPA ork done during	TION nost of work	ing	168	. KIND OF BUS	SINESS/IN		
COMPLETED	Elementery/Secondery (0-12)	College (1-4 or 5 +	) ""		sewife				Own	Home		
	17. FATHER'S NAME (First, Middle, Leat) Herman Gower								Middle, Meiden	Surneme)		
BE	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Street		Icie			- Chata Ti	- 0: 41	
2	Deborah Boerckel											p, MD. 2075
	20a, METHOD OF DISPOSITION 1	noval from State	20b. PLACE	AND DATE O	FDISPOSITION ( ner place)  n Ceme	Vame of	1510	DAT	E 20c. LO	CATION —	City or To	own, State
	21. BIGNATURE OF FUNERAL SERVICE LI	2 7	1000	1	22. NAME	AND ADDR	unera	al Ho	ome, 4			, Md. imore Ave.,
	iMMSDIATE CAUSE (Final disease or condition seulting in daeth)	. Cardo	OR AS A CONSE	OUENDE OF	nhia							Onset and Desti
HILICATION	Sequantially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	С.	OF AS A CONSEC	DUENCE OF	:	Vasc	olar	v. Q	and the same of th			years
WEDICAL CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente	DUE TO (	OR AS A CONSEC	DUENCE OF	:					MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other significant condition  25. WAS CASE REFERRED TO MEDICAL	DUE TO (	OR AS A CONSEC	DUENCE OF	: : the underlyl	ng ceuse		Part I.	24a. WAS AN. PERFOR 1 YES 2	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST  PART II. Other significant condition	DUE TO (	OR AS A CONSEC	DUENCE OF)	the underlyi	ng couse	given in F	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	24b	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit ison, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit arm hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

31. DATE FILED (Molett), Day, Year)

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32. REGISTRAR'S SIGNATURE

Ahia Davidson-Randoll

	92	-2634-025									0 2	113
	FOR STATE REGISTRAR	STATE OF M					EALTH DEAT		ENTAL HYGIEN	IE .	0 6	14775
	1. DECEDENT'S NAME (First, Middle, La	et)							2. DATE OF DEATH			TIME OF DEATH
	Jean	Mari	ie	Bla	ansfi	eld			05 10		YEAR 2 8	:18 P. W
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER	1 YEAR	IF UNDER		7. DATE OF BIRTH	-	BIRTHPLA	NCE (State or Foreign
	216 44 1342	1 🗌 M 2 🔀 F	48	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 10-18-19	43	Country)	D
	9a. FACILITY NAME (If not institution, gi	ve street and number)			9b. CITY	, TOWN C	OR LOCATIO	ON OF DEAT			Y OF DEAT	
R	618 Water Str	oot			Te H	rro I	De Gr	2262		Har	ford	
DIRECTOR	RESIDENCE OF DECEDENT				1101	/10 1	Je Gi	ace		1 1101	TOTA	
Æ	10e. STATE 10b. COU			10c. CIT	Y, TOWN (						104	d. INSIDE CITY LIMITS?
	MD	Harford			H	avre	e de	Grac	e		11	YES 2 NO
FUNERAL	10e. STREET AND NUMBER					10f	. ZIP CODE			10g. CITIZE	N OF WHA	T COUNTRY?
	618 Water Str	eet					210	078			USA	
•	11. MARITAL STATUS		T EVER IN U.S. ARI						ORIGIN? (Specify Ye Puerto Rican, etc.)	e or No- 1	4. RACE Black, W	American Indian,
ב	1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE V						Specify:	rounto mount, area)		Specify:	
												White
EIED	15. DECEDENT'S 8 (Specify only highest gr	ade completed)	(G/	ve kind of	Work done se retired.)	during mo	ON st of workin	ng	16b. KIND OF BU	ISINESS/INDU:	STRY	
Ľ	Elementary/Secondary (0-12)	College (1-4 or 5	+)		-							
LONG				וע	sable	ea						
	17. FATHER'S NAME (First, Middle, Last)		0. 1.						E (First, Middle, Meider			
	William Fred	erick Blan							l Jeanett			
2	19a. INFORMANT'S NAME (Type/Print)		196						ute Number, City or Tox			
	Mr. Allan Lee	Blansfield		265	Lafa	yett	e St	reet,	Havre d	le Gra	ce, N	MD 21078
	20a. METHOD OF DISPOSITION 1 □ Buriel 2 💢 Cremetion 3 □ R	emoval from Stale	20b. PLACE A	matory or o	of DISPOS	ITION (Na	me of		DATE 20c. LC	OCATION - CI		
	4 Donation 5 Other (Specify)		R. A	. Fe						est Ch	ester	PA
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE						SS OF FACIL				
	helleram.	XX	SII			ditch	nell-	Smith	Funeral ce, MD	Home	P. P.	<b>}</b> ⋅
-	23. PART I. Enter the diseases,	or complications tha	it caused tha de	ath. Do	not entar	the mo	de of dyl	ing, such	as cerdiac or resp	diratory arres	it.	Approximate
	shock, or heart fallu	re. List pnly ona cau	use on aach lina.									Interval Between Onset and Death
	disease or condition	ABTER	21100-14	1003	701	CA	RDV	SINC	CULLAR	DICE	C	Onset and Death
	resulting in death)	DUE TO	(OR AS A CONSEC			4	1 VI W		Caran	YWY	3350	
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HILLAND	Sequentially list conditions, if any, laading to immediate	DUE TO	(OR AS A CONSEC	UENCE O	F):							
4	cause. Entar UNDERLYING											
Ē	CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSEC	UENCE O	F):							
-	resulting in death) LAST	4										
S												
Į	PART II. Other significant condit	O P DIL P	death but not n	esulting	In the ur	derlying	g cause g	given in Pa	ert I. 24a, WAS AP PERFO			RE AUTOPSY FINDINGS
MEDICAL	SCHI	23 PUREN	N/2						_ 1 YES	2   NO		MPLETION DF CAUSE DEATH?
											1	YES 2 NO
									_		1 /	
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					26. PL	ACE OF O	EATH (Check	conty one)			
	1 XYES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER		a 5 0 Re	sidence 6	Other (Specify)			
	27. MANNER OF DEATH	28a. DATE OF (Month, D		28b. TtM	E OF	28c. INJ	URY AT		ed. DESCRIBE HOW	INJURY OCCU	RED	
	1 Netural 5 Pending 2 Accident Investigation		ray, roury		JURY M		RK? (ES 2 [	NO				
	3 Suicide 8 Could not	28e. PLACE O	OF INJURY - At hor atc. (Specify)	me, farm,	street, fact	ory, office		2	ef. LOCATION (Street	and Number or	Rural Route	Number,
	4 Homicide determined		are (Specify)						City or Town, State	)		
	29a. CERTIFIER 1 CERTIFYING PH	YSICIAN: To the best of	my knowledge de-	th occur	ad at the t	lma det	and plan-	and due to	the source(a) and			
		INER: On the basis of a										d manner on state d
-	4	00		margarit	, my C					na one to tue	use(B) BN	u memer as stated.
1	SIGNATURE AND TITLE OF CERTI	9011	h.				29c. LICE	ENSE NUMB	ER			onth, Day, Year)
2		400	4/17				0.	C.M.I	Eu	05/	11/1	992
	30. NAME AND AGORESS OF PERSON	WHO/COMPLETED CAUS	SE OF OPATH (ITEM	4 27) (Type	Print							

Penn Street.

DHMH-16 Rev 1/89

Baltimore, Maryland 21201

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Hem

BOX 68760, P.0 DIVISION OF VITAL RECORDS,

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

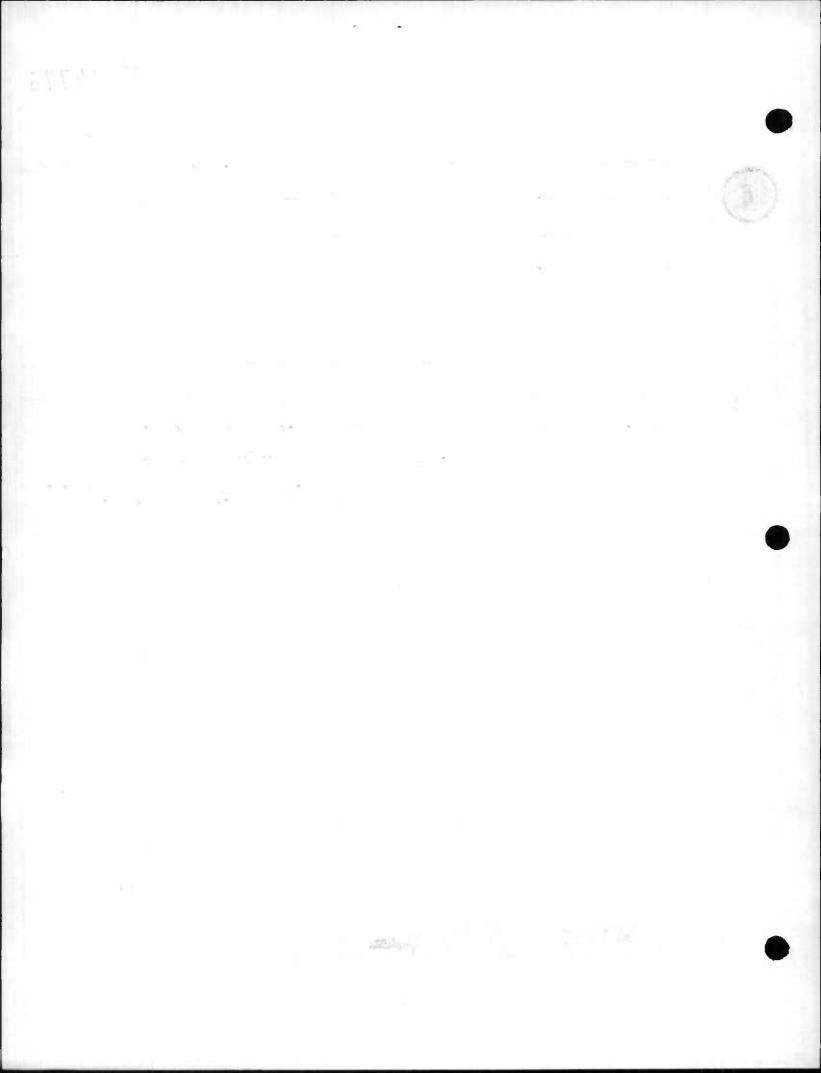
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH SHARON BETTH CUNNINGHAM May 18 1992 1:15 4. SOCIAL SECURITY NUMBER S. SEX 7. DATE OF BIRTH 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 39 1 M 2 X F 021-44-2518 YRS. 28,1952 Dec. Massachusetts 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 2705 Wesleyan Dr. Churchville Harford RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Harford Churchville 1 TYES 2 XNO FUNERAL 10e. STREET AND NUMBER tof. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2705 Wesleyan Dr. 21028 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Married IF YES, GIVE WAR OR DATES BY Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complex 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-t2) College (1-4 or 5 +) 4 Primary Education Teacher Public Education 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Sumerne) Robert Emil Lentz Edna Marie White BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Harry V. Cunningham 2705 Wesleyan Dr., Churchville, Md. 21028 20a. METHOD OF DISPOSITION

1 X Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION — City or Town, State DATE Mt. Zion Cemetery 4 Donation 5 Other (Specify) 5-21-92 Bel Air, Maryland 21. SIGNATURE OF EUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Howard K. McComas III Funeral Home, P.A. Hug 1317 Cokesbury Rd., Abingdon, Md. 23. PART I. Enlar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition METASTATIL BREAST CANCER. resulting in death) DUE TO (OR AS A CONSEQUENCE OF MEDICAL CERTIFICATION Sequentially list conditions, Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF) DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER:
4 ☐ Nursing Home 5 N Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 26b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending М 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, fectory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be COMPLETED 4 Homicide 29e. CERTIFIER
(Check only

CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end piece, end due to the ceuse(e) end menner ee stated. 2 MEDICAL EXAMINER: On the beele of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER BE 29d. DATE SIGNED (Month, Day, Year) IN H. Fate -D 18320 MO. 5/18/12 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Johas HOPKING DAWLOXY CESTER John H. Fitting BACTO HD 21287 31. DATE FILED (NONY DAT 32. REGISTRAR'S SIGNATURE

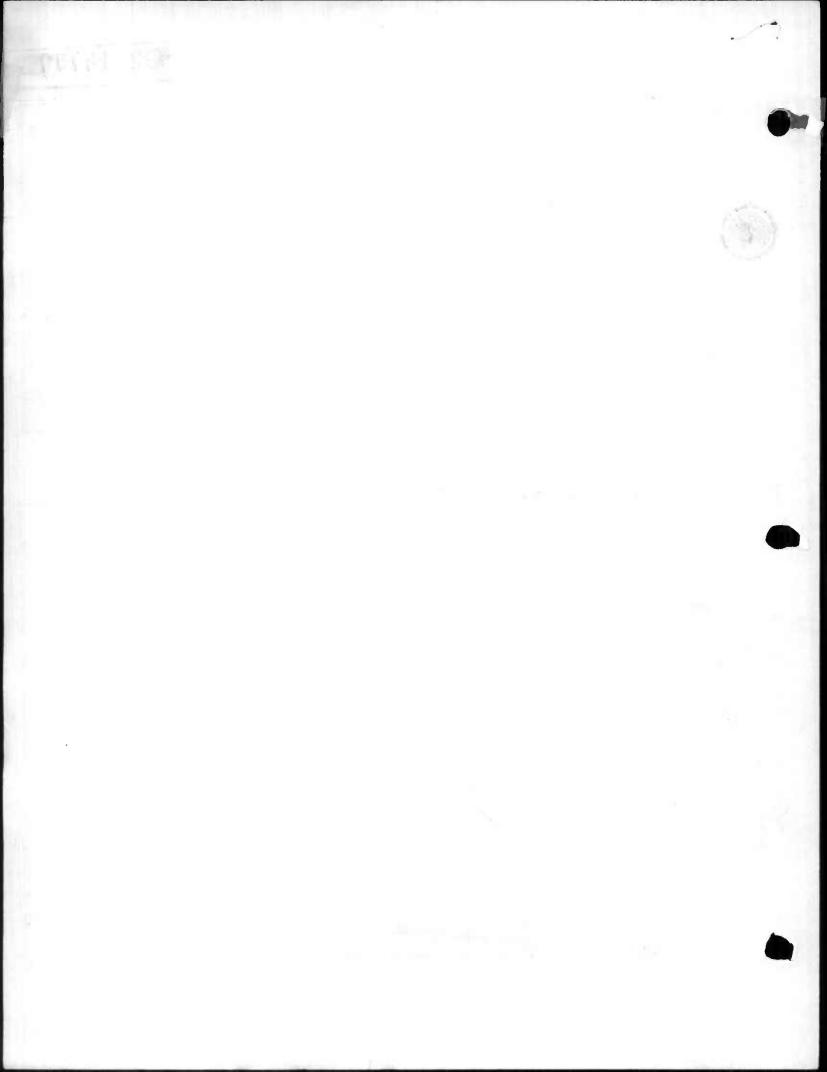
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BALTIMORE, MARYLAND 21215-0020	hours efter death. Page 6 may be retained by the hospital or attending physician.	ed in by the funeral director, page 5 should be detached for use as the burial-transit, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours effer death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transition be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_ STATE REGISTRAR		CERTIF	CALE	OF DEATH		REG. NO.			
I. DECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH		3. TIME OF DE	ATH
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SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE	OF BIRTH		BIRTHPLACE (State or Country)	Foreign
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0a. FACILITY NAME (If not institution, give 2588 THOMPSON DRI RESIDENCE OF DECEDENT				OWN OR LOCATION OF DESCRIPTION OF DE	PEATH		HOWARI	Y OF DEATH	
10a. STATE 10b. COUNT	ry	10c. CIT	Y, TOWN OR I	LOCATION				10d. INSIDE CIT	ſΥ
	ard County		Marric	ttsville				1   YES 2	
Oe. STREET AND NUMBER	Design			21104				N OF WHAT COUNTRY	
2588 Thompson	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WA	S DECENDENT OF HISP	UNIC ORIGIN	17 (Specify Yea		S.A. 4. RACE — American Inc	tien.
1 Never Married 2 Nerried 3 Widowed 4 Divorced	FORCES? 1 YES	S 2V NO	If y	es, specify Cuben, Mexic YES 2 NO Spec	an, Puerto F			Black, White, etc.  Specify:  Whit	
15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S	work done duri	JPATION ing most of working	16b.	KIND OF BUS	SINESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u	se retired.)		Ι.			c - c	
T CATHEDIO NAME (Class Address of the	4	Syste	ms Ana			_		of Defense	
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N			Sumame)		
Javier Santi	Lago	19h Mail Inc	ADDRESS /S	Ada  Ada  Atreet and Number or Rura	Pere	_	n State Zin A	indel	_
Mr. John C. Calh	noun			son Drive 1				•	
20a. METHOD OF DISPOSITION	20	0b. PLACE AND DATE			DATE	_		ty or Town, State	
1 XBurial 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State Co	emetery, crematory or o	ther place!	rial Garden					D
21. SIGNATURE OF FUNERAL SERVICE L		LCDCIAWII	22. NA	ME AND ADDRESS OF	ACILITY			CDVIIIC/ 12	
/1 .									
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1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAR			ALTH AND	MENTA	REG. NO	_		
1. DECEDENT'S NAME (First, Middle, L.	net)				ZZAIII	2. DATE	E OF DEATH			E OF DEATH
Paul	Т	Conley	II			05	13	199	2 4:4	4 PM
4. SOCIAL SECURITY NUMBER 219-86-7084		yrs. lest birthday)	IF UNDER	DAYS	IF UNDER 24 HRS.	7. DATE (Mon	OF BIRTH		Country)	(State or Foreign
9a. FACILITY NAME (If not institution, g		YRS.	05 CITY	TOUR! OF	LOCATION OF DE		th, Day, Year)			gton DC
								9c. COUNT	Y OF DEATH	
University Host					ore Cit	. V				
Maryland Cha	rles	10c. CIT	Walc	or LOCATIO	ON .				L	ISIDE CITY MITS? YES ZXX NO
100. STREET AND NUMBER 39 Kings Warf P	lace			10f. i	20602	2		10g. CITIZE	N OF WHAT CO	DUNTRY?
11. MARITAL STATUS  1 XXNever Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	3√⊠NO		If yes, spec	NOENT OF HISPAN Ify Cuban, Maxica XX NO Specifi	n, Puerto		or No- 14	RACE — Ame Black, White, Specify: White	erican Indian, , etc.
15. DECEDENT'S (Specify only highest g		16a. DECEDENT'S (Give kind of	work done	during most	of worlding	16	b. KIND OF BU	SINESS/INDUS		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT u	se retired.)				Elect	rio Co		
17. FATHER'S NAME (First, Middle, Last)	-	LICC	,6116		18. MOTHER'S NA	ME (First			•	
Paul T. Conley							ne Heli			
19a, INFORMANT'S NAME (Type/Print)					Number or Rural I					
Catherine Conle	У	39 Ki	ings	Warf	Pl, Wal	ldor	f, Md.	20602		
20a. METHOD OF DISPOSITION  1X) Burlel 2 Cremation 3 F  4 Donation 8 Other (Specify)	Removal from State 20b. F	PLACE AND DATE	of DISPOS	Ceme:	eof	0A1			y or Town, Star Maryl	
21. SIGNATURE OF EUMERAL SERVICE Ben jamin Ma	In Mount	no -	22. HL	NAME AND	ADDRESS OF FA Funeral Box 156	Home	9			
23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Final disease or condition rasulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. Infective English To (OR AS A C	docardio	E (1						li c	opproximeta nterval Between onset and Death
CAUSE (Disease or Injury that initiated events resulting in death) LAST	cDUE TO (OR AS A C	CONSEQUENCE O	F):							
PART II. Other algnificent condi		t not resulting	In the ur	nderlyIng	cause given in	Pert I.	24e. WAS AN PERFOR	MED?	OF DEA	NUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE ITH? ES 2 \( \text{NO} \) NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		OTHE		CE OF OEATH (Ch	eck only o	ne)			
1 ŽÝYES 2 NO	1 Inpetient 2 S ER/Outpet	tient 3 🗆 DOA		alng Home 28c, INJUI	5 Residence		er (Specify) SCRIBE HOW I	N II IBV OCCIII	DEO.	
1 Natural 5 Pending	(Month, Day, Year)	IN.	JURY M	WOR	(? <sup>(</sup> ) S 2 □ NO	200. DE	SCHIBE HOW I	NJUHY OCCU	MEU	
2 Accident investigation 3 Suicide 6 Could not determine	be 28s. PLACE OF INJURY - building, stc. (Specifi	- At home, farm,	street, fac				CATION (Street of Town, State)		Rural Route Nu	mber,
	HYSICIAN: To the best of my knowle									anner as stated.
29b. SIGNATURE AND TITLE OF CERTI					Pec. LICENSE NUI				IGNED (Month,	
Denni	A Chuk	ms						DOT DATES		
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEAT				O.C.M.		34	<u>U5</u>	14 199	4
31. DATE FILEO (Month Day Year)	12 REGISTRAD'S SIGNAL	Per	III ST	reet	Baltir	nore	Mary	and 21	201	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. **BALTIMORE, MARYLAND 21215-0020** 

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

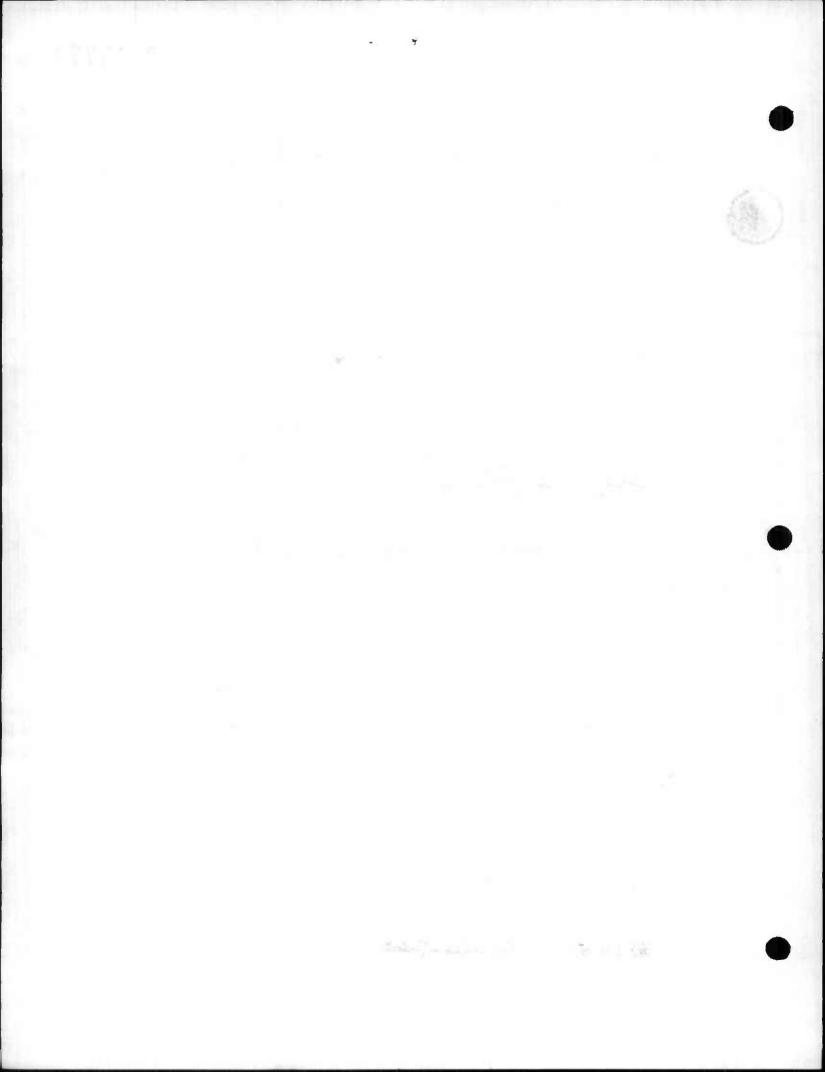
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit per be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MAY 1 8 '92

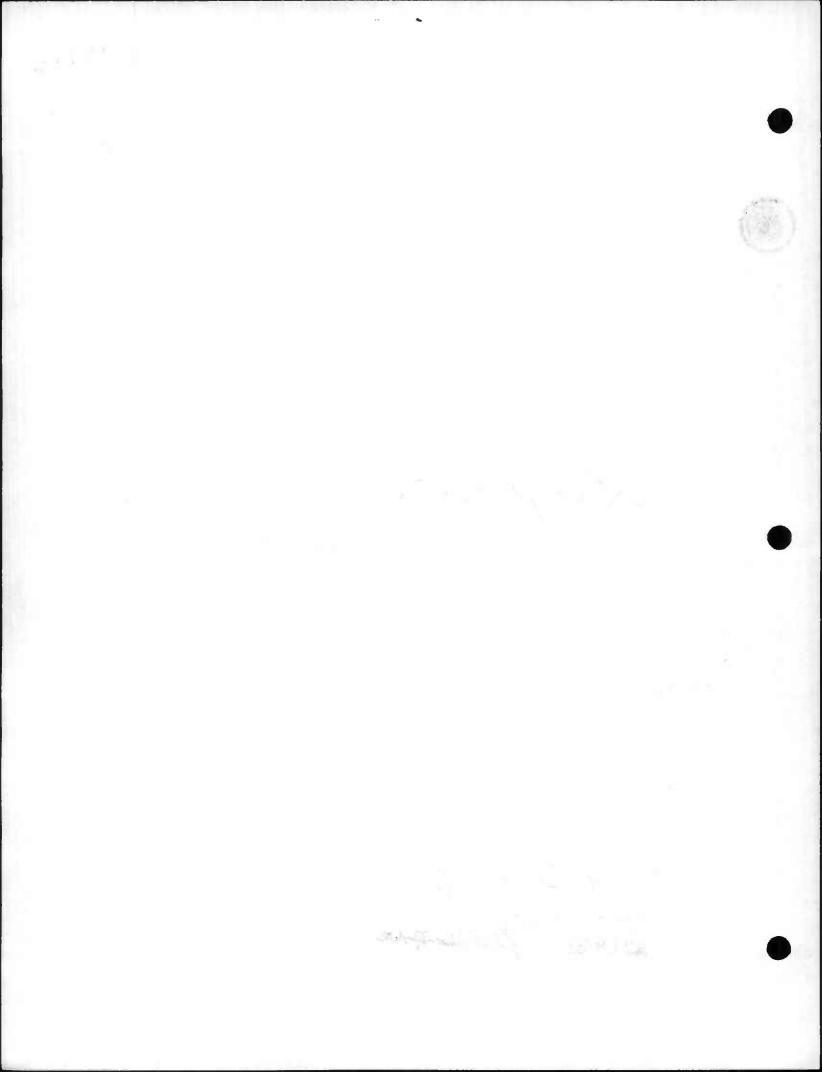
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Julia Davidson Rondolle



DALIMONE, MANILAND 21213-0020	1.24 hours after death. Page 6 may be retained by the hospital or attending physics	y filled in by the funeral director, page 5 should be detached for use as the burial- tion, or removal.	the medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicial	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-for be filled within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burlat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last	)					DEAT		a DATE	OF DEATH	).		
WILLIAM	HEN	VRY		CO	NTE			05	12	DAY	1992	3. TIME OF DEATH 4:08
4. SOCIAL SECURITY NUMBER	5. SEX 1 X M 2 F	6. AGE (In yrs. Is	est birthday) YRS.	# UNDE	DAYS	IF UNDER	24 HRS. MIN.	(Mon	OF BIRTH th, Day, Year)		Count	PLACE (State or Foreign or)
Se. FACILITY NAME (If not institution, give	street and number)			9b. CIT	Y, TOWN C	R LOCATIO	ON OF DE		27 30		UNTY OF	EATH
P.O. BOX 323				BE	LALT	ON				CF	HARLE	S
10a. STATE 10b. COUN	• •		10c. CIT	Y, TOWN	OR LOCAT	ION						10d. INSIDE CITY
	rles		В	el.	Alto	n						LIMITS?
P. O. Box 323					101	. ZIP CODE				1		WHAT COUNTRY?
II. MARITAL STATUS			27.22							US	_	
XX Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 X	NO		if yes, sp	endent of cuba	n, Mexicar	n, Puerto	N? (Specify Ye Rican, atc.)	na or No—	Spec	
15. DECEDENT'S ED (Specify only highest grad		16a, D	ECEDENT'S	USUAL O	CCUPATIO	ON at working		16	b. KIND OF BU	JSINESS/IN		lack
Elementary/Secondary (0-12)	College (1-4 or 5+	,	Give kind of le. Do NOT u		during mo	or or working	v					
12th 17. FATHER'S NAME (First, Middle, Last)		L	abor	er						ming		
Robert Pinkne									Middle, Malder	7 Surname)		
19a. INFORMANT'S NAME (Type/Print)	<u> </u>	11	9b. MAILING	ADDRES	S (Street a		ry I		ber, City or Tov	vn. State. Z	(in Code)	
Delores Pinkr	iev											DC 2001
20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE	OF DISPOS	SITION (Ne	me of		DAT	E 20c. LC	OCATION -	- City or To	wn, State
1 Donation 5 Other (Specify)		Wash	ingt	on	Nat'				5/92	Suit	:lan	d, Maryl
21. SIGNATURE OF FUNERAL SERVICE	PCENSEE	me.	1			D ADDRES			Home	. Р.	Α.	
23. PART I. Enter the diseases, Di	uja 1	rice	Rep		Aqua	sco	Rd.		Aguas	co.	MD.	20608
Sequentielly list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	EOUENCE O	F):								
PART II. Other significant condition	ons contributing to	deeth but not	reaulting	in the u	nderlying	j cause g	ilven in I	Part I.	24e. WAS AN PERFO 1 YES	RMED?	7 24b	WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2   NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DI	EATH (Che	eck only o	ne)			
1 X YES 2 NO	1 Inpatient 2 I		3 DOA	4 🗆 Nui		e 5 ⊠ Re	sidence					
1 Netural 5 Pending	05/12	1992		JURY M		RK?	NO		SCRIBE HOW			FIRE
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF	F INJURY — At h	ome, ferm,									ON NUBELALIS
							and due	to the ca	use(s) and me	nner as st	atedMAF	
AND ADDRESS OF PERSON W	A	E OF DEATH (ITE	EM 27) (Type			0.0	.M.E			<b>&gt;</b>	05/12	2/1992
31. DATE FILED (Month, Day, Year)	KENN	111 Paydon-	PENN		EET	BAL	TIMO	RE,	MARYL	AND	2120	11



3. TIME OF DEATH

10d. INSIDE CITY YES 2 NO

20906

md.

24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

Approximate Interval Batween Onset and Death

2. DATE OF DEATH MONTH

7. DATE OF BIRTH (Month, Day, Year)

4. SOCIAL SECURITY NUMBER

5. SEX

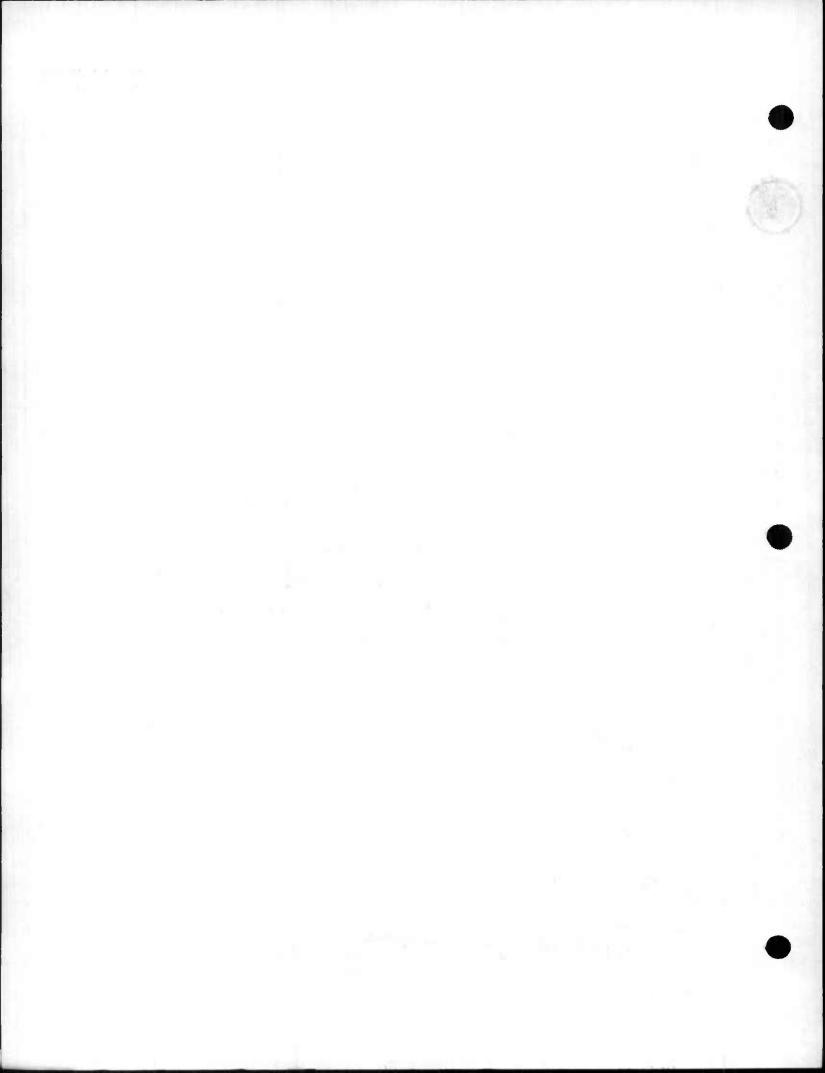
6. AGE (In yrs

IF UNDER 1 YEAR

IF UNDER 24 HRS.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	429-68-1423	1 M 2 F	- /		F UNDER 24 HRS.	Month Day, Year)	899 4	Country),
R	Se. FACILITY NAME (If not institution, give :	street and number)	9	b. CITY, TOWN OR	LOCATION OF DEAT		9c. COUNTY	1
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Υ ,	10c, CITY,	TOWN OR LOCATION	301	1114	Hiton	10d. INSIDE
- 1	M.D. MO	n+gomer x	Sil	ver 5	prin	9		1 YES
FUNERAL	3104 Beaver	wood La	ve	20	1906	)	UNI	NOF WHAT COUNTY
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECENI If yes, speck 1 — YES 2	Cuban, Mexican,	ORIGIN? (Specify Yes Puerto Rican, etc.)	or No- 14	RACE — America Black, White, sto Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Iffe. Do NOT use i	k done during most a		Priva	siness/indus	ТНУ
BE CON	17. FATHER'S NAME (First, Middle, Last) William Fa	rley		10	Sava	(First, Middle, Malden	mi	1/5
9	Heen Carr	others	3104	Deave	Number or Rural Roc	ne number, City or Tow	100	my 209
	20a METHOD OF DISPOSITION  1 © Burlel 2 Cremation 3 Rem  4 Donation 5 Other (Specify)	ovel from State 20b	PLACE AND DATE OF		of S	5/2/2 02	Hrose	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	. /	22. NAME ANO	ADDRESS OF FACIL		SIEC	ward
	23. PART / Enter the diseasea, or	Mesan	del	3720	Old	Silver	Hill	Al n
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	QUE TO JOR AS A	CONSEQUENCE OF):	Phe	uma	119		
MEDICAL	PART ii. Other significant condition	a contributing to deeth b	ut not resulting in	the undarlying co	euse given in Pa	24a. WAS AN PERFOR	RMED?	24b. WERE AUT AMALABLE COMPLETH OF DEATH
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PLAC	E OF DEATH (Check			
BY PHYS	27. MANNER OP DEATH  1 Pretural 5 Pending Investigation	28a. DATE OF INJURY (Month, Dey, Year)	28b. TIME C	F 28c. INJURY WORKS	AT 2	8d. DESCRIBE HOW I	NJURY OCCUR	DED
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, stc. (Spec	— At home, farm, stre	et, lectory, office	2	Bf. LOCATION (Street a City or Town, State)	and Number or	Aural Route Numbe
COMPLETED		CIAN: To the best of my knowl R: On the basis of examination						evse(a) and mann
BE CC	2911 SQUATURE AND TULE OF CERTIFIER				c. LICENSE NUMBE		29d. DATE ST	P
٩	SO. NAME AND ADDRESS OF VISON WH	O COMPLETEO CAUSE OF OE	TH (ITEM 27) (Type, Pri	int)			19	17/
(	31. DATE FICED (Month,	32. REGISTRAR'S SIGNA	ATURE SO .				/	
- (	MAY 0 6 19	100	14 drand- Hand	100				



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	TIEGISTIAN				CALL	- 01	DEA	in	P	REG. NO			
	1. DECEDENT'S NAME (First, Middle, La Jesse Josep		11.4						2. DATE OF	DEATH	W.o.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER								May	1,12	12		7:15 P M
9		5. SEX	6. AGE (In yrs. last		IF UNDER	DAYS	HOURS	24 HRS.	7. DATE OF I	BIRTH by Year)	1027	8. BIRTHI Country	Orleans
	436-36-1303  90. FACILITY NAME (If not institution, of	1, M 2 F	64	YRS.	AL 0/7	. 200101	OR LOCATI		27 56	pt.	1921	New	Orleans
œ								ON OF DE	ATH			ITY OF DE	
DIRECTOR	Doctors Hospi	тат			La	nha	m				Pri	nce	George
H H	10a. STATE 10b. COU	NTY		10c, CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY LIMITS?
ā		nce Geor	ge			Bo	wie						1 XX XVES 2 NO
BY FUNERAL	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CITIZ	ZEN OF W	HAT COUNTRY?
RE	3408 Morelock						207					S.A	
F	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1	T EVER IN U.S. XAN	D O	13.	WAS DEC	ENOENT C	OF HISPAN	NC ORIGIN? (S	pecify Yes	or No-	14. RACE Black,	- American Indien, White, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE V	WAR OR DATES				2 X NO						White
0	15. DECEDENT'S E	DUCATION	16a. DEC	EDENT'S	USUAL O	CCUPATIO	ON		16b, KIN	ID OF BUS	INESS/IND	USTRY	
<u> </u>	(Specify only highest gr Elementary/Secondary (0-12)	college (1-4 or 5	1Ho	e kind of v Do NOT us	vork done e retired.)	during mo	st of working	ng					
AP I	12		Ca	b D	riv	er			Ta	xi	Serv	ice	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, Middl				
BE	Joseph C. Chi	ghizola							cie G				
2	19a. INFORMANT'S NAME (Type/Print)		19b.						Soute Number, (				
	Doris Chighiz					_		La	ne Bo				
	20s. METHOD OF DISPOSITION 1X1 Puriel 2 Cremetion 3 R	emoval from State	cemetery, crem	atory or pt	of DISPOS ther place)	SITION (No	ma of		DATE	20c. LO	CATION (	City or Tow	vn, State
,	4 ☐ Donation 5 ☐ Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	Ledar	HI	1 1 22	Ceme	eter	y 0	May	Su	itla	nd M	1 d
	DI T	- LOD,	//		R	obei	rt E	. W:	ilhel				
	1/4/11	Work	27		4	308	Sui	t1a:	nd Rd	, S1	uitl:	and	Md. 20746
	23. PART I. Enter the diseases, ahock, or heert felius immediate Cause (Final disease or condition resulting in death)	re. List only one cau	ise on each lina.						n aa cerdiec	or respi	ratory arre	eat,	Approximata Interval Between Onset and Death
İ	,	a. DUE TO	(OR AS A CONSEC	JENCE OF	7):								
S S	Sequentially list conditions,	b	(OR AS A CONSEQ										
TA.	if any, leading to immediate cause. Enter UNDERLYING	DUE 10	(OR AS A CONSEC	JENCE OF	-):								
CERTIFICATION	CAUSE (Disease or Injury that Initiated events	C. DUE TO	(OR AS A CONSECU	JENCE OF	7:								-
F	resulting in death) LAST	d											
	PART II. Other algnificent condit	lone contribution to	deeth but not re	outtles I	n the 110	ala ala da a			n				
EDICAL	want in other marinionic content	contributing to	deeth but not re	auking i	n the un	ideriying	cause (	given in i	Part I. 24a	PERFOR			WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
9									t [	YES 2	□ NO		COMPLETION OF CAUSE DF DEATH?
Σ													1 TES 2 NO
A	25. WAS CASE REFERRED TO MEDICAL					20.04	ACE OF D	EATH OL-	ock only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpetient 3 [	7004	OTHER	₹:							
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF	INJURY	28b. TIM	E OF	28c, INJ	URY AT	sidence	6 Other (Sp		JURY OCC	URED	
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, D	ey, Year)	INJ	URY M		RK? (ES 2 [	] NO					
	3 Suicide 8 Could not	28e. PLACE O	F INJURY — At hom atc. (Specify)	e, term, s	treet, fact	ory, office	)		281. LOCATIO	N (Street e	nd Number (	or Rurel Ro	oute Number,
	4 Homicide determined								City or 10	wn, State)			
2	29e. CERTIFIER (Check only 1 CERTIFYING PH	YSICIAN: To the best of	my knowledge, dear	h occurre	d at the ti	lme, data	end place,	and due	to the cause(e	) end man	ner se state	d.	
COMPLETED	one) 2 MEDICAL EXAM	INER: On the back of a	camination end/or in	veatigation	n, In my o	pinion, d	eath occur	ed at the t	time, date and	place, en	due to the	cause(s)	end manner as stated.
ш	296. SIGNATURE AND TITLE OF CENTH						29c. LICE	NSE NUM	9ER		29d, DATE	SIGNEO (	Month, Day, Year)
TO B	209M B.	Jelani											
-	30. NAME AND ADDRESS OF PERSON	COMPLETED CAUS	SE OF DEATH (ITEM	27) (Туре,	Print)								
	M 0.77 CH PC												
	MAY 0 6	1002 REGISTRA	A'S SIGNATURE	~- Par	dell								
	MAYUO	1001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										

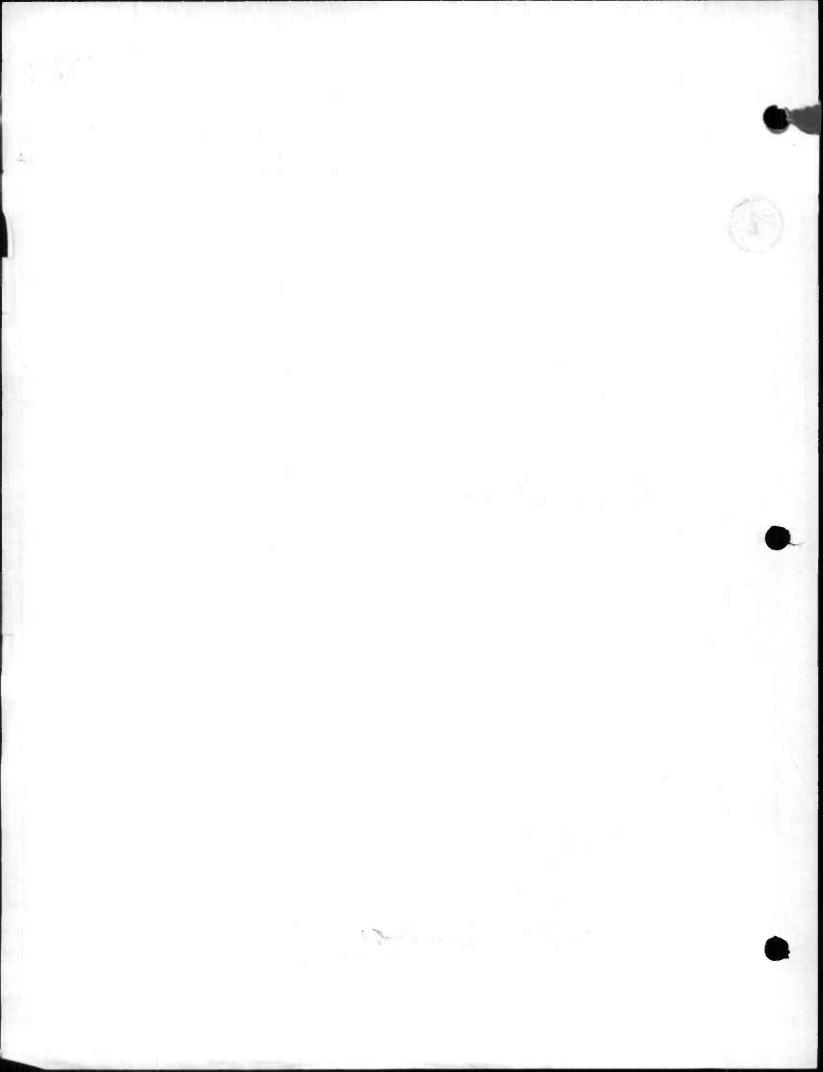
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

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IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

OHMH-16 Rev 1/89



3. TIME OF DEATH

1:00 P.

92

2. DATE OF DEATH MONTH 0 4

29

4. SOCIAL SECURITY NUMBER

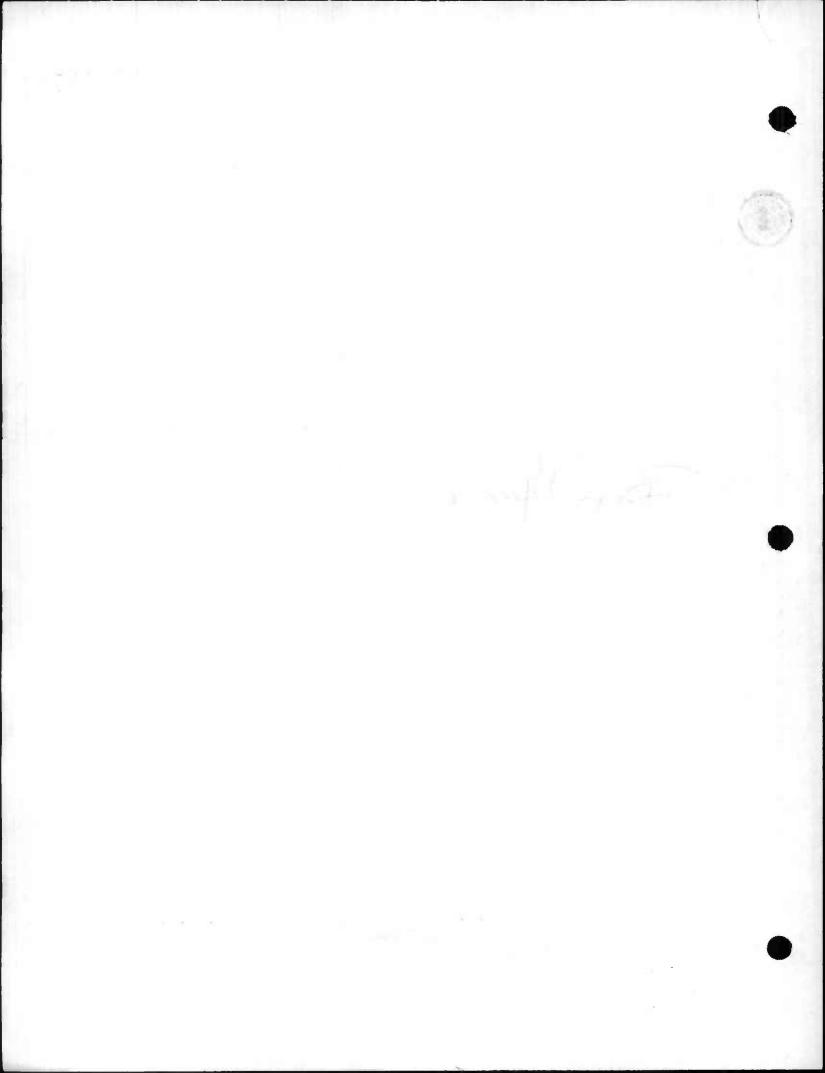
Raymond Eugene Compher

5. SEX

	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	birthday)	IF UNDER 1 Y	-	IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL	ACE (State or Foreign
	557-18-5343	1 💢 M 2 🗌 F	86	YRS.	MONTHS	AY8	HOURS	MIN.	Feb. 25.	1906	Mary	land
	9a. FACILITY NAME (If not institution, give	street end number)			96. CITY, TO	OWN OF	LOCATIO	ON OF DE		_	NTY OF DEAT	
DIRECTOR	248 Fairground Ro	oad			Pri	nce	e F	cede	erick		Calve	rt
	10a, STATE 10b, COUNT			10c CIT	Y. TOWN OR	OCATIO	OM.					d. INSIDE CITY
뜸	Maryland (	Calvert			rince				1-			LIMITS?
	10e. STREET AND NUMBER	7427010		1.	LINCE	_	ZIP CODE		2 K	100 CIT	IZEN OF WHA	YES 2 NO
E	248 Fairgrour	d Road						206	. 70		J.S.A.	COOKINII
FUNERAL	11. MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.S. ARI	MED	13. WA	DECE	NDENT O		IIC ORIGIN? (Specify Y		14. BACE -	American Indian,
3	1 Never Married 2 Married 3 Widowed 4 Divorced		NAR OR DATES	0	lf y	s, spec	elfy Cubar	ı, Mexice	n, Puerto Rican, etc.)		Black, W Specify:	White
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e, DE6	CEDENT'S	USUAL OCCU	PATION	of working	a	16b. KIND OF BI	JSINESS/INC	DUSTRY	
in in	Elementary/Secondary (0-12)	College (1-4 or 5	*)		work done duri se retired.)			•				
COMPLET	8		pnot	o en	grave	r			Newspap			
8 8	17. FATHER'S NAME (First, Middle, Last)	1							ME (First, Middle, Meide			
B	William E. Comp	oner				_		nnie				
2	Jane Clark								Route Number, City or To			
20	200. METHOD OF DISPOSITION		20b. PLACE A					Hunt	ingtown,			
TO BE COM	1 Donation 5 Other (Specify)	oval from State	cemetery, crer	natory or o	ther place)	N (Nam	e of		5/4/92 S	CATION —	City or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LA	ENGEE	Addis	OII S	22. NA	ME AND	ADDRES	ery soff	man arma s			
E	X	K	1					417.				and Rd.
	23. PART I. Enter the diseases, or		ach						elm, Inc.			1D. 20746
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a Lun DUE TO C. VIII	OF AS A CONSECTION OF AS A CONSE	UENCE OI	lwu tn	Uhr ()	0	(m	.dri			
AN: MEDICAL CEI	PART II. Other significent condition	a contributing to	death but not re	aulting (	n the unde	rlying	ceuse g	iven in	Part I. 24a. WAS AI PERFO	RMEO?	CO OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
1 3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		/			8. PLA	CE OF DE	ATH (Che	ck only one)			
	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	Home	5 X Res	sidence	6 Other (Specify)			
TED BY PHYSIC	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, E		28b. TIM INJ	URY	WOR		NO	26d. DESCRIBE HOW	INJURY OCC	CURED	
TED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE C building.	OF INJURY — At hone etc. (Specify)	ne, farm, s	street, factory,	office			261. LOCATION (Street City or Town, State		or Rurel Route	Number,
D BE COMPLET	29e. CERTIFIER (Check only one) 1 X CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINE											d menner ee atated,
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIED	men	nice V	100)	den	n	D 1	7 1 6			signed (Mo	
-	30. NAME AND ADDRESS OF PERSON WH	O COMPLETEO CAU	SE OF OEATH (ITEM	27) (Type,	Print)							
	Kioumarce Yaz	dani, M	1.D., 2.	555	Solo	mon	s I	sla	nd Rd., I	.O.E	80x70	Hunting
	on onic rices (month, bey, rour)	JZ. HEGISTRA	A'S SIGNATURE	-Rand	lell						MD	20639
	MAY 0 6 199											
- (	10											DHMH-16 Rev 1/

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



1992

31. DATE FILED (Month, Day, Year)
MAY 0 5

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

whia Davidson-Randala

32. REGISTRAR'S SIGNATURE

	1. DECEDENT'S NAME (First, Middle, Last) PAUL;				IAPET		DEATH	2. DAT	REG. NO		7EAR 9:	TIME OF DEATH	м
	4. SOCIAL SECURITY NUMBER 577 17 8426	5. SEX	6. AGE (In yrs. Is	est birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS	. 7. DAT	E OF BIRTH	18	BIRTHPLA	CE (State or Foreign	
OR	9a. FACILITY NAME (If not institution, give a EDGEWORTH DR. & R		D.				HEIGHT			9c. COUNT PRINC			
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT  DC	IONE			Y, TOWN O						1	INSIDE CITY LIMITS? YES 2 NO	_
FUNERAL	100. STREET AND NUMBER 4939 MINNESO	AVE N.E	Ε.			100	20019			109. CITIZE	N OF WHAT	COUNTRY?	
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Diverced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	VES 2	RMED NO		If yes, sp	ENCENT OF HISI ecity Cuben, Mex 2 NO Spe	ican, Puert		or No — 14	Specify:	American Indian, lite, atc.	
COMPLETED	16. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5		e. Do NOT u	work done	during mo	ON st of working	10	SC.	SINESS/INDUS			_
BE CON	17. FATHER'S NAME (First, Middle, Last) UNKNOWN						PA	ULINE		Y			
TO	19a. INFORMANT'S NAME (Type/Print) THOMPSON TONEY		1				S.E.	WASH		n, State, Zip Ci	200	)20	
	20a, METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE cappetery of HARM				PARK			cation — ch ANDOVE		Stata	
	21. SIGNATURE OF FUNERAL SERVICE LIKE	ope In	2.				ANDER S PA AVE			AL HOM	E MD- 20020		
ION	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	BUE TO	It coused the dise on each fin	EQUENCE O	ŋ,	the mo	de of dying, s	uch aa ca	rdiac or respi	ratory arrea	t,	Approximate Interval Betwee Onset and Deat	
ERTIFICATION	cause. Enter UNDERLYING	c. DUE TO	(OR AS A CONSE	EOUENCE O	F):								
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to	death but not	resulting	In the ur	nderlylng	g ceuse given	In Part I.	24a. WAS AN PERFOR	MED?	AWAI CON OF I	LABLE PRIOR TO IPLETION OF CAUSE DEATH?  YES 2 NO	š
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	<b>a</b> ·	ACE OF DEATH (						
BY PHYS	XX YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	1 □ Inpatient 2 □  28e. OATE OF (Month, D)  04-18-	INJURY Pay, 16ar) 1992	7:39	4 - Nur E OF JURY P M	28c. INJ WO 1 1	RK? YES XXX NO	PAS	SENGER	IN AU	TO/AU	JTO IMPAC	T
COMPLETED	3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)	building,	of INJURY — At h	ROAD				EDC		DR.,P	RINCE	Number MD. E GEORGE,	_
ž	(Check only one) 2XXMEDICAL EXAMINE	R: On the beels of e	xamination and/or	investigation	on, In my o	pinion, d	eath occured at t	he time, da	te and place, an	d due to the c	ause(a) and	manner as stated.	
BE CC	296. SIGNATURE AND TITLE OF CERTIFIE	1					29c. LICENSE N	UMBER		29d DATE 0	IGNED /4/o-	eth, Day, Year)	-

111 N. PENN ST. BALTIMORE, MARYLAND 21201

DHMH-18 Rev 1/89



1	-	FOR STATE REGISTRAR
_	_	

_	- STATE REGISTRAR		CERTIF	ICATE OF	DEAT	H	REG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3	. TIME OF DEATH
	ERNEST	CHIN	IN				04 2		YEAR	3:30 A
	4. SOCIAL SECURITY NUMBER 229-16-3255-A	5. SEX	8. AGE (In yrs. lest birthday)	F UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give		80 YRS.				APRIL 12	19		VIRGINA
		NEWS ASSESSED.	OF UTO	9b. CITY, TOWN		ON OF DE	ATH		TY OF DEA	•••
3	PRINCE GEORGE'S	HOSPITAL	CENTER	CHEVE	RLY			PRIN	ICE GE	ORGE'S
DINECTOR	MARYLAND PR	INCE GEO		TY, TOWN OR LOCA						Od. INSIDE CITY LIMITS?
JOHN THE	100. STREET AND NUMBER			10	f. ZIP CODE			10g. CITIZ		AT COUNTRY?
	3615 EASTERN				207			UNIT	CED S	STATES
5	11. MARITAL STATUS 1 Never Married 2 Married 3 Model 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMED YES 2 NO AR OR DATES	If yes, sp	CENDENT O	F HISPAN n, Mexica Specify	RC ORIGIN? (Specify Yea n, Puerto Rican, etc.)	or No-	14. RACE — Black, V Specify:	American Indian, White, etc. BLACK
	15. DECEDENT'S EDU (Specify only highest grade	JCATION completed)	16a. DECEDENT'S	USUAL OCCUPATI	ON set of working	~	16b. KIND OF BUS	SINESS/INDU	JSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+	JANIT	work done during mose retired.)	or or working					
2011			DVMII	OK						
	17. FATHER'S NAME (First, Middle, Last)	UNKNO			וט	NKN(				
	Annie R. Hatc	her	196 MAJLING 9624	Annapo.	Ind Number	or Flyral F	Lanham,	MD State Zip	Code)	
I	20a. METHOD OF DISPOSITION	- compensation	20b. PLACE AND DATE	OF DISPOSITION (N	me of	_	DATE 20c. LO	CATION — C	lity or Town	State
1	1 Spirite 2 Cremation 3 Rem	novel from State	LINCOL	ther place)	TRV	5.	1 200	ITTI.A		
I	21. SIGNATURE OF TUNERAL SERVICE LI	CENSEE	0				FUNERAL	HOME	,	MID
1	· John >	Ham	e als				VE., MT.			MD
	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. Pn DUE TO	OR AS A CONSEQUENCE OF	n her	ì					Onset and Death
	-	d								
	PART ii. Other signiticant condition	s contributing to	deeth but not resulting	in the underlying	g ceuse g	iven in I	Part I. 24a. WAS AN PERFORI 1 YES 2	MED?	AM CC OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MIPLETION OF CAUSE DEATH?  YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DE	ATH (Che	ck only one)			
	1   YES 2   NO	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER:	e 5 🗆 Rec	idence	5 Other (Specify)			
	27. MANNER OF DEATH  1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF (Month, Da		URY WO	URY AT RK? /ES 2	NO	28d. DEŞCRIBE HOW IN	JURY OCCL	JRED	
	3 Suicide 6 Could not be determined	28e. PLACE OF building, e	tNJURY — At home, farm, setc. (Specify)	street, tactory, offic			281. LOCATION (Street a. City or Town, State)	nd Number o	r Rural Rout	e Number,
			my knowledge, death occurre							d manner as stated.
I	291. SIGNATURE AND TEPLE OF CERTIFIE		1		29c. LICE					onth, Day, Year)
II.	Sucy	para	9	-/				> L	1-28	.92
1	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUS	E OF DEATH (ITEM 27) (Type,	Print)	11-					
L										
	31. DATE FILED (Month, Day, Year)	2 32. REGISTRAF	1'S SIGNATURE							

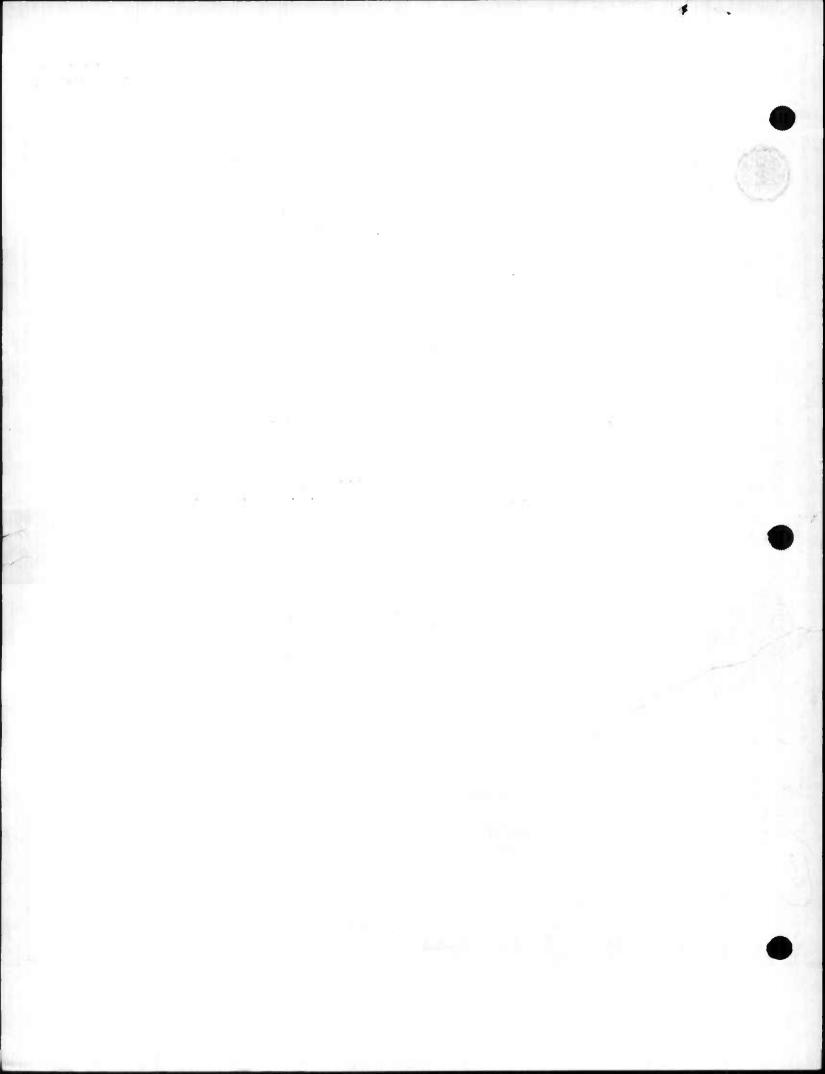
TO THE FUNETAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. For 6 may be retained by the hospital or attending physician.

TO THE FUNETAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the terms direct, made 5 should be detached for use as the burial-transit permit. Pages 1, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remean.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

DIVISION OF VIFAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



TO BE COMPLETED BY FUNERAL DIRECTOR

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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	dir	letel	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	mt,	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.		
9	6	14/8

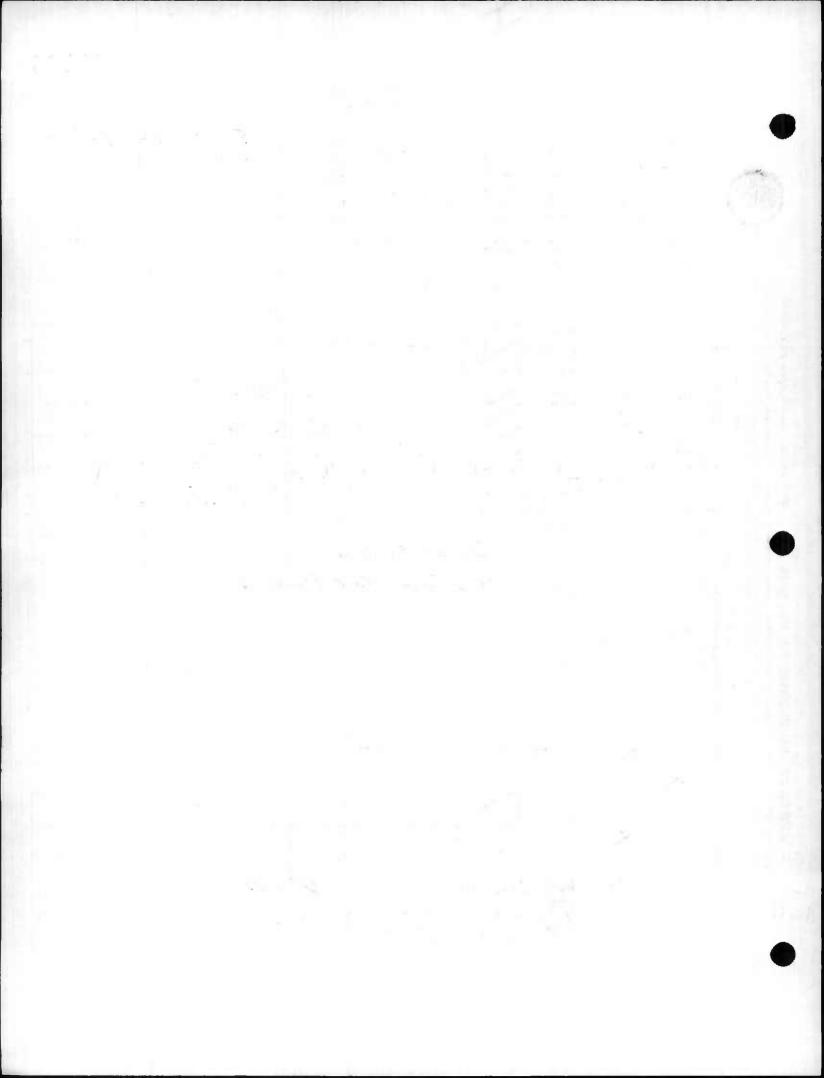
FOR STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH AND	MENTAL HYGIEN		14703
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	AY YEA	3. TIME OF DEATH
KATHERIN	E CA	ARTER		05 11	92 YEA	12:50 A M
	SEX 6. AGE	in yrs. lest birthday) # U	NDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign
578-68-0880	□ M 2 □ X 62	YRS. MON	THE DAYS HOURS MIN.	(Month, Day, Year)		North Caro
9e. FACILITY NAME (If not institution, give street	end number)	9b.	CITY, TOWN OR LOCATION OF		9c. COUNTY O	
PRINCE GEORGE'S HOS	PITAL CENTE	R	CHEVERI Y		PRINC	E GEORGE'S
10a. STATE 10b. COUNTY			WN OR LOCATION			10d. INSIDE CITY LIMITS?
Maryland Princ	e Georges	Land	lover			Y YES 2 NO
10e. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
1605 Columbia A	venue		20785		USA	
11. MARITAL STATUS 12	. WAS DECEDENT EVER II	U.S. ARMED	13. WAS DECENDENT OF NISP	ANIC ORIGIN? (Specify Ye	or No- 14. R	ACE American Indian,
1 Never Married 2 Married	FORCES? 1 YES		If yes, specify Cuben, Mexic 1 ☐ YES 2 🎇 NO Spec		В	lack, White, etc.
3 Nidowed 4 Divorced	THE RESERVE SECTION		A recording		9	Black
15. DECEDENT'S EDUCATI (Specify only highest grade con	ION	16a. DECEDENT'S USU/		18b. KIND OF BU	SINESS/INDUSTR	
	College (1-4 or 5+)	life. Do NOT use retir	one during most of working ed.)			
9th grade		Laundry	worker	Dri	vate	
7. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Maiden		
Ned Kent					,	
9a. INFORMANT'S NAME (Type/Print)		19h MAII ING ADD	RESS (Street and Number or Rura	a Kent	- Otata Pla Cardal	
Lorraine Butler						
DOLLATINE BUTLET			55th Avenue			
X Burial 2 Cremation 3 Removal	from State cerri	PLACE AND DATE OF DIS elery, crematory or other pi	Bce)		CATION City or	41-41
Donation 5 Other (Specify)	H	armony Ce	metery	5 114 92 L	andove	r. MD
Sumber 11 C			22. NAME AND ADDRESS OF F	ACILITY J. B. JE	NKINS	FUNERAL HON
MMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions,		CONSEQUENCE OF):	Threat	(ance	~	Onset and Death
f any, leeding to immediate susse. Enter UNDERLYING CAUSE (Disease or injury hat initiated events esuiting in death) LAST		CONSEQUENCE OF):				
PART II. Other significent conditions of	Ontributing to deeth b	ut not resulting in the	underlying ceuse given in	Part I. 24e. WAS AN PERFOF	MED?	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
S. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	back only one!		-
EXAMINER?			IER:			
	OSPITAL:			B T Other (Specific)		
	Inpatient 2 ER/Outp		Nursing Nome 5 Residence		A statement of the control	
		28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE NOW II	NJURY OCCURED	
MANNER OF DEATH  Netural 5 Pending Accident Investigation	Inpetient 2 ☐ ER/Outp  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW I		
MANNER OF DEATH  1 Netural 5 Pending	Inpetient 2 ☐ ER/Outp  28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO			al Route Number,
. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined  1 CERTIFIER Check only CERTIFYING PHYSICIAN	2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spec	28b. TIME OF INJURY  — Al home, ferm, street, fly)  edge, death occurred at a	28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE NOW I  28t. LOCATION (Street City or Town, State)	ind Number or Run	
7. MANNER OF DEATH  1	2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spec	28b. TIME OF INJURY  — Al home, ferm, street, fly)  edge, death occurred at a	28c. INJURY AT WORK? 1 YES 2 NO factory, office	28d. DESCRIBE NOW I	ind Number or Run iner ee stated, d due to the caus	
7. MANNER OF DEATH  1	2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spec	28b. TIME OF INJURY  — Al home, ferm, street, fly)  edge, death occurred at a	28c. INJURY AT WORK?  1 YES 2 NO factory, office  He ilme, date and place, and du my opinion, death occursed at ith	28d. DESCRIBE NOW I	ond Number or Run oner ee stated, d due to the caus 29d, DATE SIGN	e(e) end manner se stated.
7. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  8e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: O	2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY building, etc. (Spec	28b. TIME OF INJURY  — Al home, ferm, street, i/y)  edge, death occurred at it and/or investigation, in it	28c. INJURY AT WORK?  1 YES 2 NO factory, office  He ilme, date and place, and du my opinion, death occursed at ith	28d. DESCRIBE NOW I	ind Number or Run iner ee stated, d due to the caus	e(e) end manner se stated.

when I brown to

1203-	or attendi	for use as
AND	the hospita	detached
BALTIMORE, MARYLAND 21203-	death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attendi	a attending physician and completely filled in by the funeral director, page 5 should be detached for use as i ental Hygiene prior to burial, cremation, or removal.
ORE,	6 may be	ctor, page
ALTIMO	leath. Page	funeral dire
8	ours after o	I in by the
,	vithin 24 7	pletely filled remation, o
13146	executed	to burial, c
, P.O. BOX 13146,	ertificate be	attending physician and completely filled in by the ental Hygiene prior to burial, cremation, or removal.
P.C	death co	ental Hy

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

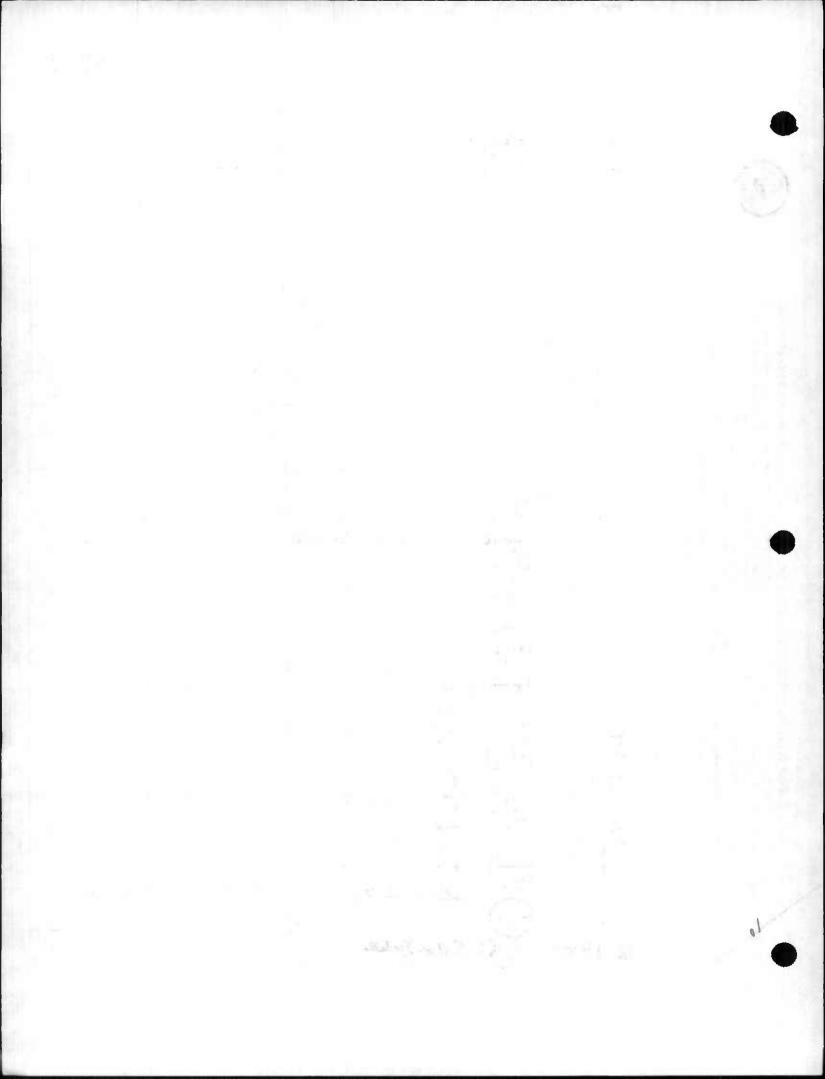
TOSE COST. SCOWN SCOWN Y HOUSENESS AS SCOWN Y HOUSENESS AS SCOWN SCOWN AS SCOWN SCOWN AS SCOW		REGISTRAR				CERTIF	CATE	OF	DEATH		REG. NO.			
DOUGLESCORTY PARKERS   S. BOOL ASCOUNTY MARKERS   S. BOOL STORT   S. BOTTER AS			14.10.							2. DATE	OF DEATH	-	EAR	IME OF DEATH
454-66-6281  12X**2   79  12	1				6. AGE (In	vrs. last hirthday)	IF UNDER 1	YEAR	IF UNITED 24 HRS.	7 DATE	OF BURTH			E (State or Fo
GREATER LAUREL BELTSVILLE HOSPITAL LAUREL, MARYLAND  PRINCE GEORGE  INC. CITY, TOWN ON LOCATION LAUREL  100, ANYTHAN DATE  100, STREET AND IMMENS  110 NOW MINTER, BOUND  121, MAN DICCOMPRESSOR  121, MAN DICCOMPRESSOR  121, MAN DICCOMPRESSOR  121, MAN DICCOMPRESSOR  121, MAN DICCOMPRESSOR  121, MAN DICCOMPRESSOR  122, MAN DICCOMPRESSOR  123, MAN DICCOMPRESSOR  124, MAN DICCOMPRESSOR  125, MAN DICCOMPRESSOR  126, MAN DICCOMPRESSOR  127, MAN DICCOMPRESSOR  128, MAN DICCOMPRESSOR  129, MAN DICCOMPRESSOR  120, MAN DICCOMPRESSOR  120, MAN DICCOMPRESSOR  121, MAN DICCOMPRESSOR  121, MAN DICCOMPRESSOR  122, MAN DICCOMPRESSOR  123, MAN DICCOMPRESSOR  124, MAN DICCOMPRESSOR  125, MAN DICCOMPRESSOR  126, MAN DICCOMPRESSOR  126, MAN DICCOMPRESSOR  127, MAN DICCOMPRESSOR  128, MAN DICCOMPRESSOR  129, MAN DICCOMPRESSOR  129, MAN DICCOMPRESSOR  129, MAN DICCOMPRESSOR  120,									1	0371	9713			
THE TAIL OLIVER STATE AND NUMBER  14.014 ADKINS ROAD  15. MANITAL STATUS  16. MANITAL STATUS  17. MANITAL STATUS  18. MORT MARTINE 21.015  19. MORT MARTINE 21.015  19. MORT MARTINE 21.015  19. MORT MARTINE 21.015  19. MORT MARTINE 21.015  10. MOR		GREATER LAUI	REL BE		HOSE	PITAL								
STREET AND HUMBER  14 014 A DIK INS ROAD  15 WAS DECEDENT'S LYCET IN U.S. ARMED  16 WAS MARKET STATUS  16 WAS DECEDENT'S LYCET IN U.S. ARMED  17 WES, OVER WAS DECEDENT'S LYCET IN U.S. ARMED  18 WAS DECEDENT'S USEN.  18 WA	J. PEC	10a. STATE	10b. COUNTY	E GEORGI					TION				104	LIMITS?
Security   Security	. 10-		S ROAD					10		8			N OF WHAT	
Security of Name (Park Mode), Lard   Security   Secur	- 10	11. MARITAL STATUS 1 Never Married 2XXI	Married			ES	13. W	XXES	CENDENT OF HISPAI becity Cuben, Mexics 3 2 NO Specif	NIC ORIGIN in, Puarto I	17 (Specify Yes Rican, etc.)		. RACE — /	
SEQUIND CLASTRO  180. MALING ADDRESS (Greet and Number or Plant Rust) (Check only one)  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  1500 Filed Company of Comp	- 12	(Specify only	highest grade	completed)		16a. DECEDENT'S (Give kind of v Me. Do NOT us	USUAL OCI rork done du e retired.)	CLIPATI	OM		. KIND OF BU	I SINESS/INDUS	TRY	MILLI
SEQUIND CLASTRO  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  150000000000000000000000000000000000		17. FATHER'S NAME (First, Mic		8		INTELLI	GENCI	E 0	18. MOTHER'S NA		Middle, Maiden		ENT	
EMMA C. CASTRO  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  14014 ADKINS ROAD LAUREL, MD 20708  15014 Denetion 5   Denetion 3   Removal from State All Denetion 5   Dene	4					19b. MAJLING	ADDRESS	(Street				n, Stata, Zip Co	ode)	
21. SIGNATURE OF PURRAL SERVICE LICENSEE    PLANS & FUNE RAL HOME , INC. 7601 SANDY SPRING RD., LAUREL, MD 2   PLANS & FUNE RAL HOME , INC. 7601 SANDY SPRING RD., LAUREL, MD 2   PLANS & FUNE RAL HOME , INC. 7601 SANDY SPRING RD., LAUREL, MD 2   SANDY & PRING RD., LAUREL, MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY SPRING RD., LAUREL, MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY SPRING RD., LAUREL, MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY SPRING RD., LAUREL, MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY SPRING RD., LAUREL, MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY SPRING RD., LAUREL, MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY SPRING RD., LAUREL, MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY SPRING RD., LAUREL, MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY SPRING RD., LAUREL, MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY SPRING RD., LAUREL, MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY SPRING RD., LAUREL, MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY SPRING RD., LAUREL, MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY SPRING RD., LAUREL, MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY SPRING RD., LAUREL, MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY SPRING RD., LAUREL, MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY SPRING RD., LAUREL, MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY SPRING RD., SANDY MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY MD 2   SANDY & FUNE RAL HOME, INC. 7601 SANDY MD 2   SANDY & FUNE RAL HOME,	2					14014	ADK	INS	ROAD L		., MD	20708		
22. SART // Entar the diseases, or complications that saused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only, one acuse on each line.    Apprile				oval from State	20b.	PLACE OF DISPOS other place)	NATI	ne of ce	metery, cremetory or	DV				
23. PART y Enter the diseases, or complications that faused the deeth, Do not enter the mode of dying, such as cardiac or reapiratory arrest, abock, or heart failure. List only/ona cause on each line.  IMMEDIATE CAUSE (Final diseases or condition resulting in deeth)  DUE TO (on AS A CONSEQUENCE OF):  CONSEQUENCE OF):  DUE TO (on AS A CONSEQUENCE OF):  CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUE				ENSEE /	TAKI	LINGIUN	22, N	PARTY	ND APPRESS OF F	CHX			, VI	KOINIA
23. PART // Enter the diseases, or complications that daused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.    IMMEDIATE CAUSE (Final disease or condition resulting in death)		1/2	reed	leage	al						-		_ MD	207
PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part i.    24a. WAS AN AUTOPSY PERFORMED?   24b. WERE AUTO AMBILLED COMPLETIO OF DEATH?   1   YES 2   NO	ERTIFICATION	Sequentially list condition if any, leading to immedicases. Enter UNDERLYII CAUSE (Disease or Injuit that initiated events	diate NG ry		o (on As A	CONSEQUENCE OF	7):	art	Fail	lug				
Natural     S   Pending   Investigation     Natural	MEDICAL	PART II. Other significes	nt condition	contributing t	o death bu	t not resulting	in the unc	derlyir	ng cause given in	Part i.	PERFO	RMED?	CO	MPLETION OF
Matural   2   Accident   3   Sulcide   4   Homicide   6   Could not be determined   29a. CERTIFIER   29a. CERTIFIER   29b. SIGNATURE AND TITLE OF CERTIFIER   29c. LICENSE NUMBER   29d. DATE SIGNED (Month, Day, Noar)   MM   1   YES 2   NO   1   YES 2   NO   1   YES 2   NO   28f. LOCATION (Street and Number or Rural Floute Number of Rural Flo	CIAN		O MEDICAL	HOSPITAL:			OTHER		LACE OF DEATH (C	heck only or	70)			
Netural   5   Pending   Investigation   2   Accident   3   Suicide   4   Homicide   6   Could not be determined   29a. PLACE OF INJURY — At home, term, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number of Rura	HYS			1 Inpatient 2	F INJURY	28b. TIM	4 Num	ing Ho	JURY AT			INJURY OCCU	RED	
3 Suicide 4 Homicide 6 Could not be determined 298. PLACE OF INJURY — At home, term, street, factory, office 298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and piace, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Day, Day, Day, Day, Day, Day, Day	۵ ا			(Month,	Day, Year)			W	ORK?					
29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.  29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Day, Day, Day, Day, Day, Day, Day	NO 18			28a. PLACE building	OF INJURY - I, etc. (Specif	— At home, farm,	street, facto	ory, offi	ce				Rural Route	Number,
296. SIGNATURE AND TITLE OF CERTIFIER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month), Day,  5 / 8 / 9 / 9 / 9			determined							-				
" March 100 100 100 100 100 100 100 100 100 10	ETED	4 Homicide	IFYING PHYSI											d manner as i
	E COMPLEIED	29e. CERTIFIER (Check only one) 1 CERTI	TIFYING PHYSI	R: On the basis of					death occured at the	MBER		nd due to the	cause(a) an	
	E COMPLETED	29e. CERTIFIER (Check only one) 1 CERTI	TIFYING PHYSIICAL EXAMINE OF CERTIFIEF	R: On the basis of	examination  USE OF DEA	and/or investigation	on, in my of	pinion,	death occured at the	MBER	and place, a	29d. DATE S	BIGNED (Mc	onth, Day, Ye



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	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene I	em 2
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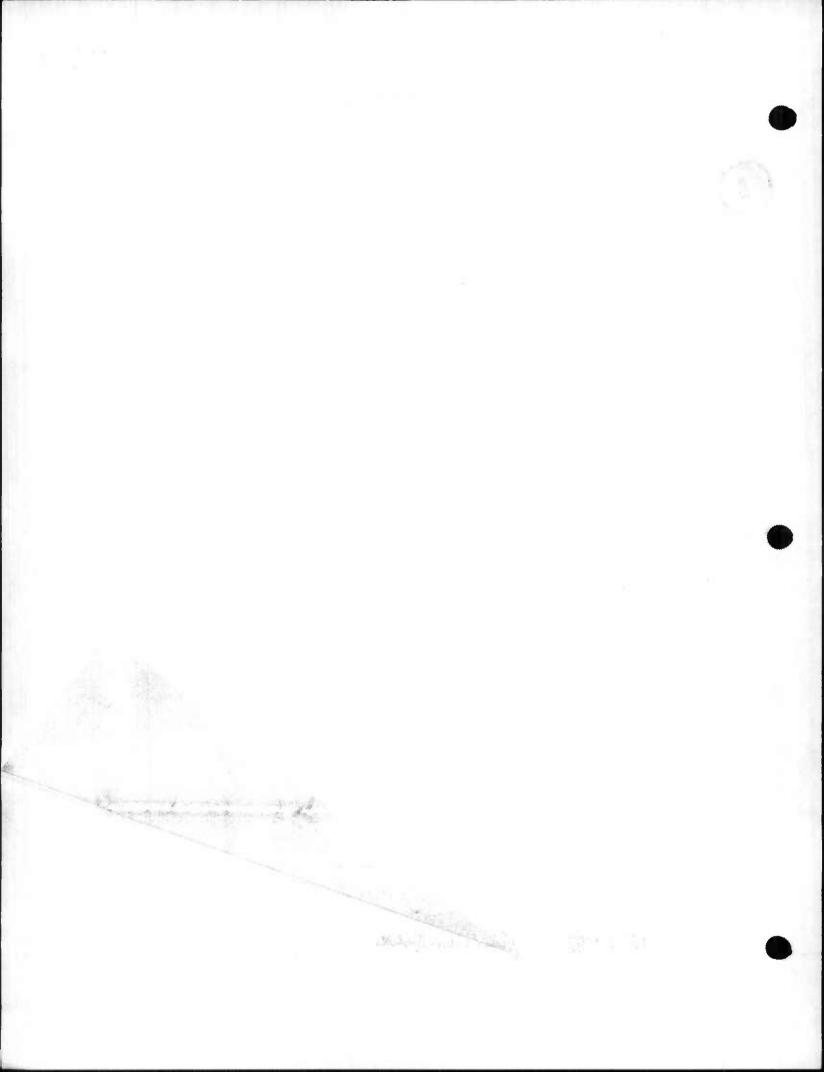
	PARTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
Russell Delmas	Colbourne, Jr.	2. DATE OF DEATH DAY	,

FOR 1 - STATE REGISTRAR	STATE OF MAR	RYLAND / DEPART	MENT OF H		MENTAL	HYGIENE BEG. NO.		
1. DECEDENT'S NAME (First, Middle, La	** Russell lbourne Jr	Delmas Co			2. DATE OF MONTH		- 92	ar 3. TAME OF DEATH
4. SOCIAL SECURITY NUMBER 214-70-6465 98. FACILITY NAME (If not institution, gi	1 🔯 M 2 🗆 F	34 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		P BIRTH Day, Year)	18	HIRTHPLACE (State or Foreign Journs) Land
	eneral Hos			ridge	EATH		Doro	hester
Dorchester G- RESIDENCE OF DECEDENT  10a. STATE 10b. COU Maryland DO  10a. STREET AND NUMBER 506 Goldsbo  11. MARITAL STATUS 1 Never Married 2X X Married			TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 506 Goldsbo	rough Aver	nue	101.	21613			10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR	VER IN U.S. ARMED	If yes, spe	ENDENT OF HISPAN polity Cuben, Mexican 2 NO Specify	n, Puarto Ric		or No- 14.	RACE — American Indian, Black, White, atc. SpecifyWhite
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 1 2 17. FATHER'S NAME (First, Middle, Last)			usual occupation of done during most retired.)	st of working	16b. F	Mar	ine ine	RY
17. FATHER'S NAME (First, Middle, Last) Russell Delm		ne, Sr.		18. MOTHER'S NAI			Surname)	
198. INFORMANT'S NAME (Type/Print) Victoria We	bster			nd Number or Rural F Dorough				,Md 21613
20a, METHOD OF DISPOSITION 1 ABurial 2 Cremation 3 F 4 Donation 5 Other (Specify)	lamoval from State	20b. PLACE AND DATE Of Commetter of Sandy Is			OATE 5/		ation – city bbins	or Town, State , Md .
21. SIGNATURE OF FUNERAL SERVICE	) Homes		Thom	as Fundances of FA	eral	Home Camb	ridge	, Md. 2161
iMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. A cut DUE TO (OR DUE TO (OR	Myeloger	egen of	eukemia us /eu	uker	n: a		interval Betwee Onset and Dest
PART II. Other significent condi			the underlying	g cause given in		24a. WAS AN A PERFOR 1 YES 2	MED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA EXAMINER?  1  YES 2  NO  27. MANNER OF DEATH			OTHER:	ACE OF DEATH (Ch		07-10-1		
27. MANNER OF DEATH  3 Natural 5 Pending 2 Accident Investigati	28a. DATE OF INJ (Month, Day, 1	JURY 286, TIME	OF 26c. INJ	PRK?			JURY OCCUR	EO
	Da building, etc.	NJURY — At home, farm, st (Specify)	ireet, factory, offic			TION (Street a r Town, State)	nd Number or F	Burel Route Number,
and and	HYSICIAN: To the best of my							iuse(a) and manner as stated.
296. SIGNATURE ANOTHITLE OF CERT		)- · · · ·		29c. LICENSE NUI		7/10		GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE O	OF DEATH (ITEM 27) (Type,	liver	Cam	6/1	A. C	m	0
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	S SIGNATURE  Davidson-Rank	dell			ggr		



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E HOSPITAL OR ATTENDING	E FUNERAL DIRECTOR: Afte	d within 72 hours after deat	RTANT: If Item 28 Is m
HL OF	H C	be file	IMPO

1.	_ STATE REGISTRAR	OTALE OF MARKELAN		MENT OF H		MENTAL HYGIEN		
	. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	Danny	Rae		Cusick		05 14	1992	7:30 PM
		8. AGE (In y	73. lest birthday) _	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH  (Month, Day, Year)  1 0 - 1 6 - 1	955	NRTHPLACE (State or Foreign Country) Puerto Rico
	e. FACILITY NAME (If not institution, give streetweet Air Road, jus Manor Road	and number) St West of			R LOCATION OF DE	EATH	9c. COUNTY	
5	RESIDENCE OF DECEDENT			Phoenix			Baltir	nore
DIR	Maryland Balt	imore		oenix	ION			10d. INSIDE CITY LIMITS?  XX YES 2 \( \backsquare \) NO
<b>S</b>	De. STREET AND NUMBER			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
NE L	3801 Donerin Wa	Y 2. WAS DECEDENT EVER IN U.	0 101150		21131			US
	Never Married Married Widowed 4 Divorced	FORCES? 1 YES 2  IF YES, GIVE WAR OR DATE:	¥¥4NO	If yes, spe		NC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
9	15. DECEDENT'S EDUCAT (Specify only highest grade cor	TON 16	a. DECEDENT'S U	ISUAL OCCUPATIO	N	16b. KIND OF BU	ISINESS/INDUSTI	RY
COMPLETED		College (1-4 or 5 +)	life. Do NOT use	retired.)	Enginee	r		
Š 17	7. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Maider		
W	Woodrow G. Cusi	ck			Wilm	na Gilles	spie	
0 "	Sue S. Cusick					Phoenix,		•
11	By: METHOD OF DISPOSITION  Burlel 2 Cremation 3 Remove  Donation 5 Other (Specify)	I from State 20b. PL	ACE AND DATE OF	FDISPOSITION (National Particle) Cemer Min Cemer	me of eterv		mbride	or Town, State
	. SIGNATURE OF FUNERAL SERVICE LICEN			22. NAME AN	D AOORESS OF FA	CILITY		
	I thoughour			Thom 700	as Fune	ral Home	ridge	, Md. 21613
	3. PART ( Enter the diseases, or con-							
2	ahock, or heart feilure. Lie	npilcetions that caused that Drily Drie ceuse on each	e death. Do no					Approximate
II d	"ahock, or hasrt feilure. Lia MMEDIATE CAUSE (Finei lisease or condition	npilcetions that caused the	e death. Do no	ot enter the mod	de of dying, suc	h as cardiec or resp		
d n	"ahock, or heart feilure. Lia MMEDIATE CAUSE (Finei lisease or condition esulting in deeth)	DUE TO (OR AS A O	ple	Service of the most		h as cardiec or resp		Approximate interval Between
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d n	"ahock, or heart feilure. Lia MMEDIATE CAUSE (Finel lisease or condition eculting in deeth)  a  sequentially list conditions, any, leading to immediate	DUE TO (OR AS A 96	NSEQUENCE OF	Street the most	de of dying, suc	h as cardiec or resp		Approximate interval Between
CERTIFICATION	*ahock, or heart feilure. Lia MMEDIATE CAUSE (Fine) lisease or condition eculting in deeth)	DUE TO (OR AS A CO	NISEQUENCE OF)	Section of the most of the mos	de of dying, suc	h as cardlec or reap		Approximate interval Between
AL CERTIFICATION	*ahock, or heart feilure. Lia MMEDIATE CAUSE (Fine) lisease or condition eculting in deeth)  a  Gequentielly list conditions, f any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury het initiated events	DUE TO (OR AS A CO	NISEQUENCE OF)	Section of the most of the mos	de of dying, suc	h as cardlec or reap Part I. 24e. WAS AN PERFO	I AUTOPSY RMED?	Approximate interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMPLABLE PRIOR TO
AL CERTIFICATION	*ahock, or heart feilure. Lia MMEDIATE CAUSE (Fine) lisease or condition eculting in deeth)	DUE TO (OR AS A CO	NISEQUENCE OF)	Section of the most of the mos	de of dying, suc	h as cardlec or reap	I AUTOPSY RMED?	Approximate interval Between Onset and Death Onset and Death 24b. Were autopsy findings Amil. Able Prior to Completion of Cause of Death?
AL CERTIFICATION	*ahock, or heart feilure. Lia MMEDIATE CAUSE (Fine) lisease or condition eculting in deeth)	DUE TO (OR AS A CO	NISEQUENCE OF)	Section of the most of the mos	de of dying, suc	h as cardlec or reap Part I. 24e. WAS AN PERFO	I AUTOPSY RMED?	Approximate Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AWARABLE PRIOR TO COMPLETION DE CAUSE
AL CERTIFICATION	was case reference to Medical Examiner?	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  Contributing to death but in	INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)	the underlying	cause given in	Part I. 24a. WAS APPERFO	AUTOPSY RMED?	Approximate interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  PES 2 NO
AL CERTIFICATION	**Ahock, or heart feilure. Lia MMEDIATE CAUSE (Fine) Ilisease or condition esulting in deeth)  a  dequentielly list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury het initiated events eaulting in death) LAST  ART II. Other significant conditions of  EXAMINER?  1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  Contributing to deeth but in the contribution of the contribution	INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)	t enter the mod	cause given in	Part I. 24a. WAS AN PERFO	NAUTOPSY RMED?	Approximate interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AWARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AL CERTIFICATION	**Ahock, or heart feilure. Lia MMEDIATE CAUSE (Fine) lisease or condition eculting in deeth)	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO	INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)	the underlying  the underlying  the underlying  A Nursing Home  OF 28c. INJ. WOI	Cause given in  ACE OF CEATH (Ch.	Part I. 24a. WAS AN PERFO	AUTOPSY RMED? 2 \( \) NO	Approximate interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  DES 2 \( \subseteq NO
BY PHYSICIAN: MEDICAL CERTIFICATION	**Ahock, or heart feilure. Lia MMEDIATE CAUSE (Fine) lisease or condition eculting in deeth)	DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  DUE TO (OR AS A CO  Experiment to the contribution of the contribu	INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  28b. TIME INJU  5:40	the underlying  the underlying  the underlying  the underlying  the underlying  the underlying	Cause given in  ACE OF CEATH (Cha	Part I. 24a. WAS AN PERFO	A AUTOPSY RIMED? 2 \( \text{NO}\)  Street  INJURY OCCURE  UTO / Tru  and Number or Riv	Approximate interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  DECK IMPOACT
BY PHYSICIAN: MEDICAL CERTIFICATION	*Anock, or heart feilure. Lia MMEDIATE CAUSE (Fine) lisease or condition eculting in deeth)  **Gequentielly list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury het initiated events eaulting in death) LAST  **ART II. Other significant conditions of the condit	DUE TO (OR AS A CO  DUE TO	INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  INSEQUENCE OF)  At home, farm, str	the underlying  the underlying  the underlying  the underlying  the underlying  the underlying	Cause given in  ACE OF OEATH (Cho	Part I. 24a. WAS AN PERFO  1 Aves  ack only one)  6 Other (Specify)  28d. DESCRIBE HOW  Driver in a  28f. LOCATION (Street City or Fown, State	A AUTOPSY RMED? 2 \( \text{NO} \)  Street  INJURY OCCURE  Uto/tru	Approximate interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AWARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  DEED 2 NO
BY PHYSICIAN: MEDICAL CERTIFICATION	**Ahock, or heart feilure. Lia MMEDIATE CAUSE (Finei lisease or condition esulting in deeth)  **Aequentielly list conditions, and any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury het initiated events eaulting in death) LAST  **ART II. Other significant conditions of the c	DUE TO (OR AS A CO  DUE TO	ONSEQUENCE OF)  ONSEQUENCE OF)	the underlying  26. PL  OTHER: 4   Nursing Home OF   28c. INLI RY   WOI 1   Y	cause given in  ACE OF OEATH (Chi	Part I. 24a. WAS AN PERFO  1 VES:  ack only one)  24d. Descripe How  25d. Describe How  25d. Describe How  26d. Describe How  27d. Document State  28d. Docu	AUTOPSY RMED? 2 NO  Street INJURY OCCURE UTO/Tru and Number or Rd. Rd. & N	Approximate interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AWARLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  DEED 2 NO
BY PHYSICIAN: MEDICAL CERTIFICATION	**Ahock, or heart feilure. Lia MMEDIATE CAUSE (Fine) lisease or condition esulting in deeth)  **Gequentielly list conditions, and any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury het initiated events eaulting in death) LAST  **ART II. Other significant conditions of the c	DUE TO (OR AS A CO  DUE TO	DINSEQUENCE OF)  DINSEQUENCE OF)  DINSEQUENCE OF)  DINSEQUENCE OF)  DINSEQUENCE OF)  DINSEQUENCE OF)  DINSEQUENCE OF)  DINSEQUENCE OF)  DINSEQUENCE OF)  DINSEQUENCE OF)  DINSEQUENCE OF)  DINSEQUENCE OF)  DINSEQUENCE OF)  DINSEQUENCE OF)  DINSEQUENCE OF)  DINSEQUENCE OF)  DINSEQUENCE OF)  DINSEQUENCE OF)	the underlying  26. PL  OTHER:    Nursing Home OF   26c. INJU   I   Y  reet, factory, office	cause given in  ACE OF OEATH (Ch	Part I. 24a. WAS AN PERFO  A COMP One)  EX Other (Specify) 11  28d. DESCRIBE HOW  Driver in a  28f. LOCATION (Street City or fown, State  DWEET Air  to the cause(s) and ma	NAUTOPSY RIMED? 2 NO Street INJURY OCCURE UTO/Tru and Number or Ro Rd. & N oner se steled.	Approximate interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AWAR.ABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  DEEK 1 MOOCT POOR TO COMPLETION OF CAUSE OF DEATH?  DEEK 1 MOOCT POOR TO COMPLETION OF CAUSE OF DEATH?  DEEK 1 MOOCT POOR TO COMPLETION OF CAUSE OF DEATH?  DEEK 1 MOOCT POOR TO COMPLETION OF CAUSE OF DEATH?
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O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death in initiated events eauiting in death in initiated events eauiting in death initiated events eauiting in death initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions of the initiated events eauiting in death)  ART II. Other significant conditions eauiting in death eauiting in death eauiting in death eauiting in death eauiting	DUE TO (OR AS A CO  DUE TO	INSEQUENCE OF)  INSEQUENCE OF)	the underlying  26. PL  The R:  \[ \text{\tiny{\text{\ti}\text{\texi{\text{\texi{\text{\texi{\text{\texi{\tex{\texi{\text{\texi{\text{\text{\texi}\text{\texi{\text{\te	Cause given in  ACE OF OEATH (Che  5  Residence  JRY AT  RES 2 NO  and place, and due  seth occurred at the  29c. LICENSE NUM	Part I. 24a. WAS APPERFO  1 VES:  ack only one)  & Other (Spech) PR  28d. DESCRIBE HOW  Priver in a  28f. LOCATION (Street City or Rown, State  5 Weet Air  to the cause(a) and ma  time, date and piece, at	Street INJURY OCCURE UTO/Tru and Number or Ro Rd. & N nner as stated. Ind due to the cau	Approximate interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AWARABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  DES 2 NO  ICK IMPACT Viel Pour Number,  IANOX Road  Jee(a) and manner as stated,  INED (Month, Day, Year)
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	**Anock, or heart feilure. Lia MMEDIATE CAUSE (Fine) lisease or condition eculting in deeth)  **Gequentielly list conditiona, a  **Gequenti	DUE TO (OR AS A CO  DUE TO	DINSEQUENCE OF)  DINSEQ	tenter the model of the underlying 26. PL  The underlying 4 homel of t	ACE OF CEATH (Ch.  TO S   Residence  JRY 7 ES 2 NO  and place, and due teth occured at the  29c. LICENSE NUM  O. C. M.	Part I. 24a. WAS APPERFO  1 VES:  ack only one)  & Other (Spech) PR  28d. DESCRIBE HOW  Priver in a  28f. LOCATION (Street City or Rown, State  5 Weet Air  to the cause(a) and ma  time, date and piece, at	AUTOPSY RMED? 2 NO  Street INJURY OCCURE UTO / True and Number or Rc. Rd. & M. noner as stated. nd due to the cau 29d. DATE SIG	Approximate interval Between Onset and Death  24b. WERE AUTOPSY FINDINGS AWARABLE PRIOR TO COMPLETION DE CAUSE OF DEATH?  DESTRUCTION OF CAUSE OF DEATH?  DESTRUCTION OF CAUSE OF DEATH?  DESTRUCTION OF CAUSE OF DEATH?  DESTRUCTION OF CAUSE OF DEATH?  DESTRUCTION OF CAUSE OF DEATH?  DESTRUCTION OF CAUSE OF DEATH?  DESTRUCTION OF CAUSE OF DEATH?  DESTRUCTION OF CAUSE OF DEATH OF THE CAUSE OF DEATH?  DESTRUCTION OF CAUSE OF DEATH OF THE CAUSE OF T



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	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	T I	
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FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF	ITMENT OF H		MENTAL HYGIEN REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)  JAMES	W.		CORDRY		2. DATE OF DEATH	<b>y</b> 19	) !
4. SOCIAL SECURITY NUMBER 214-07-5903	5. SEX 1 1 1 1 F	6. AGE (In yrs. lest birthday) 77 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morth, Day, Year)	014	
Se. FACILITY NAME (If not institution, nive a	street and number)		OF CITY TOWN	OR LOCATION OF DE	EATH OF ST	7 3 304	-

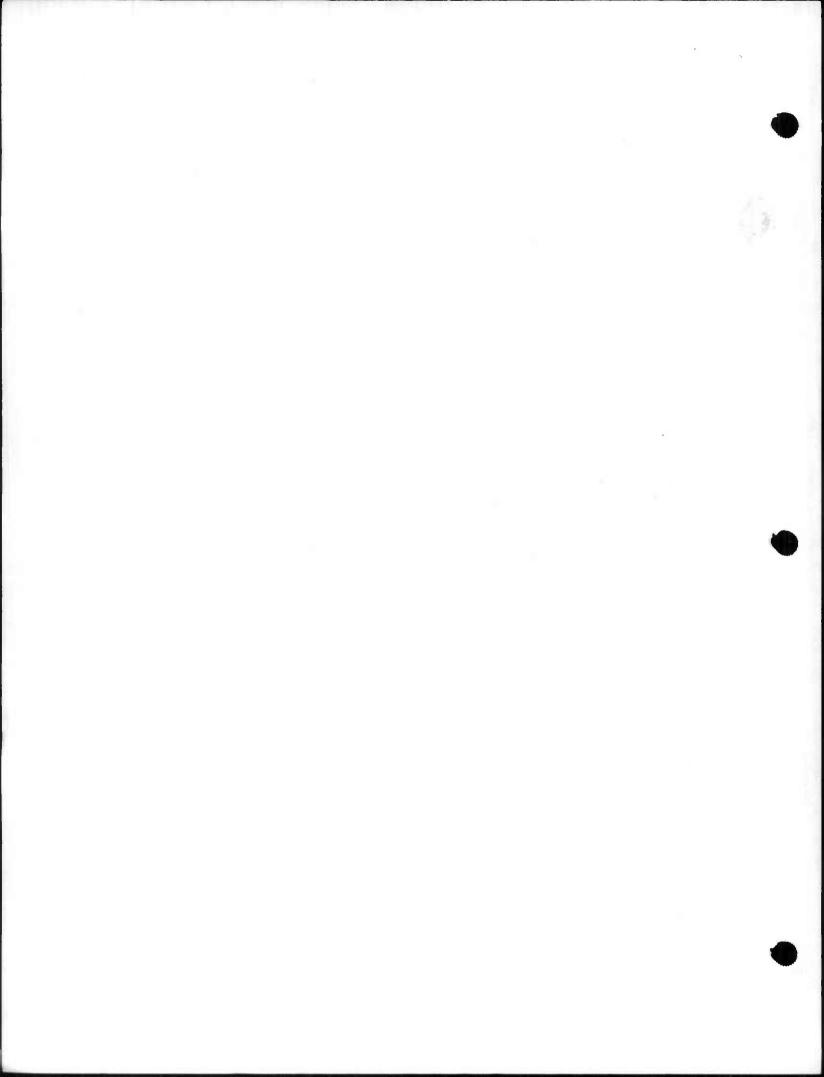
	1. DECEDENT'S NAME (First	t, Middle, Last)	W.			CORI	ORY		2. DATE OF DEATH	3 19	9 <sup>VEAR</sup>	3. TIME OF DEATH 1839 M
	4. SOCIAL SECURITY NUMBER 214-07-590		5. SEX 1 XXX	6. AGE (In yrs. le	est birthday) YRS.	IF UNDE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year)	014	Counti	
DIRECTOR	9a. FACILITY NAME (II not in							ERLAND	EATH .	9c. COU	EGAN	
REC	10a. STATE	10b. COUNT			10c. CIT	FY, TOWN	OR LOCAT	TION				10d. INSIDE CITY LIMITS?
۵	MD	A	Llegany			Cumb	orla	nd,				YES 2 NO
FUNERAL	10a. STREET AND NUMBER						101	ZIP CODE		10g. CIT	IZEN OF V	WHAT COUNTRY?
UNE	502 Warr	en Sti	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13.	WAS DEC	21502 ENDENT OF HISPA	NIC ORIGIN? (Specify Yes		ISA IA BACI	E American Indian,
ВУ	1 Never Married 2 3 Wildowed 4 Dive	Married		XES 2 MAR ON DATES	ND		It yee, sp	ecify Cuben, Mexic 2 NO Speci	an, Puerto Rican, etc.)		Spec	k, White, etc.
ED	15. DEC (Specify on)	EDENT'S EDU	ICATION	16a, D	ECEDENT'S	work done	during mo	ON est of working	16b. KIND OF BU	SINESS/INC	DUSTRY	- white
COMPLETED	Elementary/Secondary (		College (1-4 or 5	- 64	b. Do NOT u	ise retired.)						
NO.	17. FATHER'S NAME (First, M	fiddle Lest)			ret	Spi	nnir	g Dept.	AME (First, Middle, Melden		Z-TPS	dile
	Ralph		17						ace Hilster	,		
TO BE	190. INFORMANT'S NAME (		¥	1	9b. MAILING	G ADDRES	S (Street e		Route Number, City or Tow		Code)	
F	Mrs. Dor		Cordry		502	Warr	en S	Street C	mberland.	MD 2	1502	
	20a, METHDD OF DISPOSIT 1 □ Burial 2 □ Crematic	on 3 🗆 Ram	oval from State	20b. PLACE cemetery, cr	ANDDATE	OF DISPO	SITION (Ne			CATION		
	4 Donation 5 Other		CENSEE	Suns	set M	empr	ial	Park	5- 12	Cumbe	rlar	d, MD
	+ Jan	17	Aca	pell	4		Sca	rpelli B	Funeral Hon			
	23. PART I. Enter the d	iseeses, or	complications the	et clused the d	eeth. Do	not ente	the mo	de of dying, su	th as cerdiac or resp	iratory an	rest,	Approximate
	IMMEDIATE CAUSE (Fig disease or condition resulting in death)		MYO	CARC	))A		3)	FARC	TIDIX			Interval Between Onset and Death 30 mm
CERTIFICATION	Sequentially list condit if any, leeding to imme cause. Enter UNDERLY CAUSE (Diseese or Inju- that initiated events resulting in death) LAS	diate ING Iry	b. ARTE OUE TO	OR AS A CONSE	EOUENCE D	UT PFI:	1 (	(ARD)	ICAVASUL	AR	D15	154843
	PART II. Other significa	ent condition	ne contributing to		resulting	In the u	nderlyin	g cause given in	PERFOR	MED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
: MEDICAL								1 '8	1 _ YES 2	. □[hq		OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL		1			26. PL	ACE OF DEATH (C	heck only one)			
SIC	EXAMINER?		HO PITAL:	ER/Outpetlent	3 🗆 DOA	OTHE 4   Nu		e 5 🗆 Raeldenca	8 Other (Specify)			
ву Рн	27. MANNER DF OEATH  1 Natural 5  2 Accident	Pending Investigation	28s. OATE DE (Month, E		28b. Till IN	ME DF JURY M		URY AT PRK? YES 2 ND	26d. DESCRIBE HOW I	NJURY OC	CURED	
	3 Suicide 8 4 Homicide	Could not be determined	26e. PLACE ( building,	OF INJURY — At h. atc. (Specify)	ome, farm,	street, fac	tory, offic	•	281. LOCATION (Street City or Town, State)		or Rural F	Route Number,
COMPLETED									to the cause(e) end men			) end menner es stated.
TO BE	29b. SIGNATURE AND TITLE	nar	ger	110-				10 9 g	2-31	29d, CAT	E SIGNED	(Month, Day, Year)
	NONAL	-1) 1	O COMPLETED CAU	ING	E P	e, Print)	1+	2 130	368 X	um	M	72150)
	31. DATE FILED (Month, Day,	3 1992	3 REGISTR	A'S SIGNATURE	molett.							

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E STRAR	STATE OF	MARYLAND / DEPAR	TMENT OF H			GIENE	w/ 6
IT'S NAME (First, Middle, Last)  OR W. CHESLEY	Y	OLITIN	IOATE OF	DEATH	2. OATE OF OR MONTH		199
SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BII (Month, Day,		8.

	1. OECEOENT'S NAME (First,	Middle, Last)							2. OATE O	F OEATH	v	YEAR	3. TIME OF DEATH
	ELEANOR W.						MAY	12		992	1:00 A.M. M		
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In y	rs. last birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year)		8. BIRTH Countr	PLACE (State or Foreign
	213-38-0773	A	1 M 2 F	98	YRS.	MONTHS D	AYS	HOURS MIN.	JAN.		894		YLAND
	9a, FACILITY NAME (If not in	stitution, give si	treet and number)			9b. CITY, TO	WN OF	LOCATION OF DE	EATH		9c. COU	NTY OF D	EATH
OR	ROUTE #225 MARSHALL'S CORNER CHARLES								S				
DIRECTOR	RESIDENCE OF DEC	10b. COUNTY	,		10c CIT	Y, TOWN OR I	OCATIO	ON					10d. tNSIDE CITY
E	MARYLAND		RLES		-								LIMITS? 1 YES 2 V NO
	10e. STREET AND NUMBER	CHA	KLES		MAK	SHALL		CORNER ZIP COOE			10g, CIT	IZEN OF V	WHAT COUNTRY?
FUNERAL	ROUTE #225	BOX 2	001				11/2	20646			דידווו	משני	T A T E C
Š	11. MARITAL STATUS	DOA Z	12. WAS DECEDEN	NT EVER IN U.	.S. ARMED		OECE	NDENT OF HISPAI				14. BACE	TATES  — American Indian,
	1 Never Married 2		FORCES?	MAR OR OATE	2 XINO S			city Cuben, Mexico 2 X NO Specif		can, etc.)		Speci	
BY	3) Widowed 4 Olvo	rced											BLACK
Ӹ	15. OEC (Specify only	EDENT'S EDU	CATION completed)	10	8e. OECEDENT'S (Give kind of	USUAL OCCU work done duri se retired.)	JPATION ng most	N t of working	18b. I	KIND OF BUS	SINESS/INI	DUSTRY	
COMPLETED	Elementary/Secondary (0 7TH GRADE		College (1-4 or 5	+)					Ι,	DD T1110	. 27		
ž	17. FATHER'S NAME (First, M		NONE		HOUSE	MAID		18. MOTHER'S NA	_	PRIVAT		_	
	JOHN HILL	ndure, Last)						ALICE Y		iddie, Melderi	Surname)		
BE	19a, INFORMANT'S NAME (7	Type/Print)			19b. MAILING	ADDRESS (S	treet an	ALICE I		ur City or Tow	n Stein Zi	n Code)	
임	MARY GLADYS		EY		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1								C. 20011
	20e. METHOD OF DISPOSIT	ION		20b. P	LACE OF DISPO			etery, crematory or			CATION -		
	1XXBurlet 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other		oval from State		ther place) LY GHOS	T CHU	RCH	CEMETER	RY	ISS	SUE.	MARY	LAND
	21. SIGNATURE OF PUNERA	L SERVICE LIC	CENSEE	and	2-1 4126	22. NA	ME ANI	D ADDRESS OF FA	CILITY				
	MOIA C	THOR	NTON JOH	MISON	-	TH	יוא סר	TON'S EI	INEDAT	HOME	7 100	MONTE	EY, MARYLANI
	23. PART I. Enter the d	iseaaas, or o	complications the	at caused ti									Approximate
	shock, or h IMMEDIATE CAUSE (Fir		List only one ca	use on saci	h line.		1	,	Ī				Interval Between Onset and Death
	disease or condition	<b>→</b>	Ante	Moss	lemo	(ar	10	vascul	v- (	Spak	4		Trais
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읽	Sequentially list condit if any, leading to imme	diata	OUE TO	O (OR AS A C	ONSEQUENCE C	F):							
일	cause. Entar UNDERLY CAUSE (Disease or Inju		c	O (OR AS A C	ONSEQUENCE O	P:							
Ē	that initiated events resulting in death) LAS	T		(	West Stores	.,.							
MEDICAL CERTIFICATION			d										
AL	PART II. Other significa	ent condition	e contributing to	o death but	not resulting	in the unde	rlying	cause given in	Part I.	24s. WAS AN PERFOR		248	AVAILABLE PRIOR TO
음									— 1	1 TYES	NO		COMPLETION OF CAUSE OF DEATH?
-									_				1 TES 2 NO
Z													
PHYSICIAN:	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:		7.17	OTHER:	26. PL	ACE OF DEATH (CI					
₹	27. MANNER OF OEATH		1 Inpetient 2		lent 3 L DOA	4 Nursing	g Home Sc. INJL	_		(Specify)	NJURY OC	CUBED	
	Naturat 5	Pending		Day, Year)		JURY	WOF		200. 520	or more more			
BY	2 CACIDEIN	Investigation	28e. PLACE	OF INJURY -	- At home, farm,							or or Rural	Route Number,
	4 Homicide	Could not be datermined	building	j, etc. (Specify	")				City o	r Town, State;	)		
<b>E</b>	29a. CERTIFIER 1 CERT	TIFYING PHYS	ICIAN: To the best of	of my knowled	ige, death occur	red at the time	date	end place, and du	to the caus	se(e) end ma	nner ee st	nted.	
COMPLETED	CHECK ONLY												e) end manner ea stated.
	296. SIGNATURE AND TITLE	OF CENTIFIE	R , i	4 5				29c, LICENSE NU	MBER		29d. DA	TE SIGNED	3 (Month, Day, Warr)
BE	ANNT	1K2	draste	5 (0)	Lopula	ME		D273	490		<b>•</b>	5/12	tan.
임	30. NAME AND ADDRESS O	F PERSON WH	IO COMPLETEO CAI	USE OF DEAT	H (ITEM 27) (Typ	e(Print)	١	2 -1 -	1			-	
	HOHT P	· 0 Bo	XIA7	U	ra low	4 V	A	2000	4				t.
	31. DATE FILED (Month, Day,		32. REGISTR	AR'S SIGNAT	URE	orb.							
	MAY 15	92	groke	<b>NUMBER</b>	and last	1400							

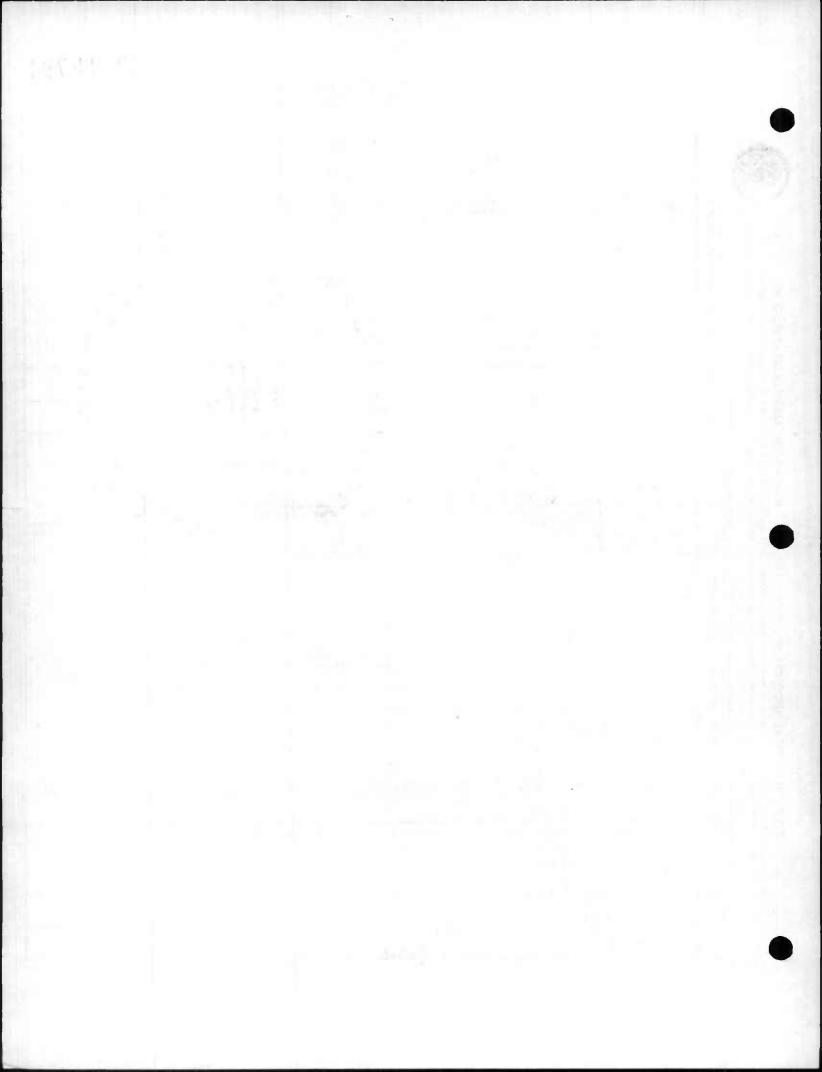


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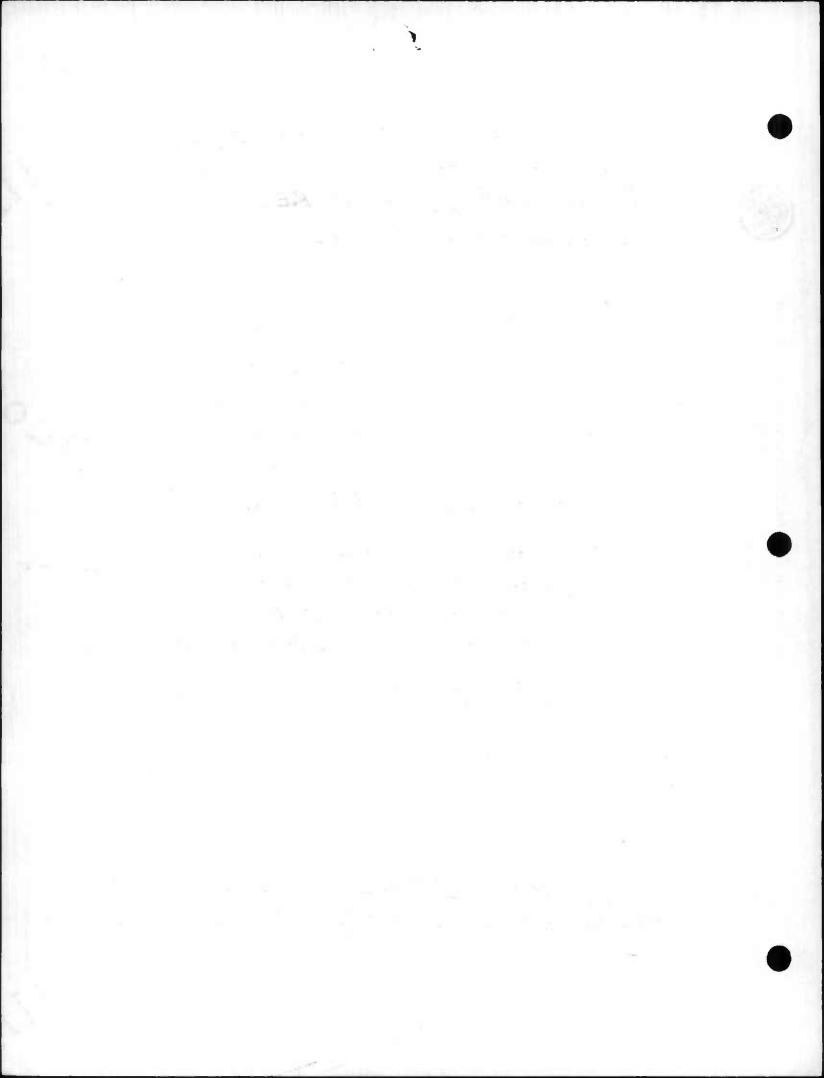
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BALTIMORE, MARYLAND 21215-0020	at the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2,3 should and Mental Hydiene prior to burial, cremation, or removal.
RDS, P.O. BOX 68760,	lat the death certificate be executed within 24	<ul> <li>by the attending physician and completely filled in by the and Mental Hydiene prior to burial, cremation, or removal.</li> </ul>

STATE OF	MARYLAND	/ DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OF DEAT	ГН		REG. NO.

REGISTRAR		CERTI	FICATE (	OF DEATH	REG	NO.						
1. DECEDENT'S NAME (First, Middle, Last)	(10 1.			3073	2. DATE OF DEA	TH DAY	YEAR 3. TIME OF DEATH					
VOYOTRY	Clark				5	13 9	2 7.10 8					
276-36-0250	1 🗆 M 2 🔀 F -		MONTHS DA				e. BIRTHPLACE (Stone or Foreign Country) Oklahoma					
U. Maryland	street and number) Hosp		96. CITY TO	11.			TY OF DEATH					
10a. STATE 10b. COUNT		10c. C					10d. INSIDE CITY LIMITS? 1 YES 27710					
100. STREET AND NUMBER 951 A Richwood F	Road			101. ZIP CODE			ZEN OF WHAT COUNTRY?					
11. MARITAL STATUS  1 Never Married 2 Merried  XXWIdowed 4 Divorced	12. WAS DECEDENT I	YES 2 NO	If ye	DECENDENT OF HISPA s, specify Cuben, Maxic	an, Puerto Rican, et	ty Yes or No-	14. RACE — American Indian, Black, White, etc. Specify: White					
(Specify only highest grade	e completed)	16a. DECEDENT (Give kind o life. Do NOT	'S USUAL OCCU of work done during use retired.)	PATION ng most of working	16b, KIND 0	F BUSINESS/IND						
12	4	House	ewife				e					
	nflow.					alden Surname)						
	ILIOW	19b. MAIL II	NG ADDRESS (St			or France Chain 7in	Codel					
		10,0000										
20a. METHOD OF DISPOSITION	neural from Photo	20b. PLACE AND DAT	FOF DISPOSITIO	N /Name of								
4 Donation 5 Other (Specify)	5/16 W	lest Che	ster. PA									
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAR	ME AND ADDRESS OF FA	ACILITY							
Tarring-Cargo Funeral Home, P.A. Aberdeen, Maryland 21001-3300												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events  b. DUE TO (OR AS A CONSEQUENCE OF):  c. OUE TO (OR AS A CONSEQUENCE OF):												
	d											
PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  280. DATE OF INJURY  280. TIME OF 280. INJURY AT  281. WAS AN AUTOPSY PERFORMED?  244. WAS AN AUTOPSY PERFORMED?  AMILABLE PRIOR COMPLETION OF OF DEATH (Check only one)  245. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  280. DATE OF INJURY  280. TIME OF 280. INJURY AT  281. DESCRIBE HOW INJURY OCCURED												
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	MOSBITAL -			6. PLACE OF DEATH (C/	heck only one)							
1 TES 2 NO	1 Inpatient 2 E		4 🗆 Nursing	Home 5 🗆 Residence	6 Chher (Specify	)						
27. MANNER OF DEATH  Natural 5 Pending Investigation	4-21	92	M 1	WORK?  YES 2 NO	28d. DESCRIBE H	OW INJURY OCC	UREO					
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF I building, etc	NJURY At home, farm c. (Specify)	, atreet, factory,	office			or Rural Route Number,					
29b. SIGNATURE AND TRILE DE CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)												
A.X-	nm	30. NAME AND MODRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  A. PARK MD Z2 S. Graene St, Bult mb										
	HO COMPLETED CAUSE	OF DEATH (ITEM 27) (Try)  22 S. G.	pe, Print)	St , i	Bolt		-13-92					
	1. DECEDENT'S NAME (First, Middle, Last)  276-36-0250  9e. FACILITY NAME (It not institution, give  Maryland  10e. STATE  10e. STATE  10e. STATE  10e. STATE  10e. STATE  10e. STATE  10e. STATE  10e. STATE  10e. STATE  10e. STATE  10e. STATE  11e. Marital STATUS  11e. Marital STATUS  11e. Never Married  15. DECEDENT'S EDI (Specify only highest grade)  Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  Charles Hessel  19a. INFORMANT'S NAME (Type/Print)  YVON'DE Angel  20a. METHOD OF DISPOSITION  1 Burlel 2 12 Cremetion 3 Real  4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LI  MARITAL STATUS  1. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Nother algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Nother algnificent condition  27. MANNER OF DEATH  1 Nother algnificent condition  28. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Nother algnificent condition  29. CERTIFIER (Check only only 2 MEDICAL EXAMINER  (Check only only 2 MEDICAL EXAMINER  29. CERTIFIER (Check only 2 MEDICAL EXAMINER  20 MEDICAL EXAMINER  20 MEDICAL EXAMINER	1. DECEDENT'S NAME (First, Middle, Last)  DOVOTONY  4. SOCIAL SECURITY NUMBER  5. SEX  276-36-0250  9e. FACILITY NAME (II not Institution, give street and number)  PRESIDENCE OF DECEDENT  10e. STATE  10e. STATE  10e. STATE  10e. STATE  11e. Marrial STATUS  11e. Marrial STATUS  11e. Never Married  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  15. DECEDENT'S EDUCATION  16. SPECIFICATION  17. FATHER'S NAME (First, Middle, Last)  Charles Hessenflow  18. INFORMANT'S NAME (First, Middle, Last)  Charles Hessenflow  19e. INFORMANT'S NAME (First, Middle, Last)  Charles Hessenflow  19e. INFORMANT'S NAME (First, Middle, Last)  Charles Hessenflow  19e. INFORMANT'S NAME (First, Middle, Last)  Charles Hessenflow  19e. INFORMANT'S NAME (First, Middle, Last)  Charles Hessenflow  19e. INFORMANT'S NAME (First, Middle, Last)  Charles Hessenflow  19e. INFORMANT'S NAME (First, Middle, Last)  Charles Hessenflow  19e. INFORMANT'S NAME (First, Middle, Last)  Charles Hessenflow  19e. Informant'S NAME (First, Middle, Last)  Charles Hessenflow  19e. Informant'S NAME (First, Middle, Last)  Charles Hessenflow  19e. Informant'S NAME (First, Middle, Last)  Charles Hessenflow  10e. State Hessenflow  10e. The Middle, Last)  11e. The Middle College (1-4 or 5 +)  12e. Date of the Middle, Last)  11e. The Middle College (1-4 or 5 +)  12e. Date of the Middle, Last)  21e. Date of the Middle, Last  10e. Due to (or the Middle, Last)  22e. Date of the Middle, Last  22e. Date of the Middle, Last  10e. Due to (or the Middle, Last)  22e. Date of the Middle, Last  22e. Date of the Middle, Last  22e. Date of the Middle, Last  22e. Date of the Middle, Last  22e. Date of the Middle, Last  22e. Date of the Middle, Last  22e. Date of the Middle, Last  22e. Date of the Middle, Last  22e. Date of the Middle, Last  22e. Date of the Middle, Last  22e. Date of the Middle, Last  22e. Date of the Middle, Last  22e. Date of the Middle, Last  22e. Date of the Middle, Last  22e. Date of the Middle, Last  22e. Date of the Middle, Last  22e. Date of the Middle, Last	REGISTRAR  1. DECEDENT'S NAME (First, Micdia, Last)  DOVOTHY  4. SOCIAL SECURITY NUMBER  276-36-0250  1	1. DECEDENTS NAME (First, Microsis, Lawi)  DOYDTHY  4. SOCIAL SECURITY NUMBER  276-36-0250  10	1. DECEDENTS MANE (First, Missing, Last)  DOYOTHY 4. SOCKAL SECURITY MANDER (F not institution, pive street and number) 4. SOCKAL SECURITY MANDER (F not institution, pive street and number)  See PACILITY MANDE (F not institution, pive street and number)  See PACILITY MANDER (F not institution, pive street and number)  Warryland  Harford  10. STATE  10. COUNTY  Marryland  Harford  12. WAS DECEDENT EVER IN U.S., ARMED 11. MARTILL STATUS 12. WAS DECEDENT EVER IN U.S., ARMED 13. WAS DECEDENT EVER IN U.S., ARMED 14. MARTILL STATUS 15. DECEDENTS EDUCATION  (Stocket) only highest grots constitution  SECRETIFICATE OF DECEDENT  12. WAS DECEDENT EVER IN U.S., ARMED 17. WAS DECEDENT EVER IN U.S., ARMED 18. DECEDENTS EDUCATION  (Stocket) only highest grots constitution  19. STATUS AND CEPTAL SERVICE ULCENSEE  AND ATTERD ADDRESS (Stock and Martines of Campulary County)  10. STATUS OF DEATH  10. STATUS  10. STATUS OF DEATH 10. STATUS  11. WAS DECEDENTS EDUCATION 11. WAS DECEDENTS UND IN U.S., ARMED 11. WAS DECEDENT OF HIRPY 11. WAS DECEDENT OF HIRPY 11. WAS DECEDENT OF HIRPY 11. WAS DECEDENT OF HIRPY 11. WAS DECEDENT OF HIRPY 11. WAS DECEDENT OF HIRPY 11. WAS DECEDENT OF HIRPY 11. WAS DECEDENT OF HIRPY 11. WAS DECEDENT OF HIRPY 12. WAS DECEDENT OF HIRPY 12. WAS DECEDENT EDUCATION 13. DECEDENTS EDUCATION 13. DECEDENTS EDUCATION 14. DECEDENTS EDUCATION 15. DECEDENTS EDUCATION 15. DECEDENTS EDUCATION 15. DECEDENTS EDUCATION 15. DECEDENTS EDUCATION 15. DECEDENTS EDUCATION 15. DECEDENTS EDUCATION 15. DECEDENTS EDUCATION 15. DECEDENTS EDUCATION 15. DECEDENTS EDUCATION 15. DECEDENTS EDUCATION 15. DECEDENTS EDUCATION 15. DECEDENTS EDUCATION 15. DECEDENTS EDUCATION 15. DECEDENTS EDUCATION 15. DECEDENTS 15. WAS DECEDENT OF HIRPY 15. WAS DECEDENT EDUCATION 15. DECEDENTS 15.	REGISTRAN PART MAKE (Pier, Models, Last)  1. DECEDENT NAME (Pier, Models, Last)  2. DECEDENT NAME (Pier, Models, Last)  2. DECEDENT NAME (Pier, Models, Last)  3. DECEDENT NAME (Pier, Models, Last)  4. SOCIAL SECURITY NAME (Pier, Models, Last)  4. SOCIAL SECURITY NAME (Pier, Models, Last)  4. SOCIAL SECURITY NAME (Pier, Models, Last)  4. SOCIAL SECURITY NAME (Pier, Models, Last)  4. SOCIAL SECURITY NAME (Pier, Models, Models)  4. SOCIAL SECURITY NAME (Pier, Models, Models)  4. SOCIAL SECURITY NAME (Pier, Models, Models)  4. SOCIAL SECURITY NAME (Pier, Models, Last)  5. SET (Pier, Models, Last)  5. SET (Pier, Models, Last)  6. STREET AND NAME (Pier, Models, Last)  6. STREET NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  6. DECEDENT'S USUAL COCCURRON (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  6. DECEDENT NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  7. FATHERS NAME (Pier, Models, Last)  8. DECEDENTIAL SERVICE LICENSEE  7. FATHERS NAME (Pier, Models, Models, Controlled)  8. DECEDENTIAL SERVICE LICENSEE  7. FATHERS NAME (Pier, Models, Models, Controlled)  8. DECEDENTIAL SERVICE LICENSEE  7. FATHERS NAME (Pier, Models, Models, Controlled)  8. DECEDENTAL SERVICE LICENSEE  8. DECEDENTAL SERVICE LICENSEE  8. DECEDENTAL SERVICE LICENSEE  9. DECEDENTAL SERVICE LICENSEE  9. DECEDENTAL SERVICE LICENSEE  9. DECEDENTAL SERVICE LICENSEE  9.	DECEDENT SAME (Pire, Mayer, Lang)  DOYOTH A SOUND SECONDAY MARRIED AT SAME (Pire, Mayer, Lang)  276-36-0250   1 2 2 2 3 4 7 4 7 195  39-14-15   1 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 1 1 2 2 2 2 1 1 2 2 2 2 1 1 2 2 2 2 1 1 2 2 2 2 1 1 2 2 2 2 1 1 2					

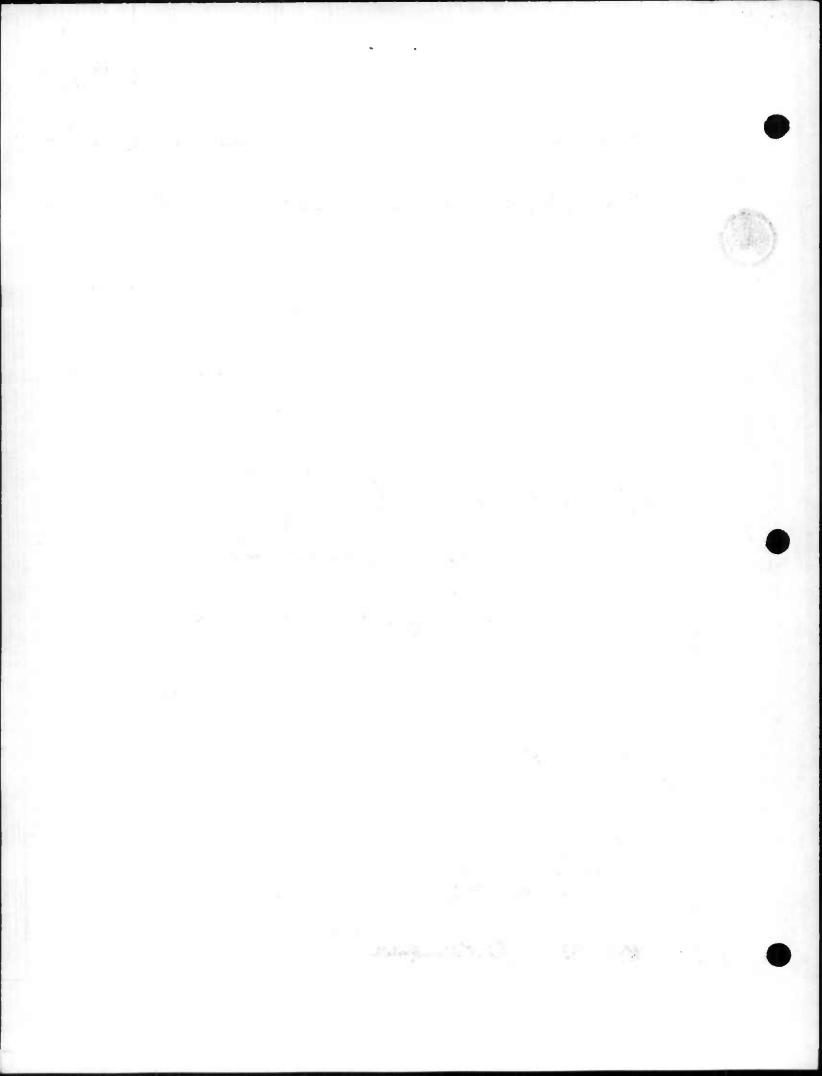


	1 - STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIENI REG. NO.	Ε	
	1. DECEDENT'S NAME (First, Middle, Last) MAURICE	E Din	TO	v Sr.	2. DATE OF DEATH	Y / YEAR	3. TIME OF DEATH 4-06 Am
	4. SOCIAL SECURITY NUMBER  387 - 44 - 0553 1 12 M 2 □ F 6. AGE (In y	rs. last birthday) IF U	INDER 1 YEAR THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 3/30/46	Cour	NPLACE (State or Foreign
OR	9a. FACILITY NAME (If not institution, give street and number) Greater Laurel & Beltsmil	le to 8th	A	R LOCATION OF DE		Prence	
DIRECTOR	10a. STATE M.D. Prince George	10c. CITY, TO	URE				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 15401 Alan Drive		10	20707			WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U FORCES? 1 X YES IF YES, GIVE WAR OR DATE 1966 - 196	S. ARMED 2 NO SS	If yes, sp		HC ORIGIN? (Specify Yea n, Puerto Ricen, etc.) /:	Bla	CE — American Indian, ck, White, etc. White
COMPLETED	(Specify only highest grade completed)  Elamentary/Secondary (0-12) College (1-4 or 5+)	Se. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during mo lred.)	st of working	16b. KIND OF BUS		
M M	Grade 12  17. FATHER'S NAME (First, Middle, Lust)	oreman -	Bulla		ME (First, Middle, Malden		
BE CC	Paul Ditton  19a. INFORMANT'S NAME (Nypo/Print)	Table Mail INC ADD	DECC (01-14	Madonn	ais Priser		
2	Donna Ditton				urel, Mary		107
	20s. METHOD OF DISPOSITION 1 V Surfal 2 Committee 3 Removal from Stale	LACE OF DISPOSITIO	N (Name of ce	metery, crematory or	20c. LO	CATION — City or	Town, State
	4 Donation 5 Other (Specify) MC  21. SIGNATURE OF PURERAL SERVICE LICENSEE	crykana v	22. NAME A	dson Fun		P.A.	e, Maryland
	23. PART I. Enter the disease or complications that caused to ahock, or heart feliure. List only one cause on asc immediate CAUSE (Final disease or condition resulting in death)  ACUTE  BUE TO (DR AS A C	MYO C	ARD	i $A \angle I$	h as cardiac or respi	ratory arrest,	Approximate interval Between Onset and Deatl
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	ONSEQUENCE OF):	RTE	RY D			
MEDICAL CE	PART II. Other algorificant conditions contributing to death but  HYPERLIPED  HYPERTENS	not resulting in the				AUTOPSY 2 RMED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 1/2, NO
SICIAN: M	25. WAS CASE REFERRED TO MEDICAL		26, F	LACE OF DEATH (C)	heck only one)		
SIC	EXAMINER?  1 YES 2 NO  NO  NO  NO  HOSPITAL:  1 Inputiant 2 M ER/Oulpet		THER:  Nursing Ho	ne 5 - Residence	6 Other (Specify)		
Y PHY	27. MANNER OF DEATN  1 Netural 5 Pending Investigation	28b. TIME O	W	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW	INJURY OCCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined  28a. PLACE OF INJURY – building, stc. (Specif)		it, factory, offi	00	281. LOCATION (Street City or Town, State		al Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2						e(a) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER Study Navy	ele M	D.	D 21	294	29d, DATE SIGN	5/92
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEAT ABDUL NAYEEM M.D. 34			ADE RO	AD, LAUR	EL, M	D. 20724
	31. DATE FILED (MOOT) Day, Your) , 92 32. REGISTRAN'S SIGNAL	TURE			,		



31. DAYE FILED (MONTH, Day, 1647) 92

	FOR 1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEP CERT	ARTME!	NT OF I	HEALTH AI	ND MENTAL HY	GIENE G. NO.	2	4793
	1. DECEDENT'S NAME (First, Middle, Last)  FUGENE	CARTY	1	-			2. DATE OF DE	ATH DAY	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	CARLY	AGE (In yrs. last birthde	EN	/		05	15	32/	2:157
	217-28-2027	TEM 2 □ F	59 YRS	MONTHS	B DAYS	HOURS M	(Month, Day,	Year)	Country)	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give		33	9b. Cl	TY, TOWN	OR LOCATION	2-21-		MARY]	
DIRECTOR	SOUTHERN MA	RYLAND,	Maspita	2		CLI	VTON			EORGES
	RESIDENCE OF DECEDENT  10s. STATE  10b. COUNT	Υ		CITY, TOWN	1001000	-1011		11/0"		
뜸	MARYLAND	CHARLES	100.							d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	OHARLES			A PL	AIA H. ZIP CODE		10g, CITIZ		T COUNTRY?
FUNERAL	RT.#4 BOX 42	68				20	646		J.S.A	١
E S	11. MARITAL STATUS	12. WAS DECEDENT EV FORCES? 1 X	ER IN U.S. ARMED	13	3. WAS DEC	CENDENT OF H	SPANIC ORIGIN? (Spe exican, Puerto Rican,	offy Yea or No.		American Indian,
B	1 Never Married 2 X Married 3 Widowed 4 Divorced	ARMY-K	OR DATES				pecify:	HC.)	Specify:	
	15, DECEOENT'S EDU	ICATION	18a. DECEDENT	T'S USUAL	OCCUPATI	ON	16P KIND	OF BUSINESS/INDL	IOTOV	BLACK
1 1	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind	of work done T use retired.	e durina mo	ost of working	100. KIND	OF BUSINESS/INDU	этнт	
COMPL			EN	GINE	EER		U.S	.GOVT.	N.C	) . S .
S	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	S NAME (First, Middle,			
H	SYLVESTER D	ENT			ICE MARI					
2	19b. INFORMANT'S NAME (Type/Frint)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  DOREEN C. DENT  SAME AS #10									
	20% METHOD OF DISPOSITION 20b, PLACE AND DATE OF DISPOSITION / DATE 20c LOCATION - CIty of Town State									
	XBuriel 2 Cremetion 3 Rem	oval from Stata	cemetery, crematory of	or other place HEAR	e)					
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	)	22	. NAME A	ND ADDRESS O	F FACILITY	LA PLAT		RYLAND
	Mulas	1 Ka		A	REH	ART FU	JNERAL H	OME, INC		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of duling such as cardiac or complications and									
	IMMEDIATE CAUSE (Stori									intarvai Batweer
	disease or condition resulting in death)	. (	arder	NO	ad	lar	callax	MO		Onset and Death
	DUE TO (OR AS A CONSEQUENCE OF):									
Z	Sequentially list conditions,									
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING									
FIC	CAUSE (Disease or Injury that initiated events	DUE TO (OR /	AS A CONSEQUENCE	DELLIA OFF	, <u>,</u>	myri	Durans	^		
H	resulting in death) LAST	. 105.075.0				Ų	1		ij	
O	DART II Other elevities at an elli									
MEDICAL	PART II. Other algnificant condition	e contributing to deat	h but not resultin	g in the u	inderlying	g cause giver		AS AN AUTOPSY ERFORMED?		RE AUTOPSY FINDINGS ILABLE PRIOR TO
0							10	ES 2 DIO		MPLETION OF CAUSE DEATH?
	9-								1 [	YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF DEATH	(Check only one)			
Sic	1 YES 2 NO	HOSPITAL:	Dutpetient 3 DOA	OTHE 4 Nu	R:		nce 8 Other (Specia	u .		
PHY	27. MANNER OF DEATH	28e. DATE OF INJUI (Month, Dey, Yes	RY 28b. T	IME OF	28c. INJ			HOW INJURY OCCU	RED	
ВУ	1 Natural 5 Pending 2 Accident Investigation	ES 2 NO								
ED	3 Suicida 6 Could not be	28s. PLACE OF INJI building, etc. (5	URY — Al home, farm Specify)	, atreet, fac	ctory, office		28f. LOCATION ( City or Town,	Street and Number or	Rural Route	Number,
ET								,		
COMPLET	(Check only one)	CIAN: To the best of my kr	nowledge, death occu	rred et lhe	time, date	and place, end	due to the cause(a) as	id manner ea stated		
8	2 MEDICAL EXAMINE	R: On the basis of examina	ation and/or investige	tion, in my	opinion, d	eath occured at	lhe lime, date and pla	ce, and due to the	cause(a) and	manner se stated.
BE	286. SIGHATURE AND TITLE OF CERTIFIE	1 An. On	1			THE LICENSE	NUMBER	29d. DATE	ENED (NO	ng. Day, Year)
0		- Comment	8			DO	1000	2	1019	L

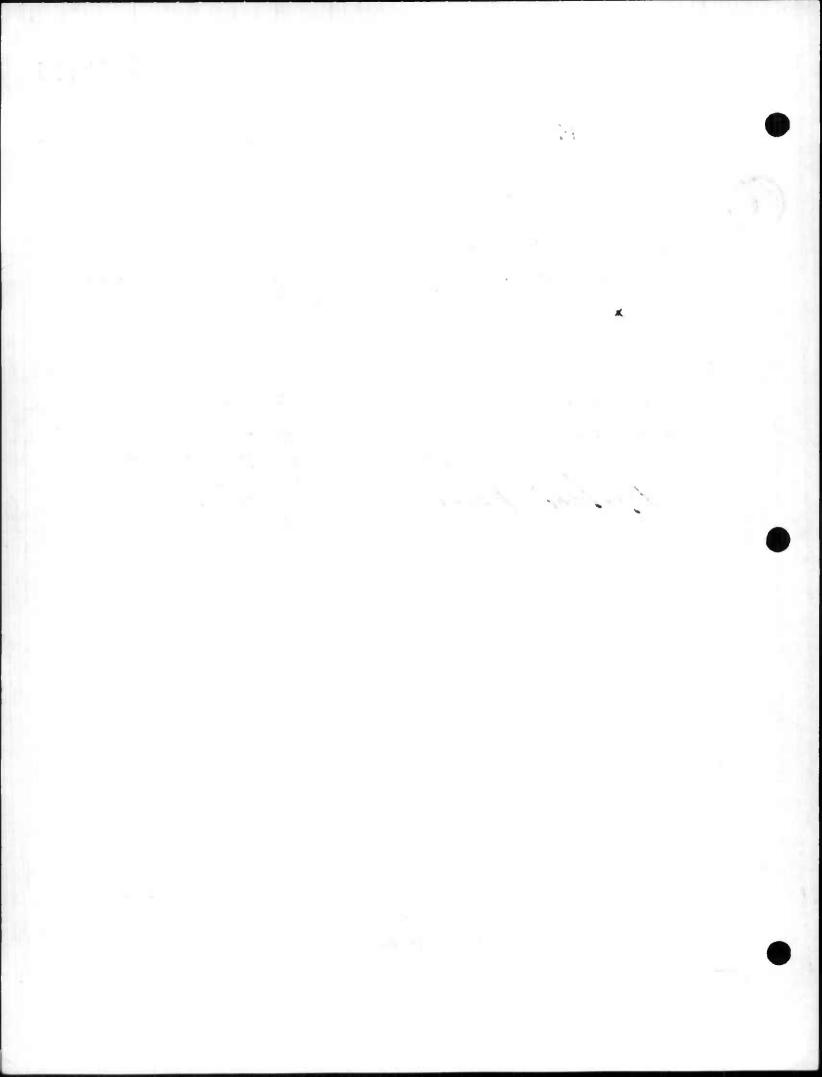


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A	AN	-
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a rours after death. P	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral has flad within 70 hours after cleant with the State Dent of Health and Mental Hartlene brion to build cremation, or removal	IMPORTANT: If Item 28 is marked, or Nem 23 shows any injury, or other traumatic event, the medical examin
오	F	E
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2	22	1

1 - STATE REGISTRAR		SIAIL OF I	IARYLAND / CE			E OF				EG. NO.			
1. DECEDENT'S NAME (Flist, Mi	ddle, Last) Demp	) SOV							2. DATE OF D	EATH DAY	1.0	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	OCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE C						ATE OF BIRTH 8. BIR			PLACE (State or Foreign			
163 05 4897		M 2 F	88	88 YRS.			HOURS	MIN.	Jan.8	,1904 Per		Penn	sylvania
	180 Cowan Road						9b. CITY, TOWN OR LOCATION OF DEATH Port Deposit					cil	AIR
RESIDENCE OF DECE		40 - 007	W TOWN	OR LOCATI	011								
180 Cowan F RESIDENCE OF DECE 100. STATE 10 Maryland	Maryland Cecil												10d. INSIDE CITY LIMITS?  1 YES 2 NO
								log. CITIZ		HAT COUNTRY?			
100. STREET AND NUMBER 180 Cowan F	load					1	21904	1			U	.S.A	
11. MARITAL STATUS  1 Never Merried 2 Me 3 Widowed 4 Divorce	rried		T EVER IN U.S. ARI				cify Cubar	n, Mexicen	IC ORIGIN? (Sp n, Puerto Rican :		No-	14. RACE Bleck, Specify	- American Indian, White, etc.
(Specify only his Elementary/Secondary (0-12	C		(GA	ne kind of Do NOT u	work done se retired.)	ccupation during mos	t of workin		Mi	etric			ances
17. FATHER'S NAME (First, Middle Richard C.	e, Last)  Demps	sey					18. MOTH		ME (First, Middle McLaugh		mame)		
19e, INFORMANT'S NAME (Type			196	MAILING	ADDRES	S (Street an	d Number		loute Number, C		Stets, Zip	Code)	-
Mary S. Den	psey		180	O Co	wan 1	Road	Poi	ct De	eposit	, MD.	219	04	
20a. METHOD OF DISPOSITION 1 XBuriel 2 Cremetion 4 Donation 5 Other (%	3 🗆 Remove	from State	20b. PLACE of other pla Lawn	ce)				atory or		20c. LOCA			
21. SIGNATURE OF FUNERAL S		eff	Dawn	CIO		NAME AN		PR OF EAC	NI ITY	CHIC	nest	er,	FR.
shock, or heart feliure. List only one cause on each line.								Approximate interval Between Onset and De					
if any, leading to immedia	that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
PART II. Other aignificant	conditions o	contributing to	death but not n	sulting	in the u	nderlying	cause g	lven in		WAS AN AL PERFORMI YES 2	ED?		WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
									-				1 TES 2 NO
25. WAS CASE REFERRED TO B							ACE OF D	EATH (Che	ock only one)				
1 TES 2 NO		OSPITAL:	ER/Outpatient 3	□ DOA	4 Nu	R: rsing Home	50 Re	aldence	6 Other (Spi	ecify)			
	27. MANNER OF DEATH  26a. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY AT WORK?  M 1 YES 2 NO												
3 Suicide 8 Co	3 Suicide 8 Could not be 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) City of Town State)												
(Check only	(Check only Check on Check only Check only Check on Chec												
29b. SIGNAPORE AND TITLE OF CENTIFIER							29c. LICE	NSE NUN	IBER	- 1	egd. DATE	SIGNED	(Month, Day, Year)
30. NAME AND ADDRESS OF P	ERSON WHO C	COMPLETED CALL	SE OF DEATH (ITES	1 27) (Time	Print)			015	314		> 5	115	192
Dr. Henry Fa	rkas	North	ern Che			е Но	spi	ce :	111 Ho	owar	d St	. E	lkton.
31. DATE FILED (Month, Day, Yes	r)	32. REGISTRA	R'S SIGNATURE									21	.921
MRI 1 / 32		man Dai	idson-Rand	الالال		_							

	1. DECEOENT'S NAME (First, Middle, L	Day				2. DATE OF OEA	DAY	YEAR 3. TIME OF OE	
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT	0	8. BIRTHPLACE (State or I	
	213-42-5464	1 0 M 2 0 F	7   YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Y		Country)	
	9a. FACILITY NAME (If not institution, g			9b. CITY, TOWN	OR LOCATION OF DE			ITY OF OEATH	
DIRECTOR	Stella Mari				Towson		Bal	timore	
IRE	10e. STATE 10b. COL			Y, TOWN OR LOCA	TION			10d, INSIDE CIT LIMITS?	
AL D	Maryland P:	rince Georges		Lanham				1 YES 2	
RA	9201 Lanham-Se	rorn Dd		74	M. ZIP CODE 2070	_	10g. CITIZ	ZEN OF WHAT COUNTRY?	
FUNER	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DE	CENDENT OF HISPAN		Ifv Ves or No-	U.S.A.	
BY F	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYE	ES 2 TNO	If yes, s	pecify Cuban, Maxican S 2 NO Specify	i, Puerto Ricen, el	ic.)	Black, White, atc. Specify:	
ED B								Black	
TE	15. DECEDENT'S I (Specify only highest g	rade completed)	16e. DECEOENT'S (Give kind of life. Do NOT u	WORK done during m se retired.)	ON ost of working	16b. KIND C	F BUSINESS/INDU	USTRY	
BL	Elementary/Secondary (0-12)	College (1-4 or 5+)		nemaker		0	wn Home		
COMBLET	17. FATHER'S NAME (First, Middle, Last)		HOL	lemaker	18. MOTHER'S NAM	ME (First, Middle, N	faiden Sumeme)		
BE C	Amos Bullett					Lewis	,		
0	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural R				
-	Frances Marble				-Severn R	d. Lanh	am, MD 2	20706	
	20e. METHOD OF DISPOSITION  1 Gurial 2 X Cremation 3 Removal from State  20b. PLACE AND DATE Of DISPOSITION (Name of cemetery, cremationy of atther place)								
	4 Donation 5 Other (Specify) 21. SIGNATURE OF FONE HAL SERVICE		metropol					iria, VA	
	X/.	Se Venezia de la companya della companya della companya de la companya della comp	1		ndon/Hale		1 Home		
-	23. PART I. Enter the diseases.	20 / 24	12		13 Annapo	lis Rd	. Lanhan	n, MD 20706	
	IMMPDIATE CAUSE (Final disease or condition	Ant.	each line.		oda of dying, auch		raspiratory arre	Approximintarval E Onset an	
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. Casty  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE O	anci h: tico	momo		respiratory arre	intarvai E	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Casty  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE O	anci h: tico			respiratory arre	intarvai E	
MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR AS	S A CONSEQUENCE O	arci Pi tico c	nomo	20 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AS AN AUTOPSY REFORMED?	intarvai E	
MEDICAL C	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in deeth) LAST  PART II. Other significant conditions.	a. DUE TO (OR AS  DUE TO (OR AS  OUE TO (OR AS  d	S A CONSEQUENCE O	F):  F):  In the underlyin	momo	Part I. 24a. W	AS AN AUTOPS Y	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?	
SICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in daeth) LAST	a. DUE TO (OR AS  DUE TO (OR AS  OUE TO (OR AS  d	S A CONSEQUENCE O	F):  In the underlyin  26. Pi  OTHER:	g cause given in F	Part I. 24a. Will PE 1 Y	AS AN AUTOPSY REFORMED? ES 2 M NO	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?  1  YES 2	
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Y PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 (V NO	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  OUE TO (OR AS  d.  HOSPITAL: 1   Inpatient 2   ER/Or  (Morth, Dey, Year, (Morth, Dey, Year,	S A CONSEQUENCE O	F):  in the underlyin  26. P)  OTHER: 4   Nursing Hone  E OF   28c. IN, URY   WC	g cause given in F	Part I. 24a. Will Pe 1 U Y	AS AN AUTOPSY PRES 2 M NO ES 2 M NO	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1  YES 2	
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ETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daeth) LAST  PART II. Other significant conditions are sequentially in the conditions of the conditions	a. DUE TO (OR AS  DUE TO (OR AS  C. OUE TO (OR AS  d	S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  B but not resulting  utpetient 3 DOA  Y  28b. Tim IN  RY — Al home, farm, in  pocify)	P:  F):  26. Pi  OTHER: 4   Nursing Hon  E OF   28c. IN, URY   M   1	g cause given in F	Part I. 24a. Will PE  1  Y  When the respect to the control of the respect to the	AS AN AUTOPSY REFORMED? ES 2 M NO  HOSPIC TOWN INJURY OCCU  These and Number of State)	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 V	
ETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in daeth) LAST  PART II. Other significant conditions and the condition of the conditio	a. DUE TO (OR AS  DUE TO (OR AS  C. OUE TO (OR AS  d. HOSPITAL: 1   Inpatient 2   ER/OR  (Month, Day, Year  (Month, Day, Year)  De 28a. PLACE OF INJUR  28a.	S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  The but not resulting  utpatient 3 DOA  Y  28b. TIM  IN  BY — Al home, farm, socily)  owledge, death occurrence.	F):  26. P)  OTHER: 4   Nursing Hon  E OF   28c. IN, URY   W    Intreet, factory, office  and at the time, date	g cause given in F	Part I. 24a. Will PE  1  Y  When the control of the course(a) and the course(a) and the course(a) and the course(a) and the course(a) and the course(a) and the course(a) and the course(b) and	AS AN AUTOPSY REFORMED? ES 2 M NO  HOSPIC OW INJURY OCCU  Street and Number of Street)  d manner as state.	24b. WERE AUTOPSY PANALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 V	
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BE COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in daeth) LAST  PART II. Other significant conditions in the condition of the condition	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  C. OUE TO (OR AS  d	S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  I but not resulting  utpettent 3 DOA  Y 28b. TiM INJ  Owledge, death occurre tion and/or investigation	F):  26. Pi  F):  In the underlyin  26. Pi  OTHER: 4   Nursing Hon  E OF 28c. IN, WC  I   III  Intreet, factory, office  and at the time, date  in, in my opinion, c	g cause given in F	Part I. 24a. Will PE 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	AS AN AUTOPSY REFORMED? ES 2 M NO  HOSpic HOSpic HOSpic HOSpic Street and Number of State)  d manner as stated be, and due to the	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1  YES 2 W	
E COMPLETED BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events reaulting in daeth) LAST  PART II. Other significant conditions are supported by the conditions of	a. DUE TO (OR AS  DUE TO (OR AS  C. OUE TO (OR AS  d. Litons contributing to death  HOSPITAL: 1   Inpatient 2   ER/OR  (Month, Day, Year  (Month, Day, Year  (Month, Day, Year)  IVSICIAN: To the best of my knot  INSICIAN: To the best of axaminst  FIER  A CLU  WHO COMPLETED CAUSE OF E	S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  I but not resulting  utpetient 3 DOA  Y 28b. TiM INJ  RY — Al home, farm, i cocity)  DEATH (ITEM 27) (Troe.)	F):  26. Pi  The state of the s	g cause given in F  LACE OF DEATH (Chorner 5   Rasidence 8  UURY AT  PYES 2   NO  a and piece, end due to the item occurred at the item	Part I. 24a. We PE 1 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	AS AN AUTOPSY REFORMED? ES 2 M NO  THOSPIC Timest and Number of State)  d manner as states ce, and due to the	24b. WERE AUTOPSY FAMALABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2 W	

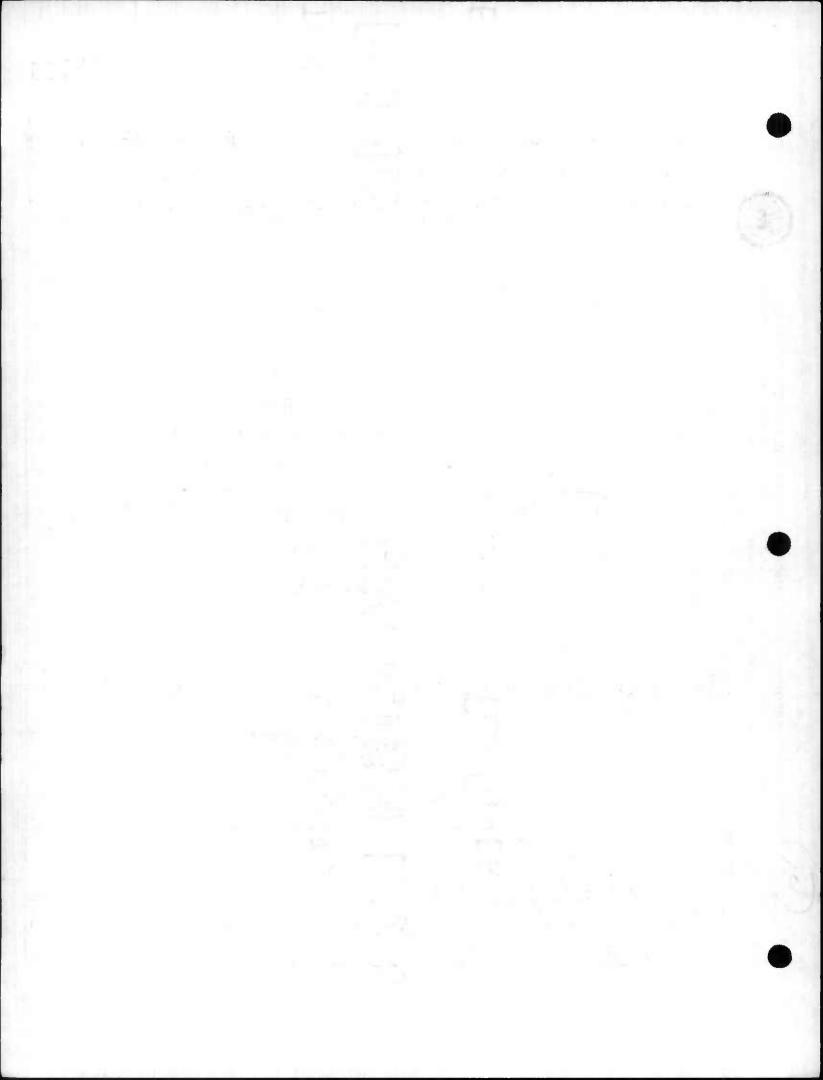




TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the bunal-transit permodel within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
THE HOSPITAL OR ATTENTO THE FUNERAL DIRECTOR OF filed within 72 hours after MPORTANT. If item 28	

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CERTIFIC	CATE OF DEATH	REG. NO.				
1. DECEDENT'S NAME (First, Mic	W DOLOL	RES DUMAIS	7	2. DATE OF DEATHON	/30/92 <sub>AR</sub>	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 013-24-69	5. SEX 1 □ M 2 X F		F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 0 6 07	04 8. BIRTHE	CANADA		
Sa. FACILITY NAME (I not instituted by the country Land	WREL Belti	ille Hosp.	Soukes.		PG G	ATH CO		
RESIDENCE OF DECECTION. STATE 10  MARYLAND P	b. COUNTY	10c. CITY,	TOWN OR LOCATION			10d. INSIDE CITY		
	RINCE GEORGE	LAUF	REL			1 YES 2 NO		
10e. STREET AND NUMBER 16209 LAUREL 11. MARITAL STATUS	RIDGE DRIVE		101. ZIP CODE 20707		10g. CITIZEN OF W	HAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 X X Mai 3 Wildowed 4 Divorced	IF YES, GIVE W	TEVER IN U.S. ARMED  YES 200 NO  AR OR DATES	RMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, atc.)  1  YES 2 ANO Specify:  12. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— Black, W)  Specify:					
15. DECEDI (Specify only hi	ENT'S EDUCATION phost grade completed)	16a. DECEDENT'S U:	SUAL OCCUPATION	16b. KIND OF BUS	INESS/INDUSTRY	WHITE		
15. DECEDE (Specify only his Elementary/Secondary (0-12) 6 6 17. FATHER'S NAME (First, Middle NAME) 15. DATE:		SEAMSTRE	rk done during most of working retired.)	CASKET (	COMPANY			
17. FATHER'S NAME (FIRST, MIDDLE XAVIER DAIGLE	e, Last)			NAME (First, Middle, Maiden :				
19a. INFORMANT'S NAME (Type	Print)	19b. MAILING A	DDRESS (Street and Number or Rui	el Route Number, City or Town	, State, Zip Code)			
RICHARD DUMAI	S	16209 1	AUREL RIDGE D	RIVE, LAUREI	L, MD 20	707		
Atla Burial 2 Cremation 4 Donation 5 Other (Sp		20b. PLACE AND DATE OF COMPANY OF ST. MARY OF	of disposition (Name		CATION — City of TON REL, MARY			
21. SIGNATURE OF FUNERAL S	TO DO ON	,	FLECK FUNERA 7601 SANDY S			MD 20707		
Sequentielly list condition if any, leading to immedia ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	DUE TO	(OR AS A CONSEQUENCE OF):						
25. WAS CASE REFERRED TO N EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH	conditions contributing to		the underlying ceuse given	In Part I. 24a. WAS AN PERFOR	MED?	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF OEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO N EXAMINER?	HOSPITAL:		26. PLACE OF DEATN	(Check only one)				
1 YES 2 NO	1 - inpetient 2 -	ER/Outpatient 3 DOA	I ☐ Nursing Nome 5 ☐ Rasiden					
27. MANNER OF GEATH	28a, DATE OF (Month, D	INJURY 28b. TIME INJU	RY WORK?	28d. DESCRIBE HOW II	NJURY OCCUREO			
	2 Accident 3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, atreet, factory, office building, etc. (Specify) 28e. PLAC							
2 Accident Invo	estigation 28e. PLACE O	F INJURY — At home, farm, att etc. (Specify)	reet, factory, office		and Number or Rural R	oute Number,		
2 Accident Invo	uld not be armined 28e. PLACE O building.	etc. (Specify) my knowledge, death occurred	est, factory, office  I at the time, data and place, and I in my opinion, death occured at	City or Town, State) due to the cause(a) and mar	nner an stated.			
2 Accident Inv 3 Suicide 8 Co 4 Homicide 8 Co (Check only one) 2 MEDICA  29b. SIGNATURE AND TITLE 0	vind not be armined  28e. PLACE O building,  28e. PLACE O building,  28e. PLACE O building,  28e. PLACE O building,  28e. PLACE O building,	my knowledge, death occurred xamination and/or investigation	at the time, date and place, and in my opinion, darth occurred at	City or Town, State) due to the cause(a) and mar the time, data and place, an	nner an stated.	and manner as stated.		
2 Accident Inv 3 Suicide 8 Co 4 Homicide 8 Co (Check only one) 2 MEDICA  29b. SIGNATURE AND TITLE 0	vid not be armined 28e. PLACE O building, 28e	my knowledge, death occurred xamination and/or investigation  SE OF DEATN (ITEM 27) (Type, I	at the time, date and place, and in my opinion, darth occurred at	City or Town, State) due to the cause(a) and mar the time, data and place, an	nner as stated.	and manner as stated.		



examiner must be notified at once.	IMPORTANT: It leam 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ï	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
e funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
death. Page 6 may be retained by the hos	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-riours after death, Page 6 may be retained by the hos

Superity   Superity	1. DECEDENT'S NAME (First,	Middle, Lest)				<i>/</i> /(1 & )	OF DEA		2. DATE C	REG. NO		3.3	TIME OF DEATH
4. SOLAL RECIPITY NUMBERS 4. SERV. 2. 24 5 2 7.3 3  5. SERV. 4. ANGE (P. YER ALL SCHOOL) 4. SERVICE MANUEL STATE CONTINUE STATE CONTINUE STATE STATE 4. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE STATE 5. SERVICE WAS ALL SCHOOL OF SERVICE WAS ALL SCHO									MONTH	D			
1. 1				8. AGE (In yrs. les	st birthday)	IF UNDER 1 Y	EAR IF UNDER	7 24 HRS.	7 DATE O	F BURTH	7 7 -	B. BIRTHPLA	
MALCOLM GROW MEDICAL CENTER  ANDREWS AFB, MD 20331  PRINCE GEORGE'S  MINE GROWN MEDICAL CENTER  ANDREWS AFB, MD 20331  PRINCE GEORGE'S  No. GIVIT, TOWN ON LOCATION  OXON H:11  15. WAS DECEMBERT SHOWN MARKER  15.08 Jarvis Avenue  15.08 Jarvis Avenue  15. WAS DECEMBERT SHOWN SHOWN OF THE SHOWN DEVELOPED THE SHOWN OF THE SHOWN DEVELOPED THE SHOWN	224 JZ 1/33			62	YRS.				May		29	Country) hilip	pine Is.
No. CONTY   MARY   AND CONTY   No. CONTY	MALCOLM GRO	W MEDI		ER						1			
15. DECEMBER 19.	10a. STATE	10b. COUNTY											LIMITS?
1.508 Jarvis Avenue  11. Maker Marks Stribs  12. Mas DECEDENT EVEN N U.S. AMARD  13. NAS DECEDENT FORMAT (Specify Yes or No—  13. The Name Marks (Specify Yes or No—  14. NAME DECEDENT SUBJECT OF HISTORY Maker (Specify Yes or No—  15. DECEDITY SUBJECT OF HISTORY MAKER (Specify Yes or No—  15. DECEDITY SUBJECT OF HISTORY MAKER (Specify Yes or No—  15. DECEDITY SUBJECT OF HISTORY MAKER (Specify Yes or No—  15. DECEDITY SUBJECT OF HISTORY MAKER (Specify Yes or No—  15. DECEDITY SUBJECT OF HISTORY MAKER (Specify Yes or No—  15. DECEDITY SUBJECT OF HISTORY MAKER (Specify Yes or No—  15. DECEDITY SUBJECT OF HISTORY MAKER (Specify Yes or No—  15. DECEDITY SUBJECT OF HISTORY MAKER (Specify Yes or No—  15. DECEDITY SUBJECT OF HISTORY MAKER (Specify Yes or No—  15. DECEDITY SUBJECT OF HISTORY MAKER (Specify Yes or No—  15. DECEDITY SUBJECT OF HISTORY MAKER (Specify Yes or No—  15. DECEDITY NAME (Specify Yes or No—  15. DECEDITY SUBJECT OF HISTORY MAKER (Specify Yes or No—  15. DECEDITY NAME (Specify Yes or No—  15. DECEDITY SUBJECT OF HISTORY MAKER (Specify Yes or No—  15. DECEDITY NAME (Specify Yes or N		Princ	e George	S	03	con H	7	,-			Tan OFFI	74.4	
1. MART METRICS   Married   1. Mart Metrics   1. Married   1. MART DECEMBER (PERS NAME													COUNTRY
Securitially list conditions   Securitially list conditions		s_Aven		EVED IN II C AE	MED	I 49 WM			no Palonia				
Several Properties   Several	1 Never Married 2   1		FORCES? 1	YES 2 1	NO	If y	es, specify Cubi	en, Mexica	n, Puerto Ri		s or No—	Black, WI	ilte, etc.
Control of Whithert productorphoton   Control Control of Control	15, DECE	DENT'S EDUC	ATION	16a, DE	CEDENT'S U	SUAL OCCI	JPATION		16b.	KIND OF BU	SINESS/INDI		
12 U. S. Navy  Military  17. FATHERS NAME (First, Mickin, Lati) Julian DeGuzman  18a. NOTHER'S NAME (First, Mickin, Mickin, Lati) Julian DeGuzman  18b. MALING ADDRESS (Street and Number or Paral Route Number, City or Rum, Strin, Zip Code) Linda DeGuzman  150. Barlar 2 Centerion of DePosition 1508 Jarvis Ave. Oxon Hill, Maryland 20745  28a. METHOD OF DISPOSITION (Russed or camelary commelary or analysis) 28b. PLACE OF DISPOSITION (Russed or camelary commelary or analysis) 28b. PLACE OF DISPOSITION (Russed or camelary commelary or accuse on each film.  150. PLACE OF DISPOSITION (Russed or camelary commelary or accuse on each film.  27b. PLACE OF DISPOSITION (Russed or camelary commelary or accuse on each film.  150. PLACE OF DISPOSITION (Russed or camelary commelary or accuse on each film.  150. PLACE OF DISPOSITION (Russed or camelary commelary or accuse on each film.  150. PLACE OF DEATH (Check only arrest, interval Brown interval Brown or each film.  150. PLACE OF DEATH (Check only and Check Print Film or accuse of each film.  150. PLACE OF DEATH (Check only and Check Print Film or accuse of each film.  150. PLACE OF DEATH (Check only and Check Print Film or accuse of each film.  150. PLACE OF DEATH (Check only and Check Print Film or accuse of each film.  150. PLACE OF DEATH (Check only and Check Print Film or accuse of each film.  150. PLACE OF DEATH (Check only and Check Print Film or accuse of each film.  150. PLACE OF DEATH (Check only and Check Print Film or accuse of each film.  150. PLACE OF DEATH (Check only and Check Print Film or accuse of each film.  150. PLACE OF DEATH (Check only and Check Print Film or accuse of each film.  150. PLACE OF DEATH (Check only and Check Print Film or accuse of each film.  150. PLACE OF DEATH (Check only and Check Print Film or accuse of each film.  150. PLACE OF DEATH (Check only and Check Print Film or accuse of each film.  150. PLACE OF DEATH (Check only and Check Print Film or accuse of each film.  150. PLACE OF DEATH (Check only and Check Print Film or accuse of	(Specify only	highest grade o	completed)	(G	ilve kind of wo	rk done duri	ing most of world	ng	1000	and or bo	SINESSTINE	31111	
TV. PATHEN'S NAME (Pist, Middin, Laid)  Julian DeGuzman  150. MARLING ADDRESS (Sibed and Number or Part Routh Number, City or Even, Stein, 2D Code)  Linda DeGuzman  150. MARLING ADDRESS (Sibed and Number or Part Routh Number, City or Even, Stein, 2D Code)  Linda DeGuzman  150. MARLING ADDRESS (Sibed and Number or Part Routh Number, City or Even, Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Number or Part Routh Number, City or Even, Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Part Routh Number, City or Even, Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Part Routh Number, City or Even, Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Part Routh Number, City or Even, Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Part Routh Number, City or Even, Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Part Routh Number, City or Even, Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Part Routh Number, City or Even, Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Part Routh Number, City or Even, Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Part Routh Number, City or Even, Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Part Routh Number, City or Even, Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Part Routh Number, City or Even, Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Part Routh Number, City or Even, Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Part Routh Number, City or Even, Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Part Routh Number, City or Even, Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Marling Address and Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Marling Address and Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Marling Address and Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Marling Address and Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Marling Address and Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Marling Address and Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Marling Address and Stein, 2D Code)  150. MARLING ADDRESS (Sibed and Marling		/			U.S.	Navv				Mili	tarv		
Sequentially list conditions resulting in death)   Due to (on as a consequence or):	17. FATHER'S NAME (First, Mic	idle, Last)					18. MOT	HER'S NA	ME (First, M				
190. INFORMANT'S NAME (**pper*Prior*)  Linda DeGuzman  1508 Jarvis Ave. Oxon Hill, Maryland 20745  20a. METHOD OF DISPOSITION 1508 Jarvis Ave. Oxon Hill, Maryland 20745  20b. PLACE OF DISPOSITION (**mine of comethy, company) AT Jington National Cemetery Cemy State  20b. PLACE OF DISPOSITION (**mine of comethy, company) AT Jington National Cemetery AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington National Cemetery AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington National Cemetery AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington National Cemetery AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington National Cemetery  AT Jington, National Cemetery  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, National Cemetery  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, National Cemetery  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, Virginia  20c. LOCATION — City or Town, State  AT Jington, Virginia  20c. Location  AT Jington, Virginia  20c. Location  AT Jington, Virginia  20c. Location  AT Jington, Virginia  20c. Location  AT Jington, Virginia  20c. Location  AT	Julian	DeGuzm	an						27.	ATTITUTES.	11 = 27		
20s. METHOD OF DISPOSITION 12S BATHAL 2 Commentation 3   Removal from State   20s. PLACE OF DISPOSITION (filters of commenter, commentary, commentary or applications of commentary and commentary or control provided in the commentary of the commen				19	b. MAILING A	DORESS (S	treet and Numbe	r or Rural I	Route Numbe	r, City or Tov	vn, State, Zlp (	Code)	
A   Donated   S   Other (Spooth)										2074	5		
22. PART I. Enter the Missesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inhock, of heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  A CARDIOGENIC SHOCK  DUE TO (OR AS A CONSEQUENCE OF):  MYOCARDIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):  MYOCARDIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):  The conditions of heart failure and the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inhock, of heart failure. List only one cause on each line.  CARDIOGENIC SHOCK  DUE TO (OR AS A CONSEQUENCE OF):  MYOCARDIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):  The conditions of the cause of heart inhock only one)  DUE TO (OR AS A CONSEQUENCE OF):  The conditions of the cause of heart inhock only one)  The conditions of the cause of heart inhock only one)  The conditions of the cause of heart inhock only one)  The conditions of the cause of heart inhock only one)  The conditions of the cause of heart inhock only one)  The conditions of the cause of heart inhock only one)  The conditions of the cause of heart inhock only one)  The conditions of the cause of heart inhock only one)  The conditions of the cause on the cause of heart inhock only one)  The conditions of the cause on the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of th	20s. METHOD OF DISPOSITION  1 XI Burlal 2 Cremation 3 Removal from State  20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place)									State			
22. PART I. Enter the Missesses, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inhock, of heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  A CARDIOGENIC SHOCK  DUE TO (OR AS A CONSEQUENCE OF):  MYOCARDIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):  MYOCARDIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):  The conditions of heart failure and the caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, inhock, of heart failure. List only one cause on each line.  CARDIOGENIC SHOCK  DUE TO (OR AS A CONSEQUENCE OF):  MYOCARDIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):  The conditions of the cause of heart inhock only one)  DUE TO (OR AS A CONSEQUENCE OF):  The conditions of the cause of heart inhock only one)  The conditions of the cause of heart inhock only one)  The conditions of the cause of heart inhock only one)  The conditions of the cause of heart inhock only one)  The conditions of the cause of heart inhock only one)  The conditions of the cause of heart inhock only one)  The conditions of the cause of heart inhock only one)  The conditions of the cause of heart inhock only one)  The conditions of the cause on the cause of heart inhock only one)  The conditions of the cause on the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on each line.  The conditions of the cause on the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of the cause of th	4 Dongton 5 Other (Specify) Arlington National Cemetery Arlington								ingto	n, Vi	rginia		
22. WAS CASE REFERRED TO MEDICAL EXAMINED.  23. WAS CASE REFERRED TO MEDICAL EXAMINED.  24. WAS CASE REFERRED TO MEDICAL EXAMINED.  25. WAS CASE REFERRED TO MEDICAL EXAMINED.  26. PLACE OF DEATH  1   Netural S   Pending   Pend	George P. Kalas Funeral Home												
MYOCARDIAL INFARCTION  DUE TO (OR AS A CONSEQUENCE OF):  curse. Enter UNDERLYING CAUSE (Disease or injury that inhiteded events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  PART H. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural S Pending Investigation  28a. DEATE OF DEATH (Check only one)  27a. MANNER OF DEATH  1 Natural S Pending Investigation  27a. MANNER OF DEATH  27a. MANNER OF DEATH  27a. MANNER OF DEATH  27a. MANNER OF DEATH  27b. Inperfect 2 ENOUNDERTOR INJURY MINURY OCCURED  27b. MANNER OF DEATH  27c. MANNER OF DEATH  27c. MANNER OF DEATH  27d. Inperfect 2 ENOUNDERTOR INJURY MINURY OCCURED  27d. MANNER OF DEATH  27d. Inperfect 2 ENOUNDERTOR INJURY MINURY OCCURED  27d. MANNER OF DEATH  27d. MORRY  27d. M	iMMEDIATE CAUSE (Findisease or condition	ert failure. L ni	omplications that caused the death. Do not enter the mode of dying, such a list only one cause on each line.  CARDIOGENIC SHOCK						h as cardi	ac or resp	iratory arre	et,	Approximate Interval Betwee Onset and Dear
If any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contribution part in the underlying cause given in Part I.  PART II. Other significant conditions contribution part II.  PART II. Other significant conditions contribution part II.  PART II. Other signi		-											
DUE TO (OR AS A CONSEQUENCE OF):  DUE TO	if any, leading to immed	liate	DUE TO (	OR AS A CONSE	QUENCE OF):								
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  28. DATE OF INJURY AT WORK?  28. DATE OF INJURY AT WORK?  3 Suicide 8 Could not be determined  28. PLACE OF INJURY AT NORK?  M 1 YES 2 ND  28. DATE OF INJURY AT WORK?  1 YES 2 ND  28. DATE OF INJURY AT WORK?  28. DATE OF INJURY AT WORK?  29. DESCRIBE HOW INJURY OCCURED  28. PLACE OF INJURY AT WORK?  29. DESCRIBE HOW INJURY OCCURED  28. PLACE OF INJURY AT WORK?  29. DESCRIBE HOW INJURY OCCURED  28. PLACE OF INJURY AT WORK?  29. DESCRIBE HOW INJURY OCCURED  28. PLACE OF INJURY AT WORK?  29. DESCRIBE HOW INJURY OCCURED  28. PLACE OF INJURY AT WORK?  29. DESCRIBE HOW INJURY OCCURED  28. PLACE OF INJURY AT WORK?  29. DESCRIBE HOW INJURY OCCURED  28. PLACE OF INJURY AT WORK?  29. DESCRIBE HOW INJURY OCCURED  28. PLACE OF INJURY AT WORK?  29. DESCRIBE HOW INJURY OCCURED  28. PLACE OF INJURY AT WORK?  29. DESCRIBE HOW INJURY OCCURED  28. PLACE OF INJURY AT WORK?  29. DATE OF INJURY AT WORK?  29. DESCRIBE HOW INJURY OCCURED  28. PLACE OF INJURY AT WORK?  29. DESCRIBE HOW INJURY OCCURED  28. PLACE OF INJURY AT WORK?  29. DESCRIBE HOW INJURY OCCURED  28. DATE OF INJURY AT WORK?  29. DESCRIBE HOW INJURY OCCURED  29. DESCRIBE HOW IN	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):												
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1 YES 2 NO  28. DATE OF INJURY	PART ii. Other significan	nt conditions	s contributing to	death but not	resulting in	the unde	rlying cause	given in	Part I.			AMP	LABLE PRIOR TO
EXAMINER?  1 YES 2 NO  NO PETAL: 1 PES 2 NO  THER: 4 Number of DEATH  1 Natural 5 Pending Investigation 3 Suicide 4 Number of DEATH  28a. DATE OF INJURY (Month, Dey, Year)  North, Dey, Year)  28b. TIME OF INJURY NORTRY										1   YES	NO KY	OF	DEATH?
1 VES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Nursy M 1 VES 2 ND 28a. DATE OF INJURY (Month, Dey. Year) 28b. TIME OF INJURY AT WORK? 3 Suicide 5 Could not be determined 28c. INJURY AT WORK? 4 Nursing Home 5 Residence 6 Other (Specify) 28c. INJURY AT WORK? 5 Pending Investigation 2 Number of Fursi Fourier Number, 1 VES 2 ND 28c. INJURY AT WORK? 6 NOR 1 VES 2 ND 28c. INJURY AT WORK? 6 NOR 1 VES 2 ND 28c. INJURY AT WORK? 6 NOR 1 VES 2 ND 28c. INJURY AT WORK? 6 NOR 1 VES 2 ND 28c. INJURY AT WORK? 6 NOR 1 VES 2 ND 28c. INJURY AT WORK? 6 NOR 1 VES 2 ND 28c. INJURY AT WORK? 6 NOR 1 VES 2 ND 28c. INJURY AT WORK? 6 NOR 1 VES 2 ND 28c. INJURY AT WORK? 6 NOR 1 VES 2 ND 28c. INJURY AT WORK? 6 NOR 1 VES 2 ND 28c. INJURY AT WORK? 6 NOR 1 VES 2 ND 28c. INJURY AT WORK? 6 NOR 1 VES 2 ND 28c. INJURY AT WORK? 6 NOR 1 VES 2 ND 6 NOR 1 VE		MEDICAL					26. PLACE OF 1	DEATH (Ch	eck only one	)		1	
27. MANNER OF DEATH  1 Netural 2 Accident 3 Suicide 8 Could not be determined  28. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide  29. CERTIFIER (Check only one)  20. CERTIFIER (Check only one)  20. CERTIFIER (Check only one)  20. CERTIFIER (Check only one)  20. CERTIFIER (Check only one)  20. CERTIFIER (Check only one)  20. CERTIFIER (Check only one)  20. CERTIFIER (Check only one)  20. CERTIFIER (Check only one)  20. CERTIFIER (Check only one)  20. CERTIFIER (Check only one)  20. CERTIFIER (Check only one)  20. CERTIFIER (Check only one)  20. CERTIFIER (Check only one)  21. CERTIFIER (Check only one)  22. CERTIFIER (Check only one)  23. CERTIFIER (Check only one)  24. CERTIFIER (Check only one)  25. INJURY AT WORK?  1   YES 2   ND  26. INJURY AT WORK? 2   YES 2   ND  26. INJURY AT WORK? 2   YES 2   ND  26. INJURY AT WORK? 2			HOSPITAL: OTHER:							(Snaclfv)			
3 Suicide 4 Homicide  28. Could not be determined  28. CERTIFIER (Check only one)  29. CERTIFIER (Check only one)  29. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as a second of the cause(s) and	27. MANNER OF DEATH  1 Natural 5		28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK?								INJURY OCC	URED	
(Check only 1 CERTIFYING PHYSICIAN: 10 the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  2 MEDICAL EXAMINER. On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as a	3 Suicide 8 G	Could not be	28e. PLACE Of building, o	FINJURY — At he etc. (Specify)	ome, farm, str	eet, factory	, office					or Rural Route	Number,
									43.00				
296. SIGNATURE AND TITLE OF CONTINUED 29d. DATE SIGNED (Month, Day, Year)	(Check only												d manner on eleted

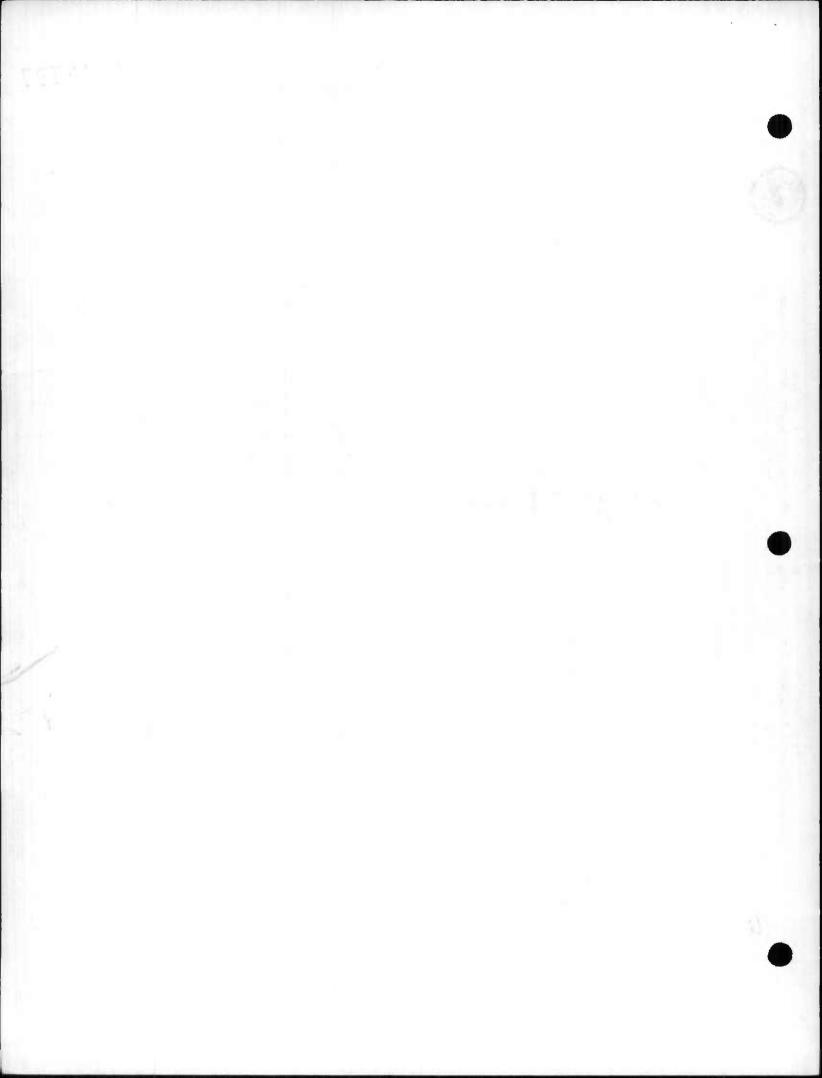
HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

MALCOLM GROW MEDICAL CENTER

ROY G. SOTO, CAPT, USAF, MC 31. DATE FILED (Month, Day, Year)

20331-5300

32. REGISTRAR'S SIGNATURE Julia Day doon-Randall



1		シノ	es I sa
	020	ohysician.	burial-transit permit. Page
	BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2 4 second
	E, MARYL	y be retained by	page 5 should be
	BALTIMOR	er death. Page 6 ma	he funeral director,

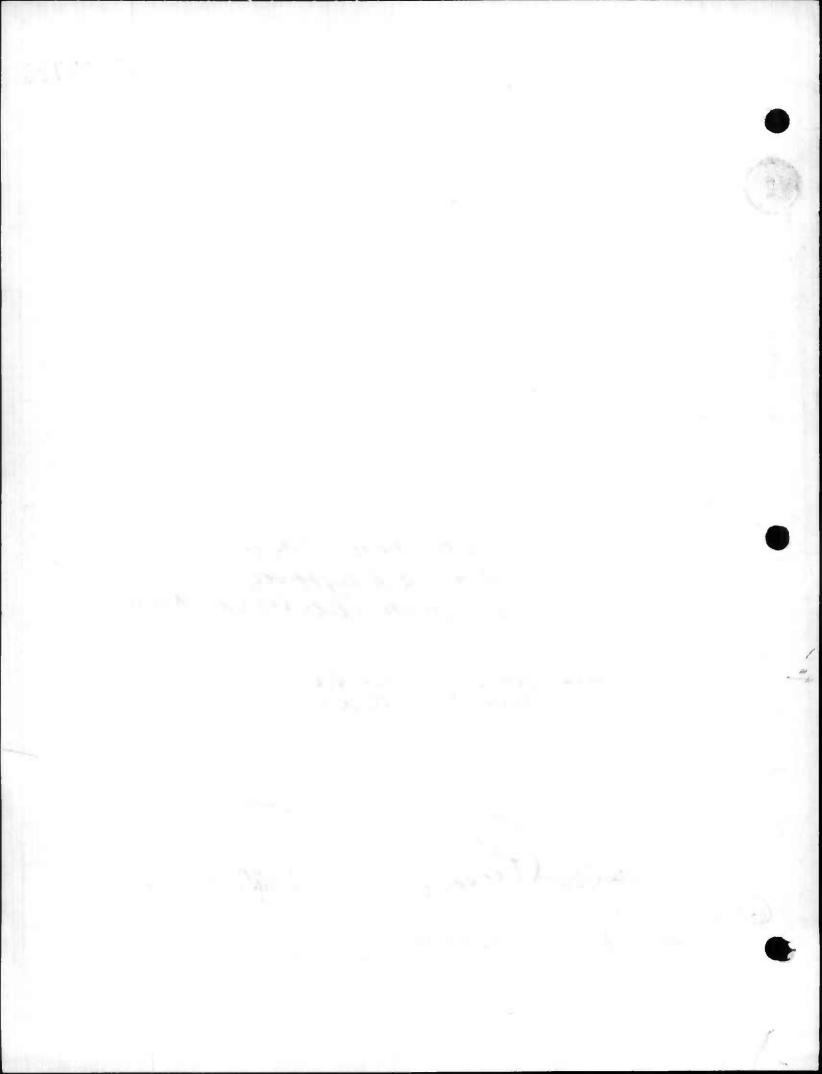
FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	CATE OF DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH		3. TIME OF DEATH	
	Richard L. DF	EEDS			MAY 3,199		7:23 P M	
	4. SOCIAL SECURITY NUMBER		E (In yrs. last birthday)	IF UNDER 1 YEAR				
				IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year)	8. BH	RTHPLACE (State or Foreign untry)	
	173-12-5031	1 <b>X</b> XM 2 ☐ F	74 YRS.		9/21/17	Per	nnsylvania	
	9e. FACILITY NAME (If not institution, give	street and number)		96. CITY, TOWN OR LOCATION OF D	EATN	9c. COUNTY O	F DEATH	
DIRECTOR	DOCTORS COMMUNI	TY HOSPITAL		LANHAM		PRINCE	GEORGE'S	
5	RESIDENCE OF DECEDENT					TRINOL	OHORGE D	
#	10e. STATE 10b. COUNT			, TOWN OR LOCATION			10d. INSIDE CITY LIMITS?	
□	Maryland Prin	ce George's	Нуа	ttsville			1X YES 2 □ NO	
AL	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?	
R	5402 76th Court			20784		United	States	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER	LIN U.S. ARMED	13. WAS DECENDENT OF HISPA	NIC OBIGINS (Secolo: Vo.			
	1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 X YE	S 2 NO	if yes, specify Cuban, Mexic	an, Puerto Rican, atc.)	В	ACE — American Indian, lack, White, etc.	
84	3 Widowed 4 Divorced	IF YES, GIVE WAR OR		1 TYES 2 NO Speci	fy:	Sı	White	
	15. DECEDENT'S EDI	World War I						
	(Specify only highest grad	le completed)	(Give kind of v	USUAL OCCUPATION rork done during most of working e retired.)	16b. KIND OF BU			
2	Elementary/Secondary (0-12)	College (1-4 or 5+)			Md. Dep	c. or H	lghway &	
¥	8th		Highway	Maintenance	Traffic			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	AME (First, Middle, Maiden	Surname)		
8E	William De	eeds		Ellen	N/A			
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or Rural	Route Number, City or Tow	n, State, Zip Code)		
9	Dennis A Deeds		9209 L	anham Severn Rd	. Lanham. N	farvlanc	1 20706	
	20a. METHOD OF DISPOSITION	2		OF DISPOSITION (Name of		CATION — City of		
	1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	neval from State	emetery, crematory or ot					
	21. SIGNATURE OF FUNDAME SPINNE L	CENSEE	FOIL LINC	22. NAME AND ADDRESS OF F	MCHITYET T I	rentwood	Maryland	
	. 4			3401 Bladens	burged Bro	icoln fi	ineral Home, In	
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	resulting in death)	S. DUE TO/OR AS	A CONSECUENCE OF	out out	<u></u>			
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		wed a	Me Co	leuln			1 TYES 2 NO	
PHYSICIAN: M								
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?		-	26. PLACE OF DEATH (CI	heck only one)			
S	1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Ou	ripetient 3 DOA	OTHER:	6 Other (Specify)			
Ŧ	27. MANNER OF DEATH	28s. DATE OF INJURY		OF 28c. INJURY AT	28d. DESCRIBE HOW I	NJURY OCCURED		
	1 Haturel 5 Pending	(Month; Day, Year)	i inchi	WORK?  1 ☐ YES 2 ☐ NO				
BY	2 Accident Investigation 3 Suicide & Could get be	28s. PLACE OF INJUI	RY At home, farm, s		261 LOCATION (Street	and Marshar and Original	-10	
	4 Homicide Could not be determined	building, etc. (Sp	ectly)	Anna design by source	261. LOCATION (Street of City or Town, State)	ING NOTHOGE OF PION	ai noute rumber,	
COMPLETED						· · · · · · · · · · · · · · · · · · ·		
릴				d at the time, date end place, end due				
8	O'N) 2 MERICAL EXAMIN	ER: On the basis of kaminat	Ion end/or investigation	n, in my opinion, death occured at the	time, date end place, en	d due to the ceue	e(e) and menner se stated.	
	296. SIGNATURE AND TITLE OF CERTIFIE	n // -	-	29c. LICENSE NU	MRFRen	PON DATE SIGN	ED (Month, Day, Year)	
H	BX1111	ex/-ex	7)	009	15/1945/	1.		
2	30. NAME AND ADDRESS OF PERSON W			Annel y 1	go I C	May	4, 1992	
	0	- The second contract Of the	Committee and Likhair					
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	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG						

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician, filled in by the funnel director, page 5 should be detached for use as the burishronalt prior, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN! The law requires that the death certificate be executed within 24 hours after death. Page 6 may be intrained by the hospital or attending physician in The FUNERAL DRISCITOR. After this certificals has been agreed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burist-transit pe be filed within 72 hours after death with the State Dopt, of Health and Mental Hygerie pilot to burist, ceremition, or remove.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones,

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St. DECEDENT'S EDUCATION    Part   Pa	0	3 Wildowed 4 Divorced	U.S.A.F	H OR DATES	]NO	if yes, s	specify Cuban, Medi	tan, Puerto	Ricen, etc.)	W NO	Black	, White, etc.	
Tab. HPCHMANT'S NAME (*/pucPriezi)  Tab. HPCHMANT'S NAME (*/pucPriezi)  Tab. MARING ADDRESS (Stews and Number or Rusel Roads Number City or Rown. State. 2p Code)  Jack Dalton  Same as 10a. −10f.  Same as 10a. −10f.  30c. NCATION − City or Town. State 4 □ Denation 5 □ Other Experience of State 4 □ Denation 5 □ Other Experience of State 4 □ Denation 5 □ Other Experience of State 4 □ Denation 5 □ Other Experience of State 4 □ Denation 5 □ Other Experience of State 5 □ Anthony Church Cem. Methue, Mass.  31. SIGNATURE OF SANKERAL SERVICE LICENSEE  12. NAME AND ADDRESS OF NACITY Lee Funeral Home, If 6633 Old Alexander Ferry Road  Clinton, Md. 20735  23. PARTY. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, interval Stet Onset and IMMEDIATE CAUSE (Final)  Bequentially list conditions.  If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PARTY II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  25. NAS CASE REFERENCO TO MEDICAL EXAMINERY  25. NAS CASE REFERENCO TO MEDICAL EXAMINERY  10 □ PROPER  26. PLACE OF DEATH (These only only ORATH II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  26. PLACE OF DEATH (These only only 1 □ YES 2 ¾ NO  27. NANDER OF DEATH  1 □ PROPER  1 □ PROPER  28. NANDER OF DEATH  1 □ PROPER  29. PLACE OF DEATH (These only only ORATY ) 286. DESCRIBE HOW NUMBY OCCURED  27. NANDER OF DEATH  28. NANDER OF DEATH  28. NANDER OF DEATH  28. NANDER OF DEATH  28. NANDER OF DEATH  28. NANDER OF DEATH  28. NANDER OF DEATH  28. NANDER OF DEATH  29. NANDER OF DEATH  29. NANDER OF DEATH  29. NANDER OF DEATH  29. NANDER OF DEATH  29. NANDER OF DEATH  29. NANDER OF DEATH  29. NANDER OF DEATH  29. NANDER OF DEATH  29. NANDER OF DEATH  29. NANDER OF DEATH  29. NANDER OF DEATH  29. NANDER OF DEATH  29. NANDER OF DEATH  29. NANDER OF DE		(Specify only highest grad	CATION	16a. I	DECEDENT'S U	er esercito uncolo vivi	TION most of working	16	. KIND OF BUS	SINESS/INCK	USTRY		
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CONNAUGHY MD 1418 LIVINGTON RD FT. WASHINGTON, MD 20744

92 June Pardelle BICHARD A MC CO 31. DATE FILES (MONT) 20% (40) 1992

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type, Print)

29c DICENSE NUMBER

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29d. DATE SIGNED (Month, Day, Year)

5-//-92

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	1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	RTMENT OF HEALTH A	AND MENT	AL HYGIENE REG. NO.		
		GE ELLA	YAN.	DIVEN	MOI	TE OF DEATH	YEAR 92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 233-50-3122	1,№ M 2 🗆 F	(In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS	MIN. 7. DAT	E OF BIRTH rith, Day, Year) -18-35	Count	HPLACE (State or Foreign ny) ney, WVA
TOR	9a. FACILITY NAME (If not institution, give:	etreet and number)	F, #1	RIVERDA			COUNTY OF E	GEORGE S
DIRECTOR	10e. STATE 10b. COUNT	NCE GEORGE		Y, TOWN OR LOCATION				10d. INSIDE CITY LIMITS? VX YES 2 NO
VERAL	6003 67	AVENUE,	#1	10f. ZIP CODE 207.	37	10g.	CITIZEN OF	WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 10	13. WAS DECENDENT OF If yes, specify Cuben, 1  YES 2 NO	HISPANIC ORIG Maxican, Puerl Specify:	ilN? (Specify Yea or No o Rican, etc.)	14. RACI Blac Spec	E — American Indian, k, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT us		10	66. KIND OF BUSINESS		04()4
8	17. FATHER'S NAME (First, Middle, Last)		Kunne	r (Carrier)	D'S NAME (Fine	Nations , Middle, Maiden Suman		
BE C	George Washingto	n Diven			rrie	Peer	ne)	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or			. Zip Code)	
임	Mary Ann Diven			67th Avenue,				nd 20737
	20a. METHOD OF DISPOSITION  1 Strict Burlet 2 Cremation 3 Ram  4 Donation 5 Dipher (Specify)	oval from State 20t	D. PLACE AND DATE	of Disposition (Name of their place) rches Cemeter	0.0	TE 200 LOCATION	City on To	
	21. SIGNATORIS OF PUNETIAL SERVICE LIC	Sunson S	R. LFD	22. NAME AND ADDRESS Francis Gase 4739 Baltime	of facility	ons Funera	1 Hom	e, PA
	23. PART i. Enter the diseases, or ehock, or heert fallure.	complications that cause Liet only one cause on a	d the desth. Do r	not enter the mode of dying	, such ss ce	rdiec or reepiratory	srrest,	Approximate
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ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. ARTERIO	CONSEQUENCE OF	TO CARDIOVA	PCULA	2 DISEA	8E	years
CERTIFICATION	CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST	OUE TO (OR AS A	A CONSEQUENCE OF	<b>י</b> ן:				
- 11	PART II. Other algnificant condition	e contributing to deeth b	out not reaulting I	n the underlying cause give	en in Part I	24s. WAS AN AUTOP	ev Jah	WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						PERFORMED?		AARL ABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEAT	TH (Check only o	one)		
2	1 XYES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outp	ontlent 3 DOA	OTHER:	lence 8 🗆 Oth	er (Specify)		
BY PH	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TiMi	E OF 28c. INJURY AT WORK?  M 1 YES 2 N		SCRIBE HOW INJURY	OCCURED	
	3 Suicide 6 Could not be 4 Homicide detarmined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, a	treet, factory, office	281. LO- C/h	CATION (Street and Nurr or Town, State)	nber or Rural R	oute Number,
COMPLETED	2 MEDICAL EXAMINE	R: On the basis of examination	ledge, death occurre n and/or investigation	d at the time, data and place, an n, in my opinion, death occured	d due to the ca	euse(a) and manner as a and place, and due to	atated. o the cause(s)	and manner as stated.
IO BE	296. SIGNATURE AND TITLE OF CERTIFIER  PULL AND AUDRESS OF PERSON WAR	rehil &	xamin	edicul 290 LICENS	ENUMBER	2 29d. C	STE SIGNEO	(Month, Day, Year)
	30. NAME AND AODRESS OF PERSON WHO  AU  31. DATE FILED (Morith, Deg. Year)	32. REGISTBAR'S SIGN.	D 400	3 QUEENSBUL	by Rd	Hyatte	ille M	D20787
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BALTIMORE, MARYLAND 21215-0020

burial-transit 24 hours after death. Page 6 may be retained by the hospital or attending physician. n by the funeral director, page 5 should be detached for use as the removal. 16 notified 9 must examiner medical filled in by and completely fille burial, cremation, the OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within it or other traumatic event, the attending physician a Mental Hygiene prior to Injury. Health and shows any this certificate has been with the State Dept. of I 23 Hem 6 marked, DIRECTOR: After the hours after death v 28 Hem TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h

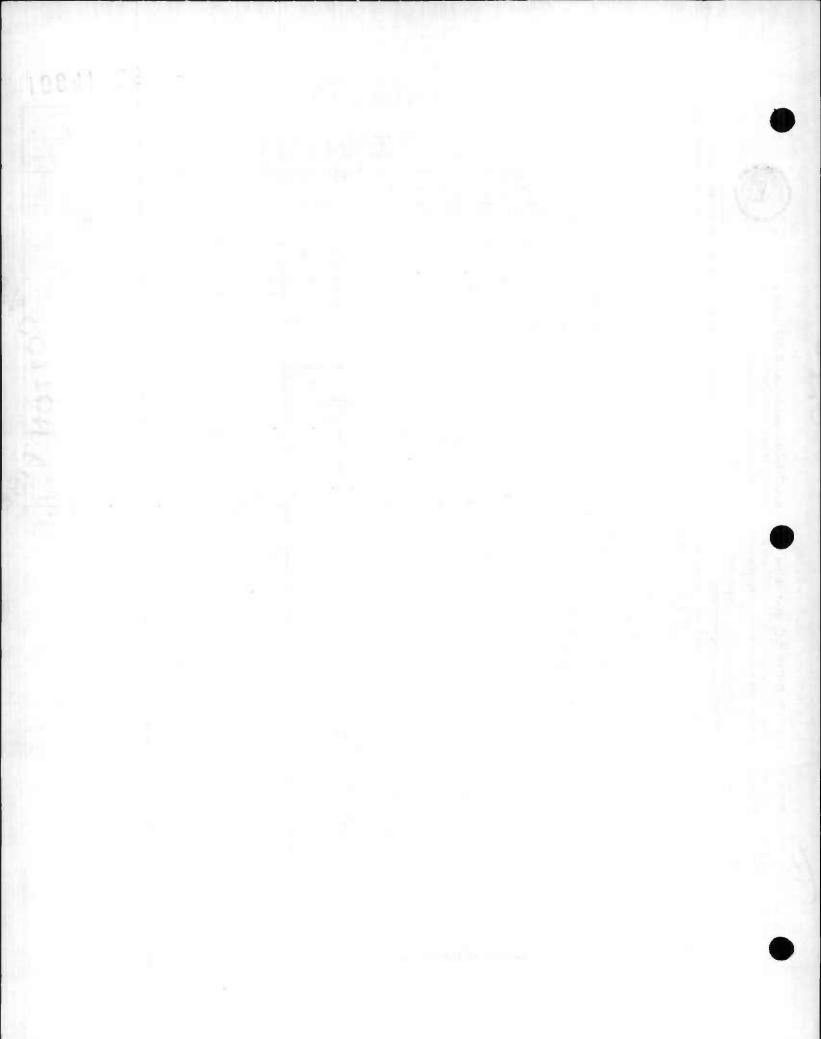
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATN YEAR 92 Kathleen )ean 0845 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs, last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTNPLACE (State or Foreign 11-25-13 579-30-8860 SOUTH CAROLIN 1 - M XXF DAYS HOURS MIN. 78 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Washington Adventist Hospital DIRECTOR TAKOMA PARK PRINCE GEORGES RESIDENCE OF DECEDENT 10a STATE 10d. INSIDE CITY MARYLAND MONTGOMERY SILVER SPRING XXYES 2 NO 10s. STREET AND NUMBER 101. ZIP CODE FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10120 NEW HAMPSHIRE AVE. APT. 207 20903-1720 UNITED STATES 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF NISPANIC DRIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES NO Specify: 14. RACE — American Indian, Black, Whits, stc. 1 Never Married 2 Merried B XX Widowed 4 Divorced BLACK COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY ndary (0-12) Coffege (1-4 or 5+) private 12th CUSTODIAN 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) RICHARD SIMPKINS Jannie Matthews 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) KATHLEEN SIMPKINS 1420 18TH PL. SE. Washington DC 20020 30e,METHOD OF DISPOSITION

A. Durfal 2 □ Cremation 3 □ Re
4 □ Donation 5 □ Other (Specify) 20c. LOCATION CIT STATE STATE COUNT 20b. PLACE AND DATE OF DISPOSITION /Name of ZION CEMETERY 5-SOUTH CAROLINA 21. SIGNATURE OF FUNERAL SERVICE LICENSES 22. NAME AND ADDRESS OF FACILITY E.M. DUDLEY FUNERAL HOME JOHN SAMUEL 3200 RHODE ISLAND AVE 23. PART I. Enter the diseases, or company of the c RATNIER cations that caused the death. Do not Approximate Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CERTIFICATION mon Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events DUE TO JOR AS A CONSTQUENCE OF resulting in death) LAST PART II. Other significant conditions conflibuting to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO 24s. WAS AN ALITOPSY MEDICAL COMPLETION OF CAUSE 1 T VES 2 1 HO OF DEATH? 1 TYES 2 T NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 38. PLACE OF DEATH (Check only t Wes aXXO OTHER: XX Inputtent 2 - ER/Outputtent 3 - DOA g Home 5 🗆 Residence 6 🗆 Other (Specify) 4 1 10 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, War) 29b. TIME OF 284. DESCRIBE HOW INJURY OCCURED 26c. INJURY AT WORK? 5 Panding 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY -- At home, farm, street, factory, affice building, etc. (Specify) 3 D Suicide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) COMPLETED 6 Could not be 4 | Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred st, the time, data and piece, and due to the cause(s) and manner as stated, 2 MEDICAL EXAMINED. On the basis of examination end/or investigation in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 296. SIGNATURE AND TITLE DF CERTIFIER 20c LICENSE NUMBER BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (IT M 27) (Type, 3/9 war 32. REGISTRAR'S SIGNATURE MAY 1 1 1992

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DIVISION OF VITAL RECORDS, P.O. B	THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certifical	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phy of find mithing 20 hours after death with the State Dent. of Health and Merital Horiene.
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	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	).				
		SUNCAN				5 4	92	YEAR 1020 - PRO M			
	327-72-6066		(In yrs. lest birthday)  3 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day Year) Aug . 11, 1	938	BIRTHPLACE (State or Foreign Country) Jamaica			
OR	98. FACILITY NAME (If not Institution, give s SHADY GROVE ADV	WIST			nersbur			ogomery			
DIRECTOR	100. STATE 100. COUNT Maryland Mon	tgomery		town or Loca Lver S				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	8000 Woodbury	Drive		10	20910			en of what country? ${\tt S}$ . ${\tt A}$ .			
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 MDivorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR 1	2 NO	If yes, sp		NIC ORIGIN? (Specify Youn, Puerto Ricen, etc.) y:	s or No— 1	4. RACE — American Indien, Black, White, atc. Specify: Black			
once. COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	life. Do NOT use	ork done during me retired.)	ON ost of working	16b, KIND OF BU		STRY			
SAP Ge	17. FATHER'S NAME (First, Middle, Last)	2yrs	Nurs	3e	Les MOTUEDIO NA	ME (First, Middle, Maide		self employed			
E G	Gersham	Beckford			IO. MOTHER S NA	Birdie		-y			
BE O BE	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or To	wn, State, Zip C	Code)			
TO TO	Adrian Ruddoc							Md.20910			
must a	20e METHOD OF DISPOSITION 3 Dentel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	b. PLACE OF DISPOSI Dither place) Harmony	Memor	ial Par	k La	ndove				
examine	21. SIGNATURE OF FUNERAL SERVICE LICENSEE    22. NAME AND ADDRESS OF FACILITY Hunt Funeral 2801 7th St.N.E. Wash.D.C.										
any injury, or other traumatic event, the medical examiner must be notified at once.  TO BE COM	ahock, or heert feilure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  Due TO (OR AS A CONSEQUENCE OF):  Due TO (OR AS A CONSEQUENCE OF):										
MEDICAL C	PART II. Other eignificent condition	ne contributing to deeth	but not reaulting in	n the underlyin	ng ceuse given in	Part I. 24s. WAS A PERFC	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO			
AN.	25. WAS CASE REFERRED TO MEDICAL		154		PLACE OF DEATH (C)						
or Item 23 shows IYSICIAN: MEL	EXAMINER?										
marked, or BY PHY	27. MANNER OF DEATH  1 2. Netural 5 Pending	28s. DATE OF INJURY (Month, Day, Year)	JURY AT ORK? YES 2 NO	ence 6 Other (Specify)  28d. DE\$CRIBE HOW INJURY OCCURED  10							
28 Is TED	3 Suicide 8 Could not be determined 28. Could not be determined 29. PLACE OF INJUNY — At norms, sarrest, sectory, ornics 281. LOCATION (Street and Number of Hurlar F City or Town, State)										
MPORTANT: If Item  O BE COMPLE	(Ciribon Orly)	ER: On the basis of examinat						d. cause(s) and manner as stated.			
TO BE O	299 SIDNATURE AND TITLE OF CERTIFIE	Whan			29c. LICENSE NU D1929			SIGNED (Month, Day, Year)			
-		wich si	EATH (ITEM 27) (Type,	Print)	x. GA	ITHENSOU	col G	14/92 Mel 20879			
	MAY 1 1 1992	what Davidson-Ra						,			

1	should
100	
	permit.

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If I iem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

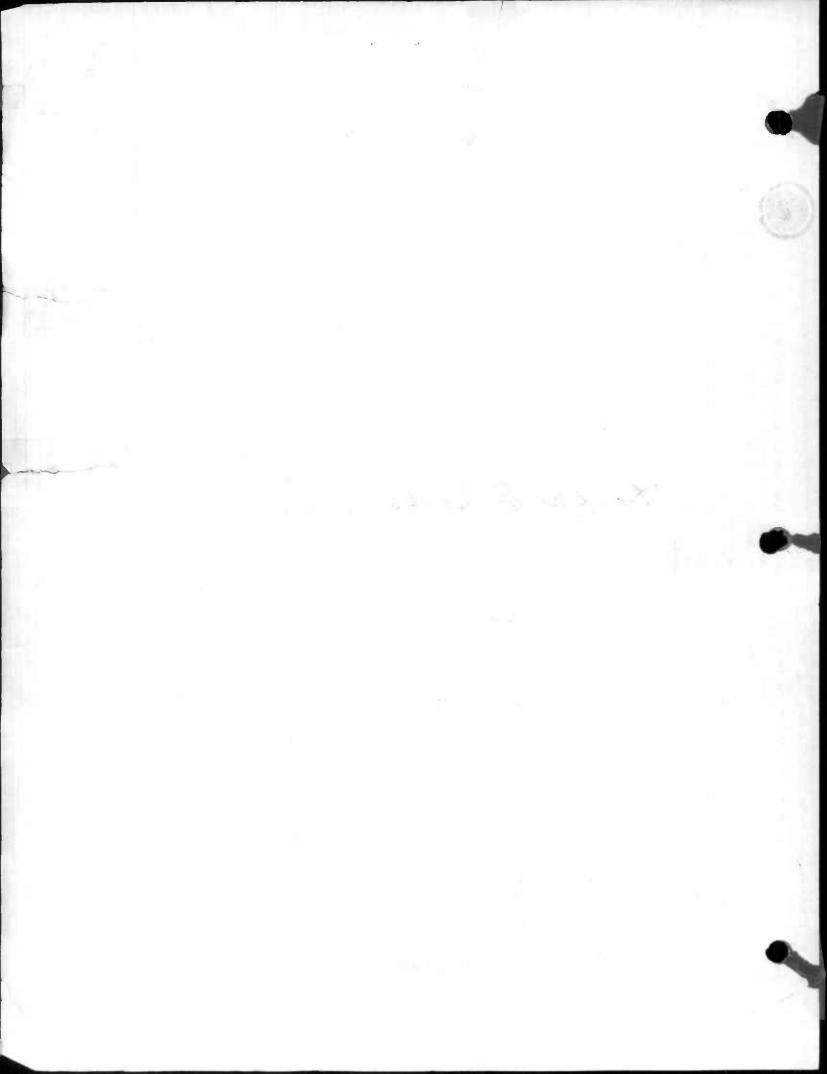
	1. OECEOENT'S NAME (First, I	Widdle, Last)								2. DATE OF D				3. TIME OF DEATN
1	Joan	M		Dudiak						монтн 5	15	9:	YEAR 2	7:35PM w
	4. SOCIAL SECURITY NUMBE	R	5. SEX	8. AGE (In yrs. las	l birthday)	IF UNDER		IF UNDER		7. DATE OF B	IRTH	T	6. BIRTN	PLACE (State or Foreign
	077-26-9579	9	1 M 2 XF	58	YRS.	MONTHS	DAYS	HOURS	MIN.	4498.P	1934	1	Countr	"NY
OR	9e. FACILITY NAME (If not inst Memorial H	ospit	a.1			96. CITY	umb e	r Locati	ON OF DE	ATH		9c. COUN	lega	EATH
5	RESIDENCE OF DECE													
DIRECTOR	Maryland	A11	egany			umbe								10d. INSIDE CITY LIMITS? X 1 YES 2 X NO
ZA!	10e. STREET AND NUMBER						10	. ZIP COD	E			10g. CITIZ	ZEN OF W	HAT COUNTRY?
NE I	205 Bel Air	Drive						2150	2			U	SA	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 X		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. AR YES 2 XX	MED O		If yes, sp	ENDENT Cocky Cube	n, Maxicar	IC ORIGIN? (Sp n, Puerto Ricen,	ecify Yes (	or No-	14. RACE Black Speck	- American Indian, , White, etc. y:
														white
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			MacFarl	ano Sr				18. WUII		ME (First, Middle 7 O'Dri				
BE	19a. INFORMANT'S NAME (Typ		Macrari			ADDRES	2 (Streat o	od Number		oute Number, Ci				
10	Mr. John		ς		205	Bel 2	Air	Driv		rth Cur	mber]	land,	, MD	
	1 ABurial 2 Cremation 4 Donation 5 Other (S	3 🗆 Remo		20b. PLACE A cemetery cret H1111	natory or o	of dispos ther place) E Bui	rial	me of Parl	ς	5-19		umbe:		vn, State d, MD
1	21. SIGNATURE OF FUNERAL	SERVICE LICE	ENSEE				NAME A	O ADDRE	SS OF FAC	CILITY				
	1 Jana	7 a	loa. N	111:			Sca	rpel	li F	neral	Home	9		
	23. PART . Entar the disc	eases, or co	omplications that	caused the day	ath. Do r	not antar	the mo	de of dvi	and,	MD 215	OUZ	eton, em	net	Approximate
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	ist ramure. L	Acute	e myocar	dial	inf								intarval Between Onset and Death
NO	Sequantially list condition		DUE TO	/OR AS A COMOSO		74								
MEDICAL CERTIFICATION	if any, leading to immedia cause. Enter UNDERLYING	G	DUE 10	(OR AS A CONSEO	UENCE O	F):								
	CAUSE (Disease or injury that initiated events	1	OUE TO	OR AS A CONSEO	UENCE OF	F):								
F	resulting in death) LAST													
2	DART II ON													
۶ I	PART II. Other significant	conditions	contributing to	daath but not ra	aulting i	in tha un	deriying	cause g	iven in F	Part I. 24a.	WAS AN AL		24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO
ă	COPD									_ 10	YES 2%	10		COMPLETION DF CAUSE DF DEATH?
										_		^		1 - YES 2 - NO
PHYSICIAN:														
ত □	25. WAS CASE REFERRED TO I	MEDICAL	HOSPITAL; /			OTHER		ACE OF D	EATH (Chec	ck only one)				
₹	1 YES 2 NO		1 Inpetient	ER/Outpstlent 3		4 🗆 Num		e 5 □ Re	aldence (	Other (Spec	cify)			
ВУ РН	27. MANNER OF OEATH  Natural 5 Pe 2 Accident Inv	nding reatigation	28a. DATE OF (Month, De		28b. TIM	E OF URY M		URY AT RK? ES 2		26d. DESCRIBE	E HOW INJ	URY OCC	URED	
COMPLETED E	3 Suicide 6 Co	uld not be termined	28a. PLACE Of building,	FINJURY — At honetc. (Specify)	ne, term, s	rireet, fact	ory, office			28t. LOCATION City or Tow	(Street and n, State)	d Number o	or Rural Ro	oute Number,
۳	29a. CERTIFIER + CERTIF	VING PHYSIC	AN: To the best of	my beauty do not		4								
Š	(Check only one) MEDICA	L EXAMINER	AN: To the best of ex	my knowledge, dea sminstion and <i>i</i> or in	th occurre	d at the ti	me, dete	and place,	and due t	o the cause(a)	and manne	er as state	d.	and menner ea stated.
	200 SIGNATURE AND TUTLE OF					11, 117 my 0	piriton, or				Hace, and	dua to the	cause(a)	and menner as stated.
B	C/X	CERTIFIER		Date: Mo	J 17				NSE NUME		44.			Month, Day, Year)
၉	30. NAME AND ADDRESS OF P	ERSON WHO	COMPLETED CAUC	Dpty Me				ע	091	0/		▶ 5/	15/	3.2
	Paul Snow	M.D.	124 v	3rd st	Cum		and	Md 2	1502					
	31. DATE FILED (Month, Day, Year MAY 1 8	1992	32 REGISTRAT	S SIGNATURE	De.									
	1111-11	1002												

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, F.O. BOX 88760, BALLIMORE, MARYLAN	TO THE HDSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within was after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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The production of the producti	4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In yrs.	last birthday)	IF UNDER 1 Y	EAR IF L	INDER 24 HRS.	7. D.	ATE OF BIRTH	1	8. BIRT	
Union Hospital of Cecil County   Eikton   Cecil   TREMIDENCE OF DECEDENT   100.0000   100.000   100.000   100.000   100.0000   100.0000   100.0000				78	YRS.				Ap:	ril 20,	_	Ma	ryland
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Maryland   Cecil   Chesapeake City   International Control   International C		1	Υ		10c, CIT	Y, TOWN OR I	OCATION						10d INSIDE CITY
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Concept only highward profe computed   College (1-d or 5-1)   Painter	1 Never Married 2 🔀		FORCES? 1	YES 25	ARMED	If y	s, specify	Cuben, Mexic	en, Pue		s or No —	Blac	ck, White, etc.
Building & Repair	15, DE	CEDENT'S EDU	ICATION completed	16a,	DECEDENT'S	USUAL OCCU	PATION			16b. KIND OF BU	SINESS/INI	DUSTRY	
John Arthur Eveland  Bedna Roberts  198. MALING ADDRESS (Sime and Number or Rural Rous Number, City or Town, Stein, 25 Code)  2940 Augustine Herman Highway — Chesapeake City  2940 Augustine Herman Highway — Chesapeake City  2940 Augustine Herman Highway — Chesapeake City  2940 Augustine Herman Highway — Chesapeake City  2940 Augustine Herman Highway — Chesapeake City  2940 Augustine Herman Highway — Chesapeake City  2940 Augustine Herman Highway — Chesapeake City  2940 Augustine Herman Highway — Chesapeake City  2950 PLACE AND DATEO DISPOSITION (Name of 15-14)  296 Chesapeake City, MP  2950 Chesapeake City, MP  2950 Chesapeake City, MP  296 Chesapeake City, MP  296 Chesapeake City, MP  296 Chesapeake City, MP  296 Chesapeake City, MP  2970 Chesapeake City, MP  2970 Chesapeake City, MP  2970 Chesapeake City, MP  2970 Chesapeake City, MP  2970 Chesapeake City, MP  2970 Chesapeake City, MP  2970 Chesapeake City, MP  2970 Chesapeake City, MP  2970 Chesapeake City, MP  2970 Chesapeake City, MP  2970 Chesapeake City  2970 Ch	Elementary/Secondary (				life. Do NOT us	se retired.)	ng most or v	vorking		Buildi	ng &	Repa	air
John Arthur Eveland  19e. INFORMANT'S NAME (piperFirst)  Kathryn L. Eveland  2940 Augustine Herman Highway - Chesapeake City  2940 Augu	17. FATHER'S NAME (First, A	Middle, Last)					18.	MOTHER'S N.	AME (Fi	st. Middle. Malded	Sumamel		
Rathryn L. Eveland   2940 Augustine Herman Righway - Chesapeake City	Joh	n Arth	ur Evela	nd					Edi	na Robe	rts		
Rathryn L. Eveland   2940 Augustine Herman Highway - Chesapeake City   Repetition of Desposition   1   200. PLACE AND DATE OF DISPOSITION   1   200. PLACE AND DATE OF DISPOSITION   1   1   200. PLACE AND DATE OF DISPOSITION   1   1   200. PLACE AND DATE OF DISPOSITION   1   200. PLACE AND DATE OF DISPOSITION   1   1   200. PLACE AND DATE OF DISPOSITION   1   200. PLACE AND DATE OF DISPOSITION   1   200. PLACE AND DATE OF DISPOSITION   1   200. PLACE AND DATE OF DISPOSITION   1   200. PLACE AND DATE OF DISPOSITION   1   200. PLACE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION   200. PLACE OF PLANE AND DATE OF DISPOSITION	19e. INFORMANT'S NAME (	Type/Print)			19b. MAILING	ADDRESS (S	treet and Nu	mber or Rural	Route N	lumber, City or Tov	vn, State, Zij	Code)	21.015
Separative   Commentation   3   Removal from State	Kathryn L.	Evela	ind		2940	Augus	tine	Herma	an I	Highway	- Ch	esar	
21. NIGNATURE OF EINERAL SERVICE LICENSEE    22. NIME BY STORES BOTHS TOT FUNE TAIS, PA 103 West Stockton Street EIkton, MD 21921-5521   23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory strest, interval Between the conditions, and the conditions of t	1 X Burlet 2 Cremati	on 3 - Rem	ioval from State							-14			
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CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.  PART II. Other significant conditions contributing to death of the underlying cause given in Part i.  PART II. Other significant conditions contributing to death occurred in Part i.  PART II. Other significant conditions contributing to death occurred in Part i.  PART II. Other significant conditions contributing to death occurred in Part i.  PART II. Other significant conditions contribution of Investigation in Part i.  PART II. Other significant conditions contribution of Investigation in Part i.  PART II. Other significant conditions contribution of Investigation in Part i.  PART II. Other significant conditions contribution of Investigation in Part i.  PART II. Other significant conditions contribution of Investigation in Part i.  PART III. Other significant conditions contribution of Investigation in Part i.  PART III. Other significant conditions contribution of Investigatio	IMMEDIATE CAUSE (FI	neert fellure.	a. Can	diop	ulm	ona	kton mode of	. MD	219	921-552	1	rest,	Interval Between
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25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH  1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be detarmined  28. PLACE OF INJURY At home, term, street, factory, office  28. PLACE OF INJURY At home, term, street, factory, office  28. LOCATION (Street and Number or Rural Route Number, City or Rown, State)  29. CERTIFIER  (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(e) and manner as stated.  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. LICENSE NUMBER  296. DATE SIGNED (Month, Day, Year)	snock, or r IMMEDIATE CAUSE (FI disesse or condition resulting in death)  Sequentielly list condit If any, leading to imme ceuse. Enter UNDERLY	tions, ediata	a. Can oue to	dios (or as a cons	ine.  Lucin  SEQUENCE OF	ona Fina	kton mode of	. MD	219	921-552	1	rest,	Interval Between
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25. WAS CASE REFERRED TO MEDICAL  EXAMINER?    OTHER:   O	snock, or r IMMEDIATE CAUSE (FI disesse or condition resulting in death)  Sequentielly list condi- if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disesse or injuitat initiated events resulting in death) LAS	tions, solutions and state find surry	a. OUE TO b. DUE TO c. OUE TO d.	(OR AS A CONS	SEQUENCE OF	ena enter the	mode of	MD dying, such	219 ch sa c	erdlac or responding	AUTOPSY		Interval Between Onset and Deat Muruito Minute Years
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EXAMINER?  1 YES 2 NO  1 Inpetiant 2 ER/Outpetient 3 DOA  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 26. PLACE OF INJURY — At home, term, street, factory, office 29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TILES OF GERTIFIER 29c. DATE SIGNED (Month, Day, Near)  1 Inpetiant 2 ER/Outpetient 3 DOA 4 Norsing Home 5 Realdence 6 Other (Specify)  28b. TIME OF INJURY AT WORK?  1 YES 2 NO  28c. INJURY AT WORK?  1 YES 2 NO  28c. LICCATION (Street and Number or Rural Route Number, City or Rown, State)  29c. CERTIFIER 1 CERTIFIER On the basis of axamination end/or Investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	snock, or r IMMEDIATE CAUSE (FI disesse or condition resulting in death)  Sequentielly list condi- if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disesse or injuitat initiated events resulting in death) LAS	tions, solutions and state find surry	a. OUE TO b. DUE TO c. OUE TO d.	(OR AS A CONS	SEQUENCE OF	ena enter the	mode of	MD dying, such	219 ch sa c	erdlac or responding	AUTOPSY		Interval Between Onset and Deat Murus to Murus t
27. MANNER OF OEATH    Netural   5   Pending Investigation   26a. OATE OF INJURY (Month, Day, Year)   28b. TIME OF INJURY   28c. INJURY AT WORK?   28d. OESCRIBE HOW INJURY OCCURED   28d. OESC	snock, or I IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentially list condi- if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inju- that initiated events resulting in death) LAS	tions, stillate in the stillat	a. OUE TO b. DUE TO c. OUE TO d.	(OR AS A CONS	SEQUENCE OF	ena enter the ena ena ena ena ena ena ena ena ena en	mode of	MD dying, such segments of the segment of the segme	210 C	24a. WAS AN PERFOI 1 YES :	AUTOPSY		Interval Between Onset and Deat Murus to Murus t
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(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, desth occurred at the time, data and place, and due to the cause(s) and manner as stated.  MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  MEDICAL EXAMINER: On the basis of axamination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.  29b. SIGNATURE AND TITLE OF CERTIFIER  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Day, Year)	Snock, of FI IMMEDIATE CAUSE (FI disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injuited initiated events resulting in death) LAS  PART II. Other signification  25. WAS CASE REFERRED 1 EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5	tions, soldista fing ury ET Condition MEGICAL Pending	B. OUE TO  B. DUE TO  C. OUE TO  d. HOSPITAL:  1   InputIant 2    28a. OATE OF	GOR AS A CONS  GOR AS	SEQUENCE OF	ona enter the on	tyling cau	MD dying, such segments of the segment of the segme	210 Ch as c C C C C C C C C C C C C C C C C C C	24a. WAS AN PERFOI 1 YES :	AUTOPSY amed No.	248	Interval Between Onset and Deat Murus to Murus t
2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated.  29c. LICENSE NUMBER  29d. DATE SIGNED (Month, Dey, Year)	SHOCK, OF FI IMMEDIATE CAUSE (FI disesse or condition resulting in death)  Sequentielly list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or injuited events) that infiltated events resulting in death) LAS  PART II. Other significates  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 2 Accident  3 Suicide 6	tions, soldists link and condition McOlCAL  Pending investigation Could not be	B. OUE TO  B. DUE TO  C. OUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  C. OUE TO  DUE TO  DUE TO  C. OUE TO  DUE TO	(OR AS A CONS (O	SEQUENCE OF	ona enter the on	tyling cau	MD dying, such segments of the segment of the segme	216	24a, WAS AN PERFOI 1 YES :	AUTOPSY AMED?	24t	Interval Between Onset and Deat Murri to Minute Years  b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
296. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year)	Shock, of Fi IMMEDIATE CAUSE (FI disesse or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition from the cause. Enter UNDERLY CAUSE (Disesse or injuited in initiated eventa resulting in death) LAS  PART II. Other signification  25. WAS CASE REFERRED TEXAMINER? 1	tions, dilata in an an an an an an an an an an an an an	B. OUE TO  B. DUE TO  C. OUE TO  d	(OR AS A CONSTITUTE OF INJURY — At etc. (Specify)	SEQUENCE OF SEQUENCE OF TESUITING CL	on the under the	tying cau	MD dying, such segments of the segment of the segme	210 Ch as co	24a. WAS AN PERFOI 1 YES :	AUTOPSY 3MED?	241 CURED or Rural	Interval Between Onset and Deat Murri to Minute Years  b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
100	SHOCK, OF FI IMMEDIATE CAUSE (FI disesse or condition resulting in death)  Sequentielly list condit if any, leading to imme ceuse. Enter UNDERLY CAUSE (Disesse or inj that initiated events resulting in death) LAS  PART II. Other significates  25. WAS CASE REFERRED 1 EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH 1 Netural 5   2 Accident 3 Suicide 6   4 Homicide  29s. CERTIFIER (Chock only 1 CERT	tiona, soliata ling and condition mediata ling and condition mediata ling and condition mediata ling and condition mediata ling lineatigation could not be detarmined lineatigation physical lineatigation lineatiga	B. OUE TO  B. DUE TO  C. OUE TO  DUE TO  DUE TO  DUE TO  DUE TO  DUE TO  C. OUE TO  DUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C.	(OR AS A CONSTITUTE OF INJURY — At etc. (Specify)	SEQUENCE OF SEQUEN	on the under the	Ityling cau  Ityli	MD dying, such segments of the segment of the segme	210 Ch as co ch as co	24a. WAS AN PERFOI 1 YES :	AUTOPSY AMED?	24ll CURED or Rural	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
5(1)24	SHOCK, OF FI IMMEDIATE CAUSE (F) Idisesse or condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  CAUSE (Disease or injuited initiated events resulting in death)  LAS  PART II. Other significate  25. WAS CASE REFERRED TO THE SEAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Netural 5 Netural 2 Accident 3 Suicide 6 Homicide  29a. CERTIFIER (Check only one) 2 MED	tions, soldata find find find find find find find find	B. OUE TO  B. DUE TO  B. DUE TO  C. OUE TO  C. OUE TO  DUE TO  DUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  C. OUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE TO  C. OUE TO  DUE TO  C. OUE	(OR AS A CONSTITUTE OF INJURY — At etc. (Specify)	SEQUENCE OF SEQUEN	on the under the	tyling cau  Itylin	MD dying, such a second of the	21 ch as c	24a. WAS AN PERFOI 1 YES :	AUTOPSY IMED?  NJURY OCI	241 CURED or Rural	Interval Between Onset and Deat Muricula Muricul

MAY 18'92



BALTIMORE, MARYLAND	Jurs after death. Page 6 may be retained by the hosp	in by the funeral director, page 5 should be detached a removal.	nedical examiner must be notified at once.
		filled on, o	he m
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR  1. DECEDENT'S NAME (First, Middle, Last)	STATE OF N		DEPAR						REG. NO			3. TIME OF DEATH
	JOHN F'RANCIS  4. SOCIAL SECURITY NUMBER	5 ENN			SR.				MAY	н р	01 1	.992	9:00A M
	579-34-3411	1 🔀 M 2 🗌 F	6. AGE (In yrs. In	YRS.	MONTHS	DAYS	HOURS	MIN.	(Mont	of BIRTH h, Day, Year) 19, 19	2.8	Country)	MONT HTS. I
TOR	98. FACILITY NAME (# not institution, give sti 4263 58th AVE #						BURG		EATH			CE GE	ORGE 'S
DIRECTOR		E GEORGE	S		DENS	BURG							IOd. INSIDE CITY LIMITS?
FUNERAL	100. STREET AND NUMBER 4263 58th AVE	T-1					2071				US.		IAT COUNTRY?
B⊀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W		RMED NO		If yes, sp		ın, Mexici	n, Puerto	N? (Specify Ye Ricen, etc.)	s or No	14. RACE Black, Specify	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) Coffege (1-4 or 5 +	) (	ECEDENT'S Give kind of a. Do NOT u	work done	CCUPATI during mo	ON ost of worki	ing	4	D\7T	SINESS/IN	DUSTRY	
ш	17. FATHER'S NAME (First, Middle, Lest) JAMES EDWARD ENNI	S							ME (First, BULT	Middle, Malder ER	Sumame)		
TO B	190. INFORMANT'S NAME (Type/Print) HATTIE BRYCE ENNI	S	11	4263						ber, City or Tow ENSBUR			10
	20a, METHOD OF DISPOSITION  1 & Burlel 2 Cremetion 3 Remo	oval from State	20b. PLACE other it MARYT	lace)	SITION (N	ame of ce	metery, cre	matory or		20c. LC	CATION -	City or Tow	n, State
	4 Donation 5 Other (Specify) MARYLAND VETERANS CEMETERY CHELTENHAM, MARYLAND VETERANS CEMETERY CHELTER												ME
	23. PART I Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arreas shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in desth)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):									reat,	Approximate interval Between Onset and Death		
	resulting in death)	DUE TO	OR AS A CONSI	OUENCE O	DF):	an	سس	una		100			
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	OUENCE O	P):	40	gue		000				
CERTIFICATION	CAUSE (Disease or Injury that initieted events reaulting in death) LAST	DUE TO	(OR AS A CONSE	OUENCE O	IF):			-					
MEDICAL CE	PART II. Other eignificent condition	s contributing to	death but not	reculting	In the u	nderiyin	g cause	given in	Part I.	24a. WAS AF PERFO 1 YES	RMED?		WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1YES _ 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1, 3 YES 2 NO	HOSPITAL:	".4R/Outpatient	3 🗆 DOA	OTHE	R:			heck only o			_	
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF (Month, D	26c. IN.	eg Home Mark Residence 6 Other (Specify) 6c. INJURY AT 28d. DE\$CRIBE HOW I WORK? 1 YES 2 NO					INJURY OCCURED				
ED	3 Suicide 6 Could not be determined	Buildide 6 Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, office City or Town. States							and Numbe	er or Rural Ro	ute Number,		
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE												and manner as stated,
O BE C	290. SIONATURE AND TITLE OF CERTIFIER	Seletz	W (PE	.H	DSP	(E)	29c. LIC	ENSE NU	MBER 173			TE SIONED	Month, Day, Year)

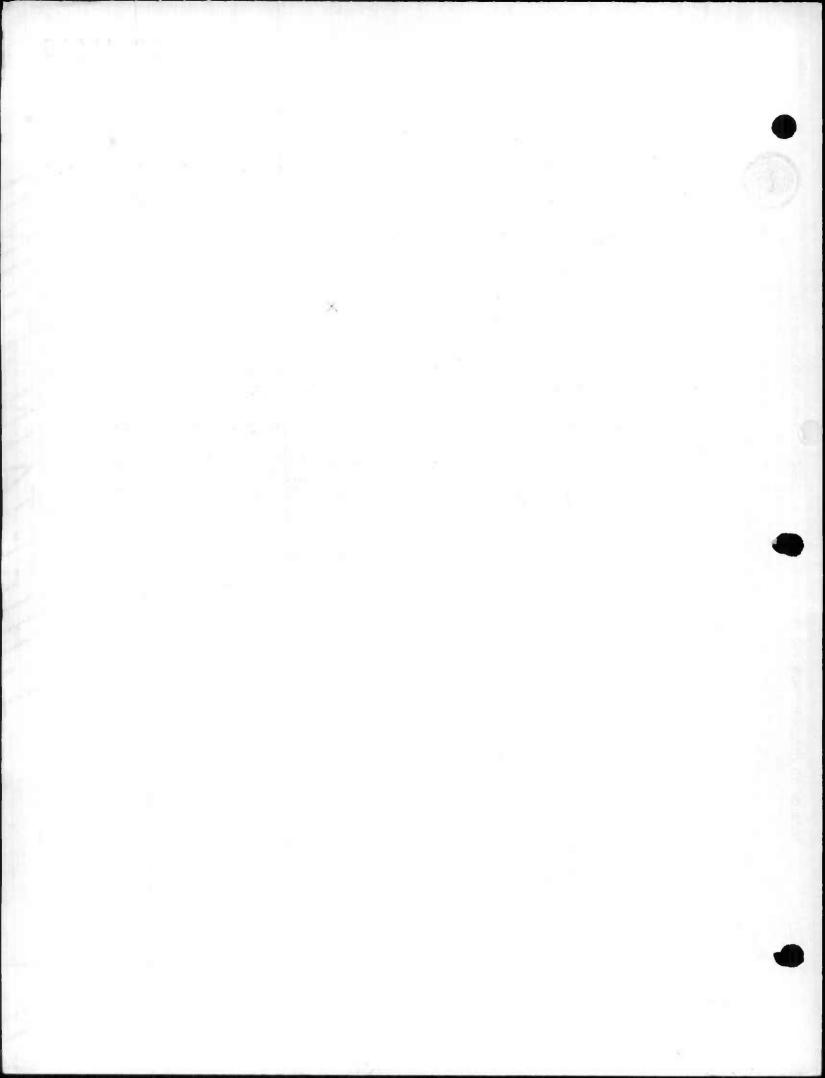


31. DATE FILED (Month, Day, Near) MAY 0 6

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM SMOOTH) WELTZ 7525 & CHULLY

1992

32. REGISTRAR'S SIGNATURE Pandall

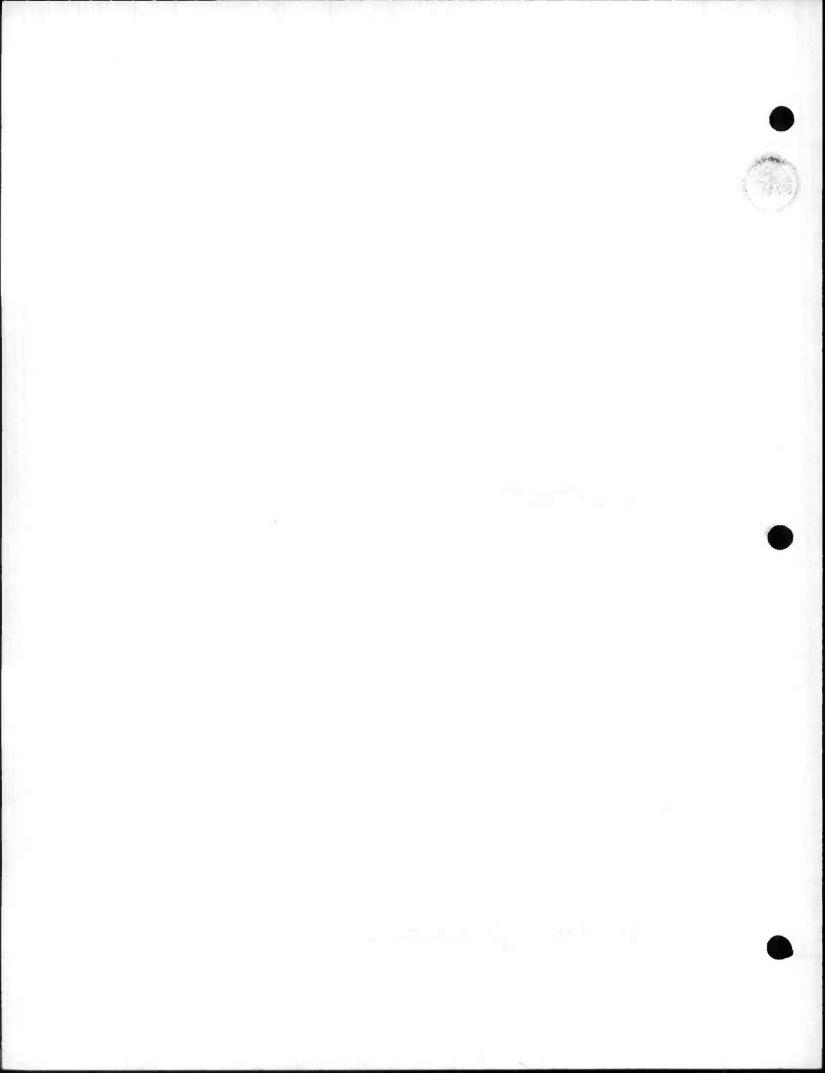


1 - STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, PAULA			A.			מועיקו	REY		2. DATE OF	O D	AY	992	4 50
4. SOCIAL SECURITY NUMBI	: O	5. SEX	8. AGE (In yrs	lant blothelms	IF UNDER			R 24 HRS.	05	U/	- 1		4:50
579-96-33	76	1 🗆 M 2 🔀 F	2		MONTHS	DAYS	HOURS	MIN.	12-	Day, Year) - 28 -	64	Coun	HPLACE (State or Foreign (try)  15h., D.C.
9a. FACILITY NAME (If not institution, give street end number)  CHAVEY & WALTERS LANE					96. CITY, TOWN OR LOCATION OF OF THE STVILLE			7.3.1		7.3. 000	COUNTY OF DEATH RINCE GEORGES		
RESIDENCE OF DEC													
Md •	10b. COUNT	Charles	3	10c. CIT	ry, town (		orf						10d. INSIDE CITY LIMITS? 1 TYES X X X XO
10e. STREET AND NUMBER						10	1. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
2582 St	ıssex	Court					20	602				US	SA
11. MARITAL STATUS  1 Never Merried 1/2/2   3 Widowed 4 Divor		12. WAS DECEDEN FORCES? IF YES, GIVE V	YES 2	ARMED NO		if yes, sp	CENDENT Concept of the Concept of th	en, Mexica	NIC ORIGIN? ( in, Puerto Ric y:	Specify Yer an, etc.)	or No-	Blac	CE — American Indian, ct, White, etc.  Chy: White
	DENT'S EQU		16a	OECEDENT'S	USUAL O	CCUPATIO	ON .	lna	16b, K	INO OF BU	SINESS/IN	OUSTRY	
Elementary/Secondary (0-		College (1-4 or 5	+)	life. Do NOT u	se retired.)	uuring mo	SE OF WORK	ing					
12				Secr	etai	ry			I	rede	ral	Gov	't
17. FATHER'S NAME (First, Mil	idle, Last)						18. MOT	HER'S NA	ME (First, Mid	dle, Maiden	Surname)		
Paul G.	Schar	ning					F	hyl	lis E	E. A	nder	son	
90. INFORMANT'S NAME (7)				19b. MAJLING	AODRESS	S (Street e			Route Number,				
Phyllis	Schar	ming		S	ame	as	10a	11	Of.				
tion METHOD OF DISPOSITION OF DISPOS	X 3 □ Rem		cemetery	CEANODATE , cremetory or c	OF DISPOS	SITION (N	ame of 5	-12	- 9 2ATE				own, State
□ Dometron 3 □ Other (	apecity)		- I C	edar	HIL	T C	emet	cery	CHITY T	1 5	ultl	and	Home, Inc
I. SIGNATURE OF FUNERAL	SERVICE LIC	ENSEE			22			33 OF FF	WILLIT I.E				
23. PART I. Enter the dischock, or he IMMEDIATE CAUSE (Findisees or condition resulting in death)	eessea, or cort fallure.	complications the List only one can	use on eech i	ine. OF NI	not enter	633	Old ton,	Al Md.	exand 2073	der 35	Ferr	ry R	Approximata intervel Batw Onset and Do
23. PART I. Enter the displace, or he immediate CAUSE (Findiseese or condition resulting in death)  Sequentielly list condition from the coust in the coust of th	pone, late	a. GUNSHOT DUE TO	WOUND	OF NE	not sinter	633	Old ton,	Al Md.	exand 2073	der 35	Ferr	ry R	Approximata Intervel Batw
23. PART . Enter the displace, or he immediate CAUSE (Findiseese or condition resulting in death)  Sequentielly list condition if any, leeding to immediate. Enter UNDERLY!! CAUSE (Disease or injurithet initiated events resulting in death) LAST	beesea, or or failure.	a. GUNSHOT DUE TO	WOUND (OR AS A CON	OF NI ISEQUENCE O	C not enter	633 lin the mo	Old	A Al	exance 2073 has cerdia	der 35	AUTOPSY MED?	ry R	Approximata Intervel Batw
23. PART I. Enter the displace, or he immediate cause (Findiseese or condition resulting in death)  Sequentielly list condition from the immediate cause. Enter UNDERLYIF CAUSE (Disease or injurithet initiated events resulting in death) LAST	eessea, or or or failure.	a. GUNSHOT DUE TO b. OUE TO d	WOUND (OR AS A CON	OF NI ISEQUENCE O	f C C C C C C C C C C C C C C C C C C C	633 1 in the mo	Old ton, de of dy	A Al. Md.	exance 2073 has cerdia	der 35 c or reepi	AUTOPSY MED?	ry R	Approximate intervel Batw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
23. PART I. Enter the displock, or he immediate CAUSE (Findisees or condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  CAUSE (Disease or injurities in death) LAST  PART II. Other significer	eessea, or or or failure.	a. GUNSHOT DUE TO	WOUND (OR AS A CON (OR AS A CON death but no	IN OF NI ISEQUENCE O	6 C not sater  ECK F): F):	633 lin the mo	Old ton, de of dy	Al All Md. Md. All Md.	Pert I. 2	der 35 c or respi	AUTOPSY MED?	rest,	Approximate intervel Betwonset and Donest an
23. PART II. Enter the displace, or he immediate Cause (Findisees or condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition course. Enter UNDERLYII CAUSE (Disease or injurithet initiated events resulting in death) LAST PART II. Other significer  5. WAS CASE REFERRED TO EXAMINER?  1 2 YES 2 NO	eessea, or or or failure.	a. GUNSHOT DUE TO b. OUE TO d. B contributing to 10 population 2 2 28a. DATE OF	OR AS A CON OR AS A CON OR AS A CON OR AS A CON OR AS A CON OR AS A CON OR AS A CON OR AS A CON OR AS A CON	IN OF NI ISEQUENCE O	not sater  CCK F):  F):  OTHER 4   Num	633 1 in the mo	Oldton, de of dy  g cause	Al All Md. Md. All Md.	Pert I. 2	Re. WAS AN PERFOR	AUTOPSY MED?	Test,	Approximate intervel Betwonset and Donest an
23. PART I. Enter the displace, or he immediate CAUSE (Findisees or condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  CAUSE (Disease or injurited initiated events resulting in death) LAST  PART II. Other significer  To EXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Natural 5 P	eesse, or dert failure.	a. GUNSHOT DUE TO b. OUE TO d. B contributing to	WOUNE (OR AS A CON (OR AS A CON desth but not leave the	IN OF NI ISEQUENCE O	other	26. PI	Oldton, de of dy  g csuse	given in	Pert I. 2.  Peck only one)  Sala Other (S	Ta. WAS AN PERFOR	AUTOPSY MED?	Test,	Approximate intervel Batw Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
23. PART II. Enter the displock, or he immediate CAUSE (Find disease or condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  CAUSE (Disease or injurithet initiated events resulting in death) LAST  PART II. Other significer  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 P	eesea, or or failure.  ert failure.  ert failure.  ert failure.  ent condition  MEOICAL  ending weatigetion	a. GUNSHOTI DUE TO b. OUE TO c. DUE TO d. s contributing to  HOSPITAL: 1   Inpetient 2   28a. DATE OF (Month, D) 05-07- 28e. PLACE O	WOUND (OR AS A CON (OR AS A CON death but no left) (OR AS A CON (OR AS	IN OF NI ISEQUENCE O ISEQUENCE	not sater  CK F):  F):  In the un  A I Nun  IE OF  IURY  M	26. Pt	Oldon , de of dy	given in	Pert I. 2.  Pert I. 2.  Other (S 26d, DESCE SUBJE 26f, LOCATI	Ger 35 c or respi	AUTOPSY IMED?  HAVEY NJURY OCHOT	Test,	Approximate intervel Betwonset and Donest an
23. PART II. Enter the displack, or he immediate CAUSE (Find disease or condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  CAUSE (Disease or Injurity in the course. Enter UNDERLYIF CAUSE (Disease or Injurity in Injurity in Jurity	eesse, or dert failure.	a. GUNSHOTI DUE TO b. OUE TO c. DUE TO d. s contributing to  HOSPITAL: 1   Inpetient 2   28a. DATE OF (Month, D) 05-07- 28e. PLACE O	(OR AS A CON  (O	IN OF NI ISEQUENCE O	not sater  CK F):  F):  In the un  A I Nun  IE OF  IURY  M	26. Pt	Oldon , de of dy	given in	Pert I. 207 : h as cerdia	As. WAS AN PERFOR  YES 2  Specify) C  Sible HOW II  CCT Si  ON (Street is Jown, Stelle)	AUTOPSY MED? In NO  HAVE'S NURY OCHOT	Test,  24k	Approximate intervel Betwonset and Donest an
23. PART II. Enter the displock, or he immediate CAUSE (Find disease or condition resulting in death)  Sequentielly list condition course. Enter UNDERLYIF CAUSE (Disease or injurthet initiated events resulting in death) LAST  PART II. Other significer  15. WAS CASE REFERRED TO EXAMINER? 17. YES 2 NO  17. MANNER OF DEATH 1 Netural 5 P 2 Accident 1 Netural 5 P 2 Accident 1 Suicide 8 C 4 Homicide CERTIFIER (Check only 1 CERTIFIER	essea, or cert failure.  ona, late late late late late late late late	A. GUNSHOT DUE TO b. OUE TO c. DUE TO d	WOUNE (OR AS A CON (OR AS A CON (OR AS A CON INJURY (St. Ver) (1992) (Specify) (Specify) (Specify) (Specify)	Ine.  OF NI ISEQUENCE OF ISEQUE	of the under the	the mo	Oldton, ode of dy	given in	Pert I. 2.  th as cerdla  Pert I. 2.  11  eck only one)  8 10 Other (S  28d. DESCE  SUBJE  28f. LOCATI City or  CHAVE	An. WAS AN PERFORM  YES 2  Specify) C  IIBE HOW II ICT SI ON (Street is Town, Stelle) Y & [ (e) and mar	AUTOPSY MED?  HAVEY NJURY OCHOT	24k	Approximate intervel Betwonset and Donest an
23. PART (I. Enter the displace, price hock, price hoc	eessea, or cert failure.	a. GUNSHOT DUE TO b. OUE TO c. DUE TO d. s contributing to b. See PLACE C building.	WOUNE (OR AS A CON (OR AS A CON (OR AS A CON INJURY (St. Ver) (1992) (Specify) (Specify) (Specify) (Specify)	Ine.  OF NI ISEQUENCE OF ISEQUE	of the under the	the mo	Oldon dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of dy de of de of dy de of de	given in	Pert I. 2.  th as cerdia  Pert I. 2.  11  26d. DESCF SUBJE 261. LOCATI CHAVE to the cause time, data en	An. WAS AN PERFORM  YES 2  Specify) C  IIBE HOW II ICT SI ON (Street is Town, Stelle) Y & [ (e) and mar	AUTOPSY MED?  HAVE: NJURY OC HOT and Number WALITH	24th  24th  24th  24th  24th  24th  24th  24th  24th  24th  24th  24th	Approximate intervel Betwood Onset and Double on the Autopsy Finon Mail Able Prior to Completion of Caus of Death?  1 Yes 2 No  WALTERS I.P.  Route Number,  LANE  e) end manner as atate.
23. PART II. Enter the disphock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock, or he shock or condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  CAUSE (Disease or injurithet initiated events resulting in death) LAST  PART II. Other significer  25. WAS CASE REFERRED TO EXAMINER?  1  YES 2 NO  27. MANNER OF DEATH  1  Netural 5	eessea, or cert failure.	BOOM PICTOR OF THE PLANE TO THE	WOUNE (OR AS A CON (OR AS A CON (OR AS A CON INJURY (St. Ver) (1992) (Specify) (Specify) (Specify) (Specify)	Ine.  OF NI ISEQUENCE OF ISEQUE	of the under the	the mo	Older of dy  de of dy  g cause  ACE OF C  No 5   Ri  URY AT  PKS 2 5	given in	Pert I. 2.  th as cerdia  Pert I. 2.  The control of the control o	An. WAS AN PERFORM  YES 2  Specify) C  IIBE HOW II ICT SI ON (Street is Town, Stelle) Y & [ (e) and mar	AUTOPSY american MALITY and Number es stadd due to the control of	24k  24k  24k  24k  24k  24k  24k  24k	Approximate intervel Betwood Onset and Double Number,  Route Number,  Route Number,  LANE  e) end manner as state-
23. PART II. Enter the disphock, or he immediate CAUSE (Find disease or condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  Sequentielly list condition resulting in death)  CAUSE (Disease or injurithet initiated events resulting in death) LAST  PART II. Other significer  1. WAS CASE REFERRED TO EXAMINER?  1. WAS CASE REFERRED TO EXAMINER?  1. WAS CASE REFERRED TO EXAMINER?  1. Netural 5 P. R. WAS CASE REFERRED TO EXAMINER?  1. Netural 5 P. R. WAS CASE REFERRED TO EXAMINER?  1. Netural 5 P. R. WAS CASE REFERRED TO EXAMINER?  1. Netural 5 P. R. WAS CASE REFERRED TO EXAMINER?  1. Netural 5 P. R. WAS CASE REFERRED TO EXAMINER?  1. Netural 5 P. R. WAS CASE REFERRED TO EXAMINER?  1. Netural 5 P. R. WAS CASE REFERRED TO EXAMINER?  1. Netural 5 P. R. WAS CASE REFERRED TO EXAMINER?  1. Netural 5 P. R. WAS CASE REFERRED TO EXAMINER?  1. Netural 5 P. R. WAS CASE REFERRED TO EXAMINER?  1. Netural 5 P. R. WAS CASE REFERRED TO EXAMINER?  1. Netural 5 P. R. WAS CASE REFERRED TO EXAMINER?  1. Netural 6 P. R. WAS CASE REFERRED TO EXAMINER?  1. Netural 7 P. R. WAS CASE REFERRED TO EXAMINER?  1. Netural 7 P. R. WAS CASE REFERRED TO EXAMINER?  1. Netural 7 P. R. WAS CASE REFERRED TO EXAMINER TO EXAMINE	essea, or cert failure.  ona, late in the condition of the condition of the condition of the certain of the cer	BOOMPLETED CAU	OR AS A CON  (OR	Ine.  OF NI ISEQUENCE O  ISEQUENCE O  ISEQUENCE O  OT resulting  It a DOA  28b. Till IN.  It home, farm, ON STF.  death occurr  for investigation	orther  orther  orther  form in my o	the mo	g cause  g cause  LACE OF D  to 5   Ri  URRY AT  PKES 2 5  end place leath occur  29c. LICC  O . ((	given in  DEATH (Ch  asidence  NO  NO  NO  NO  NO  NO  NO  NO  NO  N	Pert I. 2073.  th as cerdla  Pert I. 20  Seck only one)  SEC Other (S  28d. DESCE  SUBJE  28f. LOCATI City or  CHAVE  to the couse time, deta en	Specify) C Specify Specify) C Specify Spec	AUTOPSY MED?  Indoory are MAVEY AND NURY OC HOT and Number WALIF There as stated due to til  29d. DAT	Test,  24th  Y & V  CURED  of or Rural  the cause(of  FE SIGNEC  5-07-	Approximate intervel Betwood Onset and Double on the Autopsy Finon Mail Able Prior to Completion of Caus of Death?  1 Yes 2 No  WALTERS I.P.  Route Number,  LANE  e) end manner as atate.





DHMH-16 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🛶 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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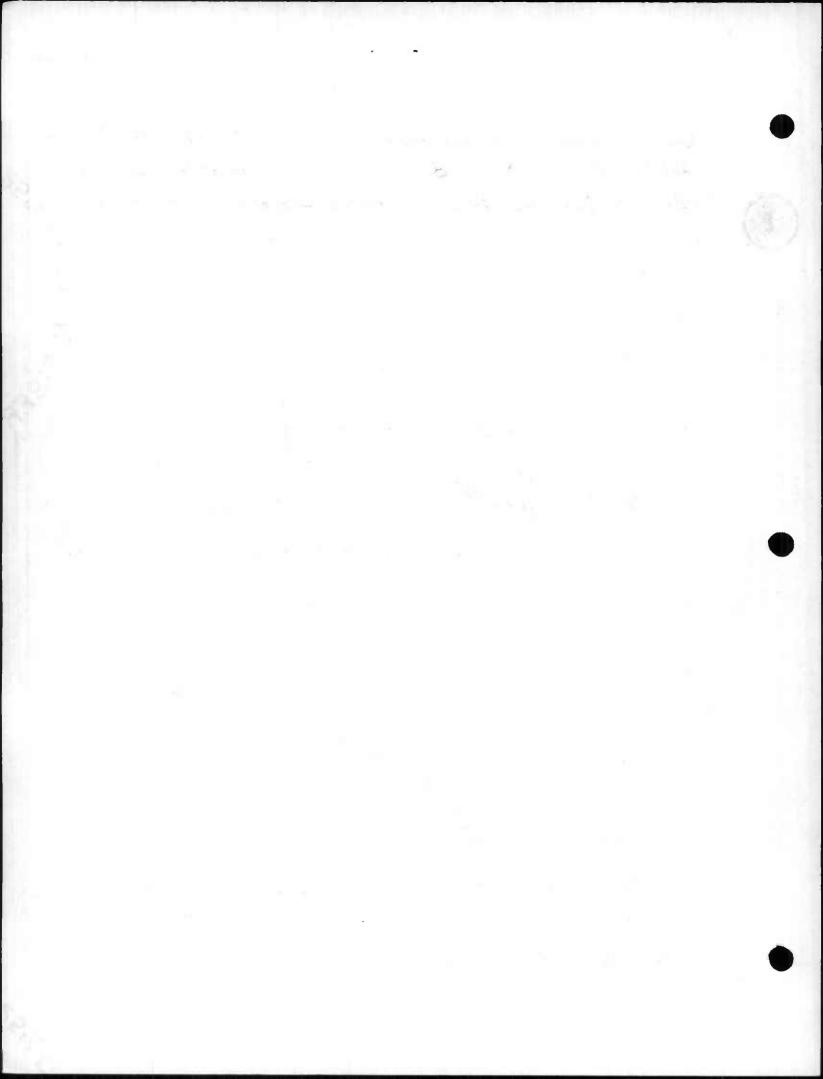
1. DECEDENT'S NAME (First, Middle, Last)	Frie	slava	/	DEATH	2. DATE MONTH	REG. NO.	_	3. TIME OF DEATH
221-03-9321	1 🗆 M 2 🎵 F	86 YRS. "	IF UNDER 1 YEAR IONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	OF BIRTH 1, Day, Year) - 06 - 0	6	BIRTHPLACE (State or Foreign Country) Delaware
RESIDENCE OF DECEDENT	SING HOME	2	HAVre	DeG			HAT	ford
	ecil		rth East	t				10d. INSIDE CITY LIMITS?  1 X YES 2 NO
100. STREET AND NUMBER 57 Cederhill Circle	е		101	21901				S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER IN 1 FORCES? 1 YES IF YES, GIVE WAR OR DAT		If yes, sp	ENCENT OF HISF ecity Cuben, Mexi 2 NO Spe	can, Puerto I	17 (Specify Yes Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
15. OECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+) N/A	Ille. Do NOT use	ork done during mo	st of working	16b	KIND OF BUS	SINESS/INDUST	TRY
17. FATHER'S NAME (First, Middle, Last) William Bro	own			18. MOTHER'S		Middle, Maiden Taylor		
19s. INFORMANT'S NAME (Type/Print) Roy Friesland			Red H			ber, City or Town		<sup>de)</sup> 21918
20a. METHOD OF DISPOSITION 1	val from State	PLACE OF DISPOSIT	TION (Name of ce	metery, crematory o	v			or Town, State
21. SIGNATURE OF EUNERAL SERVICE LICE	In A		22. NAME A	ND ADDRESS OF				
	Cuc !						North E	East, MD 2190
23. PART I. Enter the diseases, or contains a shock, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	lat only one cause on ea	ch line. Won avw	127 So	outh Mai	n Str	eet N		Approximate interval Between
ahock, or heart fallure. L IMMEDIATE CAUSE (Fine) disease or condition	DUE TO (OR AS A	CONSEQUENCE OF	127 Scot enter the mo	outh Mai	n Str	eet N		t, Approximate interval Between Onset and Death
shock, or heart failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A O	CONSEQUENCE OF	127 Scot enter the mo	outh Mai	n Str	eet N	AUTOPSY	t, Approximate interval Between Onset and Death
shock, or heart failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A O	CONSEQUENCE OF	127 Scot enter the mo	outh Mai	in Part I.	24a. WAS AN PERFOR	AUTOPSY	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
shock, or heart failure. L  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS A ODUE TO	CONSEQUENCE OF CONSEQUENCE OF the not resulting in	127 Sc ot enter the mo  Eu  The second of th	Duth Maj	in Part I.	24a. WAS AN PERFOR	AUTOPSY AMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO
shock, or heart failure. L  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Metural 5 Pending	DUE TO (OR AS A ODUE TO	CONSEQUENCE OF CONSEQUENCE OF the not resulting in thems 3 DOA 28b. Tible INJU At home, ferm, s	127 Sc ot enter the mo  Eu  The second of th	Duth Maj	in Part I.	24a. WAS AN PERFOR	AUTOPSY AMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2   NO
ahock, or heart failure. L  IMMEDIATE CAUSE (Finel disease or condition reauting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Medural 5 Pending Investigation 3 Suicide 6 Could not be determined  296. CERTIFIER (Check only	DUE TO (OR AS A ODUE TO	consequence of consequence of consequence of the consequence of co	127 Scot enter the mo	outh Maj	in Part I.  (Check only of the Color of the	24a. WAS AN PERFORM  1  YES 2  CATION (Street or Fown, Fown, Fown,	AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2  NO

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

KAMRUDIN MITHAWIMD. 703 REVOLUTION ST. HAVRE DE GRACE MD 21078.

32. REGISTRAR'S SIGNATURE

31. DATE FILEO (Month, Day, Year)
MAY 18'92



	FOR 1 - STATE REGISTRAR	STATE OF 1	MARYLAND C	/ DEPAR	RTMEN	T OF I	HEALTH DEAT	AND		GIENI G. NO.	E	)	14000
	1. DECEDENT'S NAME (First, Middle) Last)	Ann	a Marie	Fry					2. DATE OF DE	EATH DA	-10	75 T	3. TIME OF DEATH  LL LL A
	4. SOCIAL SECURITY NUMBER 219-22-5477	5. SEX	8. AgiE (In yrs. le	yrs.	IF UNDI	DAYS	IF UNDER	24 HRS.	7. DATE OF BIR (Month, Day, Oct. 12	ттн 2,19	26	Countr	IPLACE (State or Foreign
TOR	99. FICILITY NAME (If not institution dive	em. H	spita	7/	96. CIT	Y, TOWN	OR LOCATIO	le de	GrAC	e		unty of o	
DIRECTOR	10a. STATE 10b. COUNT	Cecil		10c. CFT	.,	on Loca	rion 7ingo						10d. INSIDE CITY LIMITS? 1 YES 2 KNO
FUNERAL	10e, STREET AND NUMBER				4	10	, ZIP CODE				10g. CI	TIZEN OF V	VHAT COUNTRY?
l jij	459 Rock Springs							2191	.8		U	J.S.A	
BY FU	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 27	RMED NO	13	If yes, ep	ENDENT OF CUBBIT 2 NO	1, Mexica	NIC ORIGIN? (Spe in, Puerto Rican, y:	etc.)	or No—	14. RACE Black Speci	- American Indian, c, White, etc.
8	15. DECEDENT'S EDU (Specify only highest grad	JCATION	16a, D	ECEDENT'S	USUAL (	OCCUPATION	ON		16b, KIND	OF BUS	INESS/IN	DUSTRY	
<u></u>	Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of a. Do NOT u	se retired.	) auring mo	ist of working	g					
COMPLET	Twelve Years			Hom	emak	er		100		_			
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First, Middle,	Maiden S	Sumame)		
BE	Walter S. Gra	nt							orie Al				
2	19a. INFORMANT'S NAME (Type/Print)								Route Number, City				
	James H. Fry							Rd.,					owingo, MD
	20a, METHOD OF DISPOSITION	novel from State	20b. PLACE cemetery, cri	ematory or o	ther place	1			DATE				
	4 Donation 5 Other (Specify)	OENSEE	- Pleasan	it Grov	<i>re Un</i>	ited l	Meth.C	h. Co	em. 5/29/	92	Peach	Bott	om, Pennsylvan
	* Rass 1. +	atters	DC.51	-	I	ee A	. Pat	tter	son & S aryland			ral i	Home
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau	ise on each line	e.	not ente	r the mo	da of dyli	ng, suc	h as cardiec o	r reepir	ratory a	rrest,	Approximate Interval Between Onset and Death
N	Santianatally, that are distance.	oue to	OR AS A CONSE	ovence o	n: ala	struc	st'on						weeks
E	Sequentially list conditions, if any, leading to immediate												
CERTIFICATION	CAUSE (Disease or injury	e. Hi	COR AS CONSE	+ U	aten	ne	and	M C-	ua				y end
	that initiated events resulting in death) LAST		(on he h conce	OULHUL D	. ,.								,
W W		d											
AL	PART II. Other significant condition		deeth but not	reculting	In the u	nderiyin	g cause g	iven in		MAS AN A	WTOPSY MED?	246.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL	atrial thorilly	aton							1 [	YES 2]	K)XOO		COMPLETION OF CAUSE OF DEATH?
									-				1 - YES 2 0
N N	25. WAS CASE REFERRED TO MEDICAL EXAMINER?						ACE OF DE	ATH (Ch	eck only one)				
S	1 TES 2 ANO	HOSPITAL:	ER/Outpatient 3	DOA	OTHE 4 □ Nu		e 5 🗆 Rec	sidence	6 Other (Spec	tty)			
BY PHYSICIAN:	27. MANNER OF DEATH  1 Return 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D		28b. TIM	E OF JURY M		URY AT PK? YES 2	NO	28d. DESCRIBE	HOW IN	JURY OC	CURED	
	3 Suicide 6 Could not be 4 Homicide datermined	26a. PLACE O building,	F INJURY — At he etc. (Specify)	ome, farm, :	street, foo	etory, office			281. LOCATION City or Town	(Street ar n, State)	nd Numbe	r or Rural A	loute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 DERTIFYINO PHYS	ICIAN: To the best of ER: On the bests of ex	my knowledge, de	eath occurre	ed at the	time, date	and place,	and due	to the cause(e) e time, date and pl	ind manr	or se sta	ited. he cause(a	end manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIFIE						29c. LICEI	NSE NUM					(Month, Day, Year)
TO BE	WILL R.	3/1					D		33.3		<b>&gt;</b> 5	5/14	192

Hospitel

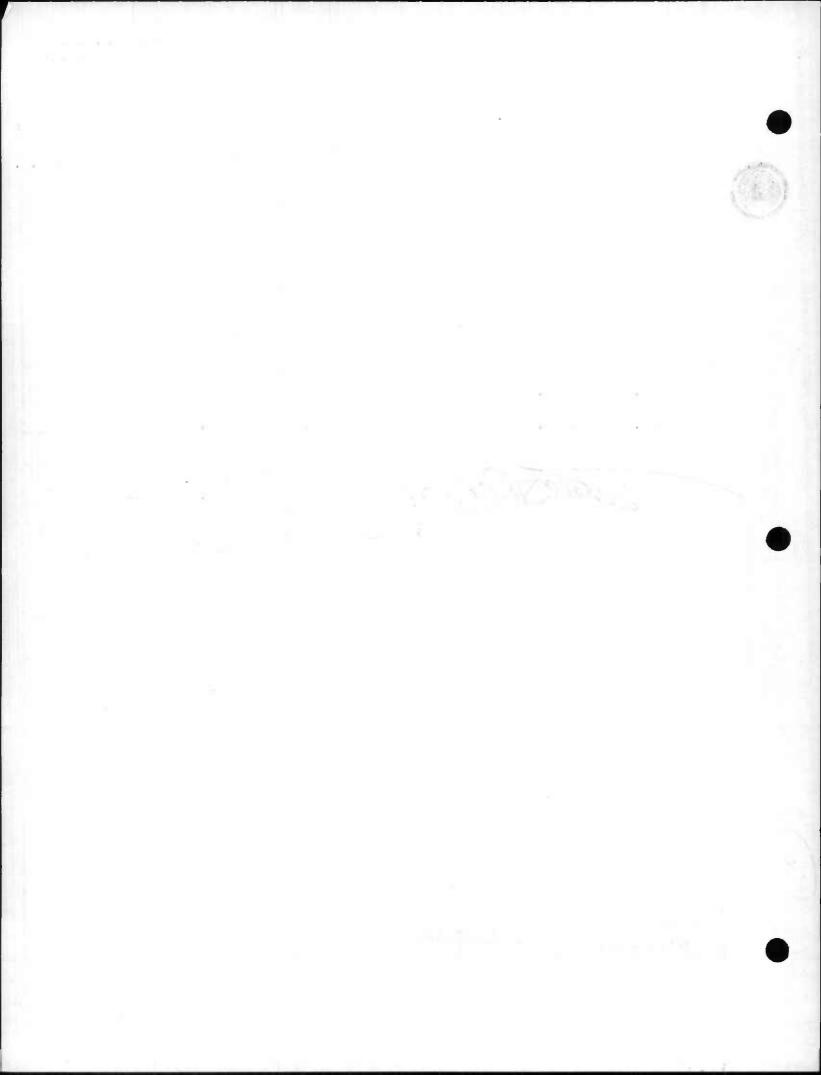
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
WILLIAM Bishaim D/ Hanford Memorial

22. REGISTRAR'S SIGNATURE

MAY 18 92

Havre de Grace, MD

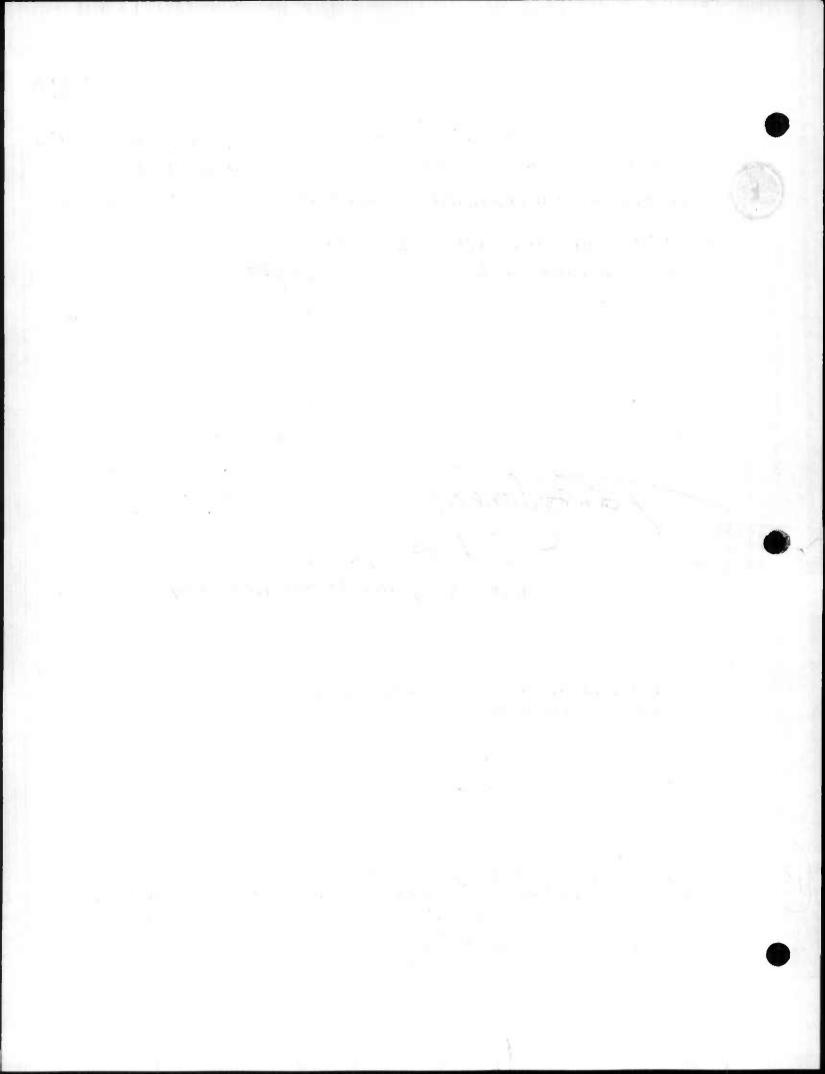
© BE COMPLETED BY FUNERAL DIRECTOR	UNKNOWN  B. FACILITY NAME (If not institution,  1907 Ladd St BESIDENCE OF DECEDER  De. STATE  106. C	give street and number)  Teet  NT  OUNTY  DNTGOMERY  12. WAS DECEDENT EVER FORCES? 1   YES IF YES, GIVE WAR OR	32 YRS. MS	Silver TOWN OR LOCAT ATON 10f.	or Location of Death Spring	DATE OF BIRTH (Month, Day, Year) 18/26/59	Cour	THPLACE (State or Foreignity) SHINGTON, DEATH  THE YOUR INSIDE CITY
© BE COMPLETED BY FUNERAL DIRECTOR	UNKNOWN  a. FACILITY NAME (If not institution,  1907 Ladd St  RESIDENCE OF DECEDER  Da. STATE  10b. C  MARYLAND  M.  Do. STREET AND NUMBER  720 WESTCHESTE  MARITAL STATUS  Mover Married 2 Married  Widowed 4 Divorced  15. DECEDENT' (Specify only highes)  Elementary/Secondary (0-12)  12	give street and number)  Teet  NT  OUNTY  DNTGOMERY  12. WAS DECEDENT EVER FORCES? 1   YES IF YES, GIVE WAR OR	32 YRS. MC 10c, CITY, 1 WHE/	b. CITY, TOWN O SILVET TOWN OR LOCAT ATON	HOURS MIN. O	(Morith, Day, Year) 8/26/59	WAS	DEATH  The Inside City
© BE COMPLETED BY FUNERAL DIRECTOR	a. FACILITY NAME (If not institution,  1907 Ladd St  RESIDENCE OF DECEDER  De. STATE  10b. C  MARYLAND  MO  De. STREET AND NUMBER  720 WESTCHESTE  MARITAL STATUS  MARITAL STATUS  Widowed 4 Divorced  15. DECEDENT' (Specify only highes)  Elementary/Secondary (0-12)  12	ONTGOMERY  PROPERTY  12. WAS DECEDENT EVER FORCES? 1 TYES, GIVE WAR OR IS SEDUCATION	IN U.SAMEDS 2 V NO	Silver TOWN OR LOCAT ATON 10f.	Spring	96	COUNTY OF	DEATH  MCTY  Land INSIDE CITY
6 BE COMPLETED BY FUNERAL	De. STATE 10b. C  MARYLAND M  De. STREET AND NUMBER  720 WESTCHESTE  MARITAL STATUS  Mever Merried 2 Merried  Widowed 4 Divorced  15. DECEDENT: (Specify only highes)  Elementary/Secondary (0-12)  12	ONTGOMERY  ER DRIVE  12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	IN U.SUPERMED	ATON	TION		Montgo	I and INSIDE CITY
6 BE COMPLETED BY FUNERAL	Da. STATE  ARYLAND  De. STREET AND NUMBER  720 WESTCHESTE  MARITAL STATUS  Widowed 4 Divorced  15. DECEDENT' (Specify only highes)  Elementary/Secondary (0-12)  12	DNTGOMERY  ER DRIVE  12. WAS DECEDENT EVER FORCES? 1   YES IF YES, GIVE WAR OR	IN U.SWOMED	ATON 10f.				10d. INSIDE CITY
© BE COMPLETED BY FUNERAL	De. STREET AND NUMBER  720 WESTCHESTE  . MARITAL STATUS  . Mever Merried 2 Merried  . Widowed 4 Divorced  15. DECEDENT' (Specify only highes)  Elementary/Secondary (0-12)  12	ER DRIVE  12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	IN U.STARMED S 2 NO	101.	. ZIP CODE			
© BE COMPLETED BY		12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	IN U.S. MED		ZIP CODE			1 YES 2XXNO
© BE COMPLETED BY	MARITAL STATUS    Aver Married 2   Married   Widowed 4   Divorced   15. DECEDENT' (Specify only highes   12   12   12   12   12   12   12   1	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	IN U.STARMED		00010	10	-	WHAT COUNTRY?
© BE COMPLETED BY	Widowed 4 Divorced  15. DECEDENT' (Specify only highes  Elementary/Secondary (0-12)  12	IF YES, GIVE WAR OR	S 2 NO	13. WAS DECI	20910 ENDENT OF HISPANIC O	RIGIN? (Specify Yea or I	US No.— 14. RA	OA CE — American Indian,
M K	(Specify only highes) Elementary/Secondary (0-12) 12	S EDUCATION t grade completed)	DATES	If yes, spe	ecity Cuban, Mexican, Pr 2 XIXIO Specify:	verto Rican, etc.)	Bla	ock, White, atc.
H K	12		16a. DECEDENT'S US (Give kind at work	k done during mos	ON st of working	166, KIND OF BUSINE	SS/INDUSTRY	
H K	, FATHER'S NAME (First, Middle, La	College (1-4 or 5 +)	FOREMAN	Willed.)		ROOFING C	OMPANY	γ
H K		st)			18. MOTHER'S NAME (	First, Middle, Meiden Surn	=	
0 "	CARL E. FARMER				HOPE MARY	QUINTO FA	RMER	
. 111	ADI E EADMED	•				Number, City or Town, St.		4
20	ARL E. FARMER	0.00	DOZI IUI		ET, NORTH		20714 ON — City or	
X	X Buriel 2 ☐ Cremetion 3 ☐ Donation 5 ☐ Other (Specify		TE OF HEAV					ING, MD
21	. SIGNATURE OF FAMERAL SERVI	CC-DCDGCT	~()	** T****	"FUNERACHO	MF. INC.		
ICATION 2 B	IMMEDIATE CAUSE (Final Isease or condition esulting in death)  sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events	DUE TO JOST AS	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	Turk	lts C	Net		
	esulting in death) LAST	ditions contributing to death	but not resulting in t	the underlying	g cause given in Part	1, 24e WAS AN AUT		IL. WE'RE AUTOPSY FINDS
IN: MEDI						y 200 2 0 1		COMPLETION OF CALL OF DEATH?
SICIA	EXAMINERY	HOSPITAL:		THER:	ACE OF DEATH (Check of	ALC: UK	acrowy	
>   -	MANNER OF DEATH	1 Inpetient 2 ER/Ou	38b. TIME O	-	■ S □ Residence S □ URY AT 29c	Other (Specify) St L DESCRIBE HOW INJUS	erect	
ВУ Р	1 Natural 5 Pending 2 Accident Investig		3 ± 02A		FIRE TAGET NO.	Subject Sho	in antonia.	
	3 Suicide 6 Could n	ot be 28e. PLACE OF INJUR	IY — At home, form, stre ectly)	et, factory, office		LOCATION (Street and It City or Town, State)		Plante Number
	4 Homicide determin	ned	Stree	et	- 1	907 Ladd 8	Street	
COMPLET		PHYSICIAN: To the best of my kno AMINER: On the bests of examinati						r(a) and manner as state
BE	HIGH ATUPE AND TITLE OF CE	H wa			29c. LICENSE NUMBER	290	d. DATE SIGNE	ID (Month, Dec Year)
	my Jen	M WHD COMPLETED CAUSE OF D			O.C.M.F		04/2	



	1 - FOR STATE REGISTRAR	STATE OF MARYLA	AND / DEPART CERTIFIC	MENT OF I	HEALTH AND DEATH	MENTAL	HYGIENE REG. NO.	92	14810
3		BENJAMIN W.		K		2. DATE O MONTH	DAY 2	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 232-58-1711  90. FACILITY NAME (If not institution, give	3×3 M 2,□ F	53 YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	4.	Day, Year) -1/-37	Country)	NCE (State or Foreign
DIRECTOR	GHAKPLAUNI BE	Hospir Hespir		Lau	or location of i	DEATN		THE G	eurges
		Arundel		TOWN OR LOCAT	4				d. Inside City Limits? Yes XX NO
FUNERAL	401 OLD LIN				Ze 7			ZEN OF WHA	T COUNTRY?
B≺	11. MARITAL STATUS  1 Never Merried  2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES		If yes, sp	CENDENT OF NISPA ecify Cuben, Mexic 2 NO Spec	an, Puerlo Ric	(Specify Yee or No— len, atc.)	Black, W	American Indian, hite, atc.
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	Me. Do NOT use	rk done during mo retired.)	ON ast of working		IND OF BUSINESS/IND	USTRY	
COMPL	17. FATHER'S NAME (First, Middle, Last)		PRINTER		18. MOTHER'S N		NTING COM Idle, Maiden Sumame)	PANY	<del></del>
BE	OTHO D. FINK  190. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	EMMA L		City or Town, State, Zip	Codel	
10	LINDA FINK				AVENUE,				
	20 METNOD OF DISPOSITION  Wild Burlet 2 Cremetton 3 Rem  4 Denation 5 Cities (Specify)	noval from State 20b.	PLACE AND DATE OF	DISPOSITION (Na	ime of	DATE	20c. LOCATION —		
	31. SIGNATURE OF SUMERAL SERVICE C	CENSEE	VKS GROVE	22. NAME AN	ND ADDRESS OF F	ACILITY		ROVE,	WVA
-	1 dals	telact o	/		FUNERAL		INC. D. LAURE		20707
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated eventa	b. GLIRL Upport of the TO (OR AS A C. DUE TO (OR AS A C.				hemo	rrhage		
	PART II. Other significant condition	d.	t not requiring in	the underlying		B   .			
N: MEDICAL	Arterioscher Diabetas M	notre Cardi	Vascula	r Dis	Ch L		PERFORMED?	CO OF	RE AUTOPSY FINDIN ILABLE PRIOR TO MPLETION OF CAUS DEATH?
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, PL	ACE OF DEATH (C	neck only one)			
HYS	1 K YES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJURY	tient 3 DOA 4	Nursing Hom			Specify)	URED	
ВУР	1 Matural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUF	M 1 7	RK? 'ES 2 NO				
60	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY - building, etc. (Specif	- At home, term, stre	eel, tectory, office		281, LOCATI City or	ON (Street and Number Town, State)	or Rural Route	Number,
COMPLET		CIAN: To the best of my knowle							d manner ee stated
BE C	206. SIGNATURE AND TITLE OF CERTIFIE	1 Depot	Medica		29c. LICENSE NU		29d. DATE	SIGNED (Mo	nth, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WA	O COMPLETED CAUSE OF DEAL	H (ITEM 27) (Some St	n(mt)	10185		14.	279	2
	PAUL A. DEVOX	7EMD 4283	( ween	brry 18	d Hya	7750	:11 MO :	20081	
	MAY 0 4 1992	12 Daydson- Man	tile.						

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun	filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
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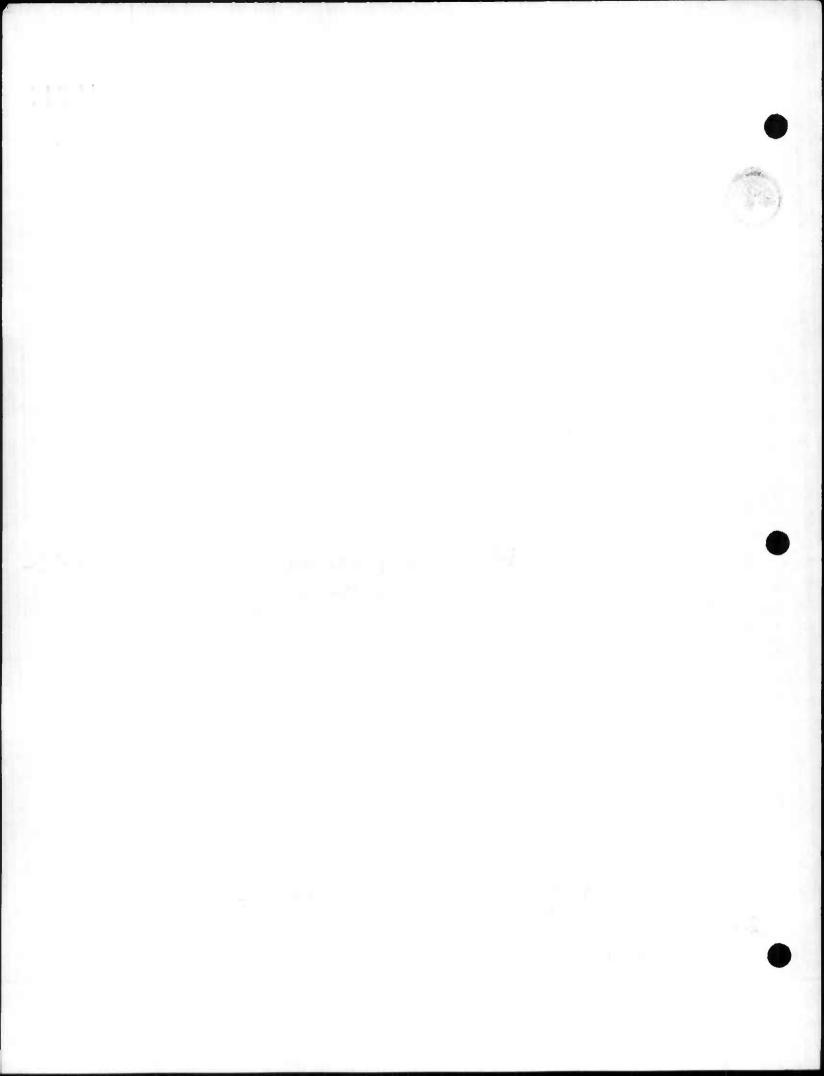
Dr. Gereige

MAY 1 4 1992

A SOCIAL SECURITY NUMBER  166-26-7084  1	10d. INSIDE CITY LIMITS? 1X YES 2 NO OF WHAT COUNTRY? ISA  RACE — American Indian, Black, Whita, etc. Specify:
4. SOCIAL SECURITY NUMBER  5. SEX  166-26-7084  1	BIRTHPLACE (State or Foreign Country)  W Brighton,  OF DEATH  GEORGE'S  10d. INSIDE CITY LIMITS?  1X YES 2 NO  OF WHAT COUNTRY?  JSA  RACE — American Indian, Bleck, Whita, etc.  Soecity:
166-26-7084   1	OUNTRY)  EW Brighton,  OF DEATH  George's  10d. INSIDE CITY LIMITS?  1X YES 2 NO  OF WHAT COUNTRY?  JSA  RACE — American Indian, Bleck, Whita, etc.  Soccity:
9a. FACILITY NAME (if not institution, give street and number) 4218 Jefferson Street Hyattsville  9b. CITY, TOWN OR LOCATION OF DEATH Hyattsville  9c. COUNTY Hyattsville  10a. STATE 10b. COUNTY Maryland Prince George's Hyattsville  10c. CITY, TOWN OR LOCATION Hyattsville  10d. STREET AND NUMBER 4218 Jefferson Street 10d. STREET AND NUMBER 4218 Jefferson Street 11. MARITAL STATUS 11. MARITAL STATUS 11. MARITAL STATUS 11. Never Married 12. WAS DECEDENT EVER IN U.S. ARMED 11. Never Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yes, specify Cuban, Maxican, Puerto Rican, etc.) 11. YES 2 No Specify  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  15a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  15b. KIND OF BUSINESS/INDUST	OF DEATH  GEORGES  10d. INSIDE CITY LIMITS? 1X YES 2 NO  OF WHAT COUNTRY?  JSA  RACE — American Indian, Bleck, Whita, etc.  Soecity:
4218 Jefferson Street  Hyattsville  Prince  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Prince George's  Hyattsville  10c. CITY, TOWN OR LOCATION  Hyattsville  10d. ZIP CODE  20781  10g. CITIZEN  20781  11. MARNITAL STATUS  11. MARNITAL STATUS  11. Marnital STATUS  11	10d. INSIDE CITY LIMITS? 1X YES 2 NO OF WHAT COUNTRY? ISA  RACE — American Indian, Black, Whita, etc. Specify:
10e. STREET AND NUMBER  4218 Jefferson Street  10f. ZIP CODE 20781  10g. CITIZEN 20781  10g. CITIZEN 20781  11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify:  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUST (Give kind of work done during most of working	10d. INSIDE CITY LIMITS? 1 YES 2 NO  OF WHAT COUNTRY?  JSA  RACE — American Indian, Black, Whita, etc.  Specify:
10e. STREET AND NUMBER  4218 Jefferson Street  10f. ZIP CODE 20781  10g. CITIZEN 20781  10g. CITIZEN 20781  11g. CITIZEN 20781	IMITS?  1X YES 2 NO  OF WHAT COUNTRY?  JSA  RACE — American Indian, Black, Whita, etc.  Specify:
10e. STREET AND NUMBER  4218 Jefferson Street  10f. ZIP CODE 20781  10g. CITIZEN 20781  10g. CITIZEN 20781  11g. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. OECEDENT'S USUAL OCCUPATION (Glive kind of work done during most of working)  10f. ZIP CODE 20781  10g. CITIZEN 10g. CITIZEN 11g. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 YES 2 M NO Specify:  16b. KIND OF BUSINESS/INDUST	1X YES 2 NO OF WHAT COUNTRY? JSA  RACE — American Indian, Black, Whita, etc. Specify:
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUST	OF WHAT COUNTRY?  ISA  RACE — American Indian, Bleck, White, etc.  Specific.
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUST	RACE — American Indian, Black, White, etc.
3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Specify:  15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16e. DECEDENT'S USUAL OCCUPATION (Specify only highest grade completed)  16b. KIND OF BUSINESS/INDUST	Black, White, etc. Specify:
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  15a. OECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working)  16b. KIND OF BUSINESS/INDUST	
(Give kind of work done during most of working	White
	'AY
College (1-4 or 5+)	
Addonotive	
01 1 1 1 7 7 11	
Clair M. Funkhouser Roberta Taylor	
19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Cod	
Carol Ann Funkhouser 4218 Jefferson Street, Hyattsville, Ma	ryland 2078
20b. PLACE AND DATE of DISPOSITION (Name of Location – City Cambelly, crematory or other place)  20b. PLACE AND DATE of DISPOSITION (Name of Location – City Cambelly, crematory or other place)  20b. PLACE AND DATE of DISPOSITION (Name of Location)  20c. LOCATION — City Cambelly Cambelly or other place)  Park Lawn Cemetery 5/15/92 Wheaton,  22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral H  4739 Baltimore Ave. Hyattsvill	Maryland
shock, or haart failura. List only ona cause on each lina.  IMMEDIATE CAUSE (Final disease or condition resulting in dasth)  Sequentially list conditions, if any, laading to immediata cause. Enter UNDERLYING  CAUSE (Disease or Industry)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  CAUSE (Disease or Industry)  CAUSE (Disease or Industry)	Interval Batwonset and Do
CAUSE (Disease or injury that initiated events resulting in death) LAST  d	
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	
1   YES 2   NO   1   Inpatient 2   ER/Outpetient 3   DOA 4   Nursing Home 5   Residence 8   Other (Specify)	
28a. DATE OF INJURY    Month, Day, Year)   28b. TIME OF INJURY AT WORK?    Month, Day, Year)   1   YES 2   NO   28d. DESCRIBE HOW INJURY OCCURE	ED .
3 Suicide 8 Could not be determined 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Ru	ural Route Number,
29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.  2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause (a) and menner as stated.	use(a) and manner as stated.
29h SIGNATURE AND TITLE OF CERTIFIER	NED (Month, Day, Year)
Danana Danana	1 3 ( a
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	15197

4410 74th Avenue, Landover Hills, Maryland

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall



		FOR
1	_	STATE
•		REGISTRAR

4. SOCIAL SECURITY NUMBER 214 05 7787  90. FACILITY NAME (If not institute of the control of the	S. SEX 1 M 2 THE  S. SEX 1 M 2 THE  EART HOSPITAL DENT 06. COUNTY	8. AGE (In yrs. last bi	irthday) YRS.	IF UNDER					16	92	3. TIME OF OEATH
90. FACILITY NAME (If not institute of the continuation of the con	5. SEX 1  M 2  THUTON, give street and number)  EART HOSPITAL DENT 06. COUNTY	74									
90. FACILITY NAME (If not institute of the state of the s	EART HOSPITAL DENT  06. COUNTY		YRS.		1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	10		12:47 A  HPLACE (State or Foreign
SACRED H RESIDENCE OF DECE 10e. STATE MD 10e. STREET AND NUMBER 233 Cumbe:	EART HOSPITAL DENT 06. COUNTY			MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 12/13/17		Count	try)
MD  10e. STREET AND NUMBER  233 Cumber	DENT Ob. COUNTY			9b. CITY	, TOWN OF	R LOCATIO	ON OF DE		9c. CO	UNTY OF C	DEATH
MD  10e. STREET AND NUMBER  233 Cumber	DENT Ob. COUNTY			C	UMBE	RLAN	D			ALLEG	ANY
MD 100. STREET AND NUMBER 233 Cumbe:			10- 017								
100. STREET AND NUMBER  233 Cumbe:	V 1 000001				OR LOCATIO						10d. INSIDE CITY LIMITS?
	Allegany			umbe	rlar	ZIP CODE			1 100 01	TIZEN OF	₩X YES 2 □ NO
	rland Stroot				1	215					WHAI COUNTRY?
	12. WAS DECEDER	T EVER IN U.S. ARME	D	13.	WAS DECE	NDENT O	F HISPAN	IIC ORIGIN? (Specify Ye		USA 14. RAC	E — American Indien,
1 Never Married 2 Married 3 Never Married 4 Divorce	IE VES CIVE I	MAR OR DATES			f yes, spec	cify Cuber	n, Mexicar	n, Puerto Ricen, etc.)		Spec	k, White, etc.
	ENT'S EDUCATION ighest grade completed)	16e. DECEI	DENT'S	USUAL O	CCUPATION	Y t of workin		16b. KINO OF BU	ISINESS/IN	DUSTRY	WILLE
Elementary/Secondary (0-12	College (1-4 or 5	+) life. Do	NOT us	e retired.)		CO WOTAN	y				
12		h	ous	ewif	е				hom	e	
17. FATHER'S NAME (First, Midd						18. MOTH		ME (First, Middle, Meiden	Surname)		
Harmon  19a. INFORMANT'S NAME (Type)	B. Arnold	40	***	100000			Dak		old		
Mr. Edward								Noute Number, City or Tox			
20a, METHOD OF DISPOSITION	- 100	20b. PLACE AND					Cumb	erland, M		OUZ - City or To	
1 Description 2 Cremation 4 Donation 5 Other (S)		cemetery, cremet	tory or ot	her place!			-027			- 1	
21. SIGNATURE OF FUNERAL S	SERVICE LICENSEE	1 55 16	CCI		NAME AND				Cullb	eriai	nd, MD
- Clares	7 Scarp	Mi			Camp	· Ixor	Sac	uneral Hor			
Sequentially liet condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in death) LAST	a.	OR AS A CONSEQUE	HICE OF	0	il	0	y	disi	Pas	re	year
PART II. Other eignificant	die ac	deeth but not read	ulting le	n the un	20	PH	OL	Part 1. 24a. WAS AN PERFO! 1 YES 2	RMED?	24b	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO
1 YES 2 NO	MORPITAL:	ER/Outpatient 3 🗆		OTHER 4 North		S [7] Ber	sidence 8	E □ Other (Specify)			
27. MANNER OF DEATH	28a. DATE OF (Month, C	INJURY 26	Sh. TIME	OF	Itic MJUI	RY AT	T	29d. DESCRIBE HOW I	NJURY OC	CURED	
Noturel S Per	eding setigation	oji, risarji	Deat	M	1 YE	B 2	NO				
3 Suitside 8 Co	utd not be semined 28e. PLACE 0 building.	F INJURY — At home, etc. (Specify)	farm, st	treet, facto	rry, office			281, LOCATION (Street of City or Xmen, State)	enst Numbe	r or Rund f	touts Mumber
29a. CERTIFIER (Check only one) CERTIFY MEDICA	ING PHYSICIAN: To the best of a	my knowledge, death	occurre	d at the th	me, date e	nd place,	end due t	to the cause(s) and mai	nner ee sta	ited. he cause(s	e) end manner se stated.
265, SIGNATURE AND TITLE OF	CENTIFIEN MIL	lenk	8-	12	-	D/					(Mapth, Day, Year)
RFREDERICK MI			7.79		ET C	UMBE	RLAN	D. MD.215	02		1

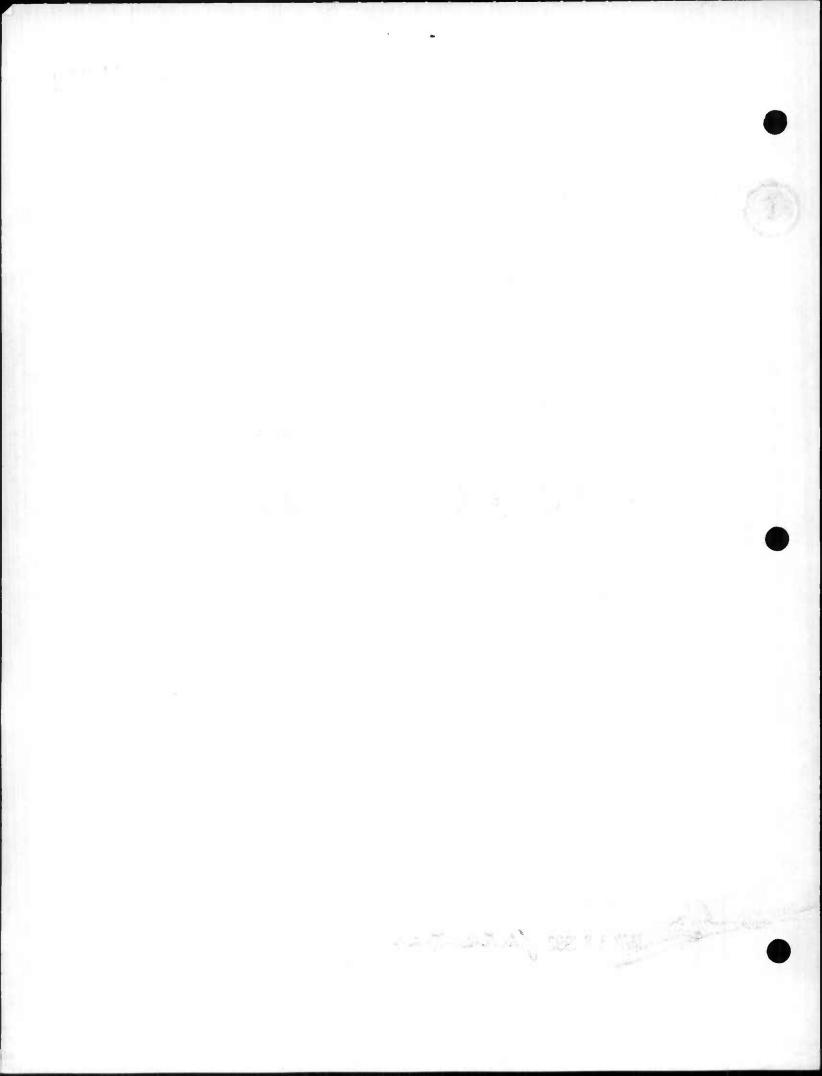
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020



DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	nours after death. Page 6 may be retained by the hospital or attending physician.
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be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or removal.
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

V. EUGENE MAZZOCCO, 31. DATE FILEO (MONTH, Doy, Year)
MAY 1 8 1992

CO, M.D. BMG. 91 132. REGISTRAR'S SIGNATURE WILL DURING MANUAL

912

SETON DRIVE

	1 - STATE REGISTRAR		STATE OF I	MARYLAND C	DEPAR	ICATE	OF I	ALTH DEAT	AND	MENTAL HYGIEN REG. NO	E 9	2 1	4813		
	1. DECEDENT'S NAME (First, BEN JORDA	AN FRA	NKLIN							2. DATE OF DEATH	AY	1992	3. TIME OF DEATN 11:20 A,		
	4. SOCIAL SECURITY NUMB 215122127	ER	5. SEX	6. AGE (In yrs. Ia:	st birthday) YRS.	IF UNDER 1 Y		IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-30-1	909	6. BIRTNI Country	PLACE (State or Foreign		
TOR	90. FACILITY NAME (If not ins SACRED HE RESIDENCE OF DEC	EART H				9b. CITY, TO				EATH	9c. COUNTY OF DEATN ALLEGANY				
DIRECTOR	10e. STATE	10b. COUNT			10c. CIT	Y, TOWN OR I	LOCATIO	N			10d. INSIDE ( LIMITS?				
	MD STREET AND NUMBER	MD Allegany  100. STREET AND NUMBER				'umber	~	_			XX YES 2 NO				
HA	607 Greene Street							2150		HAT COUNTRY?					
FUNERAL	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. WAS	S DECEN	IDENT OF	F NISPAI	NIC ORIGIN? (Specify Yearn, Puerto Rican, stc.)		USA 14. RACE Black	- American Indien, White, etc.		
2	1 Never Married 2 Merried 3 Wildowed 4 Divorced  FORCES? 1 YES 2 IF YES, GIVE WITH OR DATES  WW II					10	YES 2	<b>X</b> NO	Specif	y:		Specify			
COMPLEIED	(Specify only	EDENT'S EDU highest grade	CATION completed)	18e. DE	CEDENT'S live kind of v	USUAL OCCU	JPATION ng most	of working	7	16b. KIND OF BUS	SINESS/IN	DUSTRY	WILLO		
2	Elementary/Secondary (0-	-12)	College (1-4 or 5	•)	reti					Powe	nina	ton-R	and		
2	17. FATNER'S NAME (First, Mic	ddle, Last)			1001.	LCu	1	8. MOTN	ER'S NA	ME (First, Middle, Meiden		COH-R	arid		
פב			ranklin							ya Jordan	Connannay				
2	19a. INFORMANT'S NAME (Ty							Number of	or Rural I	Route Number, City or Town					
		Mrs. Kathryn L. Franklin 607 Greene Street Cumberland, MD 21502													
	206. METNOD OF DISPOSITION  1 Burlat 2 M Cremetton 3 Removat from State  20b. PLACE AND DATE OF DISPOSITION (Name of Cornellors, Cremetton 3 Removat from State Rosedale Funeral Chap 5-16 Martinsburg, WV														
			CENSEE	LAUS	euar	E FUI	JEI	ADORES:	Cna	D 2-16 M	arti	nsbu	irg, WV		
	22. NAME AND ADORESS OF FACILITY  Scarpelli Funeral Home Cumberland, MD 21502														
	23. PART I. Enter the dis shock, or he IMMEDIATE CAUSE (Fine	ort femure.	complications that List only one cau	coused the de se on each line	eath. Do n	not enter the	mode	of dyln	ng, suc	h as cardlec or respi	ratory ar	rest,	Approximate interval Between Onset and Death		
	disease or condition resulting in death)	+	.0	cule	0	nye	920	us	les	e orga	ut.	nos	13day		
		_	DUE TO	OR AS A CONSE	DUENCE OF	100	D	res	10	-08-					
	Sequentially list condition if any, leeding to immed		00E 10	OR AS A CONSEC	DUENCE OF	n	* /		-0-	- Com	9		1		
	cause, Enter UNDERLYIN CAUSE (Disease or Injur	NG J	۵		(										
	thet initiated events resulting in death) LAST		DUE TO	OR AS A CONSEC	DUENCE OF	71:									
5	2.57 11 211 11	-	d.										1		
יוויסוסוטוי. וווידסוסטר	PART II. Other significen	it condition	os contributing to	death but not r	esuiting i	n the under	riying c	euse gi	iven in	Part I. 24s. WAS AN . PERFOR			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
	Parel	200A S	Chani	not in	11-					1 TYES 2	NO		COMPLETION OF CAUSE DF DEATH?		
	-110000	ou u	19/0	uranj	7			-		_ /			1 TES 2 NO		
	25. WAS CASE REFERRED TO	MEDICAL					26. PLAC	E OF DE	ATN (Che	ock only one)					
	1 TYES NO			ER/Outpatient 3			Nome	5 🗆 Res	idence	8 Other (Specify)					
	27. MANNER OF OEATN	Pending nvestigation	28e. DATE OF (Month, Di		28b. TIMI INJ	URY	WORK		NO	28d. DESCRIBE NOW IN	JURY OC	CUREO			
	3 Suicide 8 🗀 C	Could not be	28a. PLACE Of building,	F INJURY — At ho atc. (Specify)	me, ferm, e					281. LOCATION (Street e City or Town, State)	nd Numbe	r or Rural Ro	ute Number,		
										to the cause(e) end men			and menner ee stated.		
	29b. SIGNATURE AND THILE			71				9c. LICEN					Month, Day, Year)		
	30. NAME AND ADDRESS OF	w	27 2	- //10	330	NEW !	D	0	0/	155	1	1-15	-92		

CUMBERLAND, MD 21502

MAY LE 1982 A CALCAGA Traver

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burlal, cremation, or removal.	Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	E
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M. K. MCEVOY

9 '92

31. DATE FILED (Month, Day, Year) MAY 1

PO

BOX

32. REGISTRAR'S SIGNATURE
Suna Davidson Andrea

	FOR STATE REGISTRAR  1. DECEOENT'S NAME (First, Middle, Last)			ERTIFIC	OAI	LOF	DEA	***	2. DAT	REG. N	O. DAY	YEAR 3	. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	E. GI					_		01	5 1	7	02	0006
	215-20-9045	1 M 2 V F	6. AGE (In yrs. Is	//	IF UNDE	DAYS	HOURS	MIN.	7. DATI	OF BIRTH th, Day, Year) -02-25		Country). Mary.	ACE (State or Foreign
	9a. FACILITY NAME (If not institution, give si		00		9h CIT	V TOWN	OR LOCATI	ION OF D	_	-02-25	1 0 000	Mary.	
OR	Baltimore County		Hospita				llst		CAIN				ore County
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY												
E C		oll Count	37	TUC, CITY,			ville	_				Od. INSIDE CITY LIMITS?	
	10e. STREET AND NUMBER	orr count	У		ی	2	. ZIP COD				10e. CITI		X YES 2 NO
FUNERAL	7318 Springfield	d Avenue					2	1784				U.S.A	
5	11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. A	RMED	13.	WAS DEC	ENDENT C	OF HISPA	NIC ORIGI	N? (Specify Y	ee or No-	14. RACE -	- American Indien.
1	1 Never Married 2X Merried 3 Widowed 4 Divorced	FORCES? 1 [ IF YES, GIVE WI	AR OR DATES	INO			2 DNO			Rican, etc.)		Specify:	White
ב	15. DECEDENT'S EDUC	CATION	18a D	ECEDENT'S U	SUALO	CCUBATIO	2M		1 40	- FIND OF B	USINESS/IND		vnite
	(Specify only highest grade Elementary/Secondery (0-12)	College (1-4 or 5+)	((	Give kind of wo b. Do NOT use	rk done	during ma		ng	10	D. KIND OF B	OSINESS/IND	USTRY	
COMPLE	12			Aide						Nurs	ing(St	ate o	of Marylan
5	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	AME (First,	Middle, Meide			
	Franklin P.	Green								Gree			
2	19e. INFORMANT'S NAME (Type/Print)		15	9b. MAILING A									
1	Mr. Thomas B. Gis	5C	20h PLACE	/318				d Av	e.		ville,		
	1 Buriel 2 Cremetion 3 Remo	oval from State	cometery co	ematory or other	ar nienal			vi co	1				
	21. SIGNATURE OF FUNERAL SERVICE LIC		1		22.	NAME AN	ID ADDRES	SS OF FA	CILITY				
	· Brian	2.7	aich	t							(P.O.		
	23. PART I. Enter the diseases, or c		/1		t enter	the mo	eksv:	IIILE	h as car	diac or rea	4 (410	) - /95	Approximate
	ahock, or heart fellure. I	List only one caus	e on each line	е.								,	Interval Between Oneat and Death
	disease or condition resulting in death)	Sud	DEN	CAPED	IA	_	DEA	HH					minutes
		DUE TO (	OR AS A CONSE	OUENCE OF):									
	Sequentially liet conditions,		terosu		5								years
	If any, leading to immediate cause. Enter UNDERLYING	710	OR AS A CONSE	4.4	1.12	rus							years
	CAUSE (Disease or Injury thet initieted events	OUE TO (	OR AS A CONSE		1	~ /							10000
	resulting in death) LAST	ı											
	PART II. Other algnificent conditions	s contributing to d	leeth but not	resulting in	the ur	deriving	Cause C	niven in	Part I	24s. WAS A	MAHTOREY	T 0.45 MI	
THISIOIM. MEDICAL	OBESITY					,	0.000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PERFO	RMED?	A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO DMPLETION OF CAUSE
										1 TYES	2X NO	Of	DEATH?
									_			,	TES 2 ID NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ПОСВІТАТ					ACE OF D	EATH (Ch	eck only o	ne)			
	1 TES 2 NO	HOSPITAL:	ER/Outpatient 3		OTHER □ Nur		e 5 □ Re	sidence	8 🗆 Othe	or (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	28e. DATE OF II (Month, Oay		28b. TIME (	OF TY	28c. INJI WO	URY AT		28d. DE	SCRIBE HOW	INJURY OCC	URED	
	2 Accident Investigation	28a DI ACE OF	IN HIPPY AA L		M	1 🗆 Y		NO					
	3 Suicide 8 Could not be determined	building, et	INJURY - At he te. (Specify)	ome, term, atre	eet, fact	ory, offici	•		28f. LOC	or Town, State	end Number (	or Rural Rout	e Number,
	29a. CERTIFIER 1 CERTIFYING BUYEN	NAM: To the heat of a		357			-						
	(Check only one)  2 MEDICAL EXAMINER	CIAN: To the best of m	ny knowledge, de mination end/or	Investigation	In my o	ime, date	end place,	end due	to the ca	use(e) end m	nner an state	d.	ad manage or state of
	29b. SIGNATURE AND TITLE OF CERTIFIER	1		liters.			29c. LICE			and place, e			
	man 5 m	At	TENDING	4 Pox	Y3.			336			DATE	1/18/	onth, Day, Year)
2													

SYKEVILLE

MD

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

/3/12

Domestic

FUNERAL DIRECTOR

BY

COMPLETED

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)

Homemaker

Forestville

IF UNDER 24 HRS.

96. CITY, TOWN OR LOCATION OF DEATH

10f. ZIP CODE

1 TYES TO NO

20747

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-

18. MOTHER'S NAME (First, Middle, Maiden Surneme)

investigation, in my opinion, death occured at the time, date end place, end due to the ceuse(e) end manner ee stated.

29c. LICENSE NUMBER

D12884

7900 OLD BRANCH AVE. SUITE 101, CLINTON, MARYLAND 207 \$5

Specify:

COREEN GREEN

303

8. AGE (In yrs. last birthday)

67

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES A

5. SEX

Prince George's

College (1-4 or 5+)

9108

3711 Donnell Drive,

15. DECEDENT'S EDUCATION

29b. SIGNATURE AND TITLE OF CERTIFIER

31. DATE FILED (Month, Day, Year)

PETER W.YIM M.D.

BE

2

66

9e. FACILITY NAME (If not institut

Maryland

10e. STREET AND NUMBER

1 Never Merried 2 Merried

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

3 X Widowed 4 Divorced

11. MARITAL STATUS

m o	unknown Maybell Frazier										
TO E	190. INFORMANT'S NAME (Type/Print)  Carolyn Green		3711 Donnel	nd Number or Rural Route Nu 1 Dr., Fo	mber, City or Town, State, Zip C restville,	MD. 20					
	#0ar METHOD OF DISPOSITION A D Burlel 2 Cremetion 3 Remove 4 Donatton 5 Other (Specify)	I from State cemeter	ACEAND DATE OF DISPOSITION (No. 1), crematory or other place)  kerson Bapt.	1	TE 20c. LOCATION - CH						
TO BE	21. SIGNATURE OF FUNEBALL SERVICE LICENSER  22. NAME AND ADDRESS OF FACILITY  A DAMS Funeral Home, P.A.  20605 Aguasco Rd., Aguasco										
	23. PART I. Enter the diseases, or conchock, or hear failure. Lis iMMEDIATE CAUSE (Final disease or condition resulting in death)	comy one cease on each	chemic strok	de of dying, auch ae ce	rdiac or respiratory arrea	et, Apprinten					
CERTIFICATION	Sequentielly liet conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO SEVERE athough the country of th	erosclerotic	coronary		ye ease. y					
MEDICAL	PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part I.  recurrent congestive heart failure.  and congestive heart failure. cardiomegaly.  right basilar pneumonia and septicemia										
PHYSICIAN:		erial occiospital:	OTHER:	ACE OF DEATH (Check only of 5 - Raeldence 8 - Ott							
BY PH	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY WO	URY AT 28d. DI	28d. DE\$CRIBE HOW INJURY OCCURED						
TED	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY — I building, etc. (Specify)	At home, ferm, street, factory, office	28f. LOCATION (Street and Number or Rural Route Num City or Town, State)							
COMPLE	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAL EXAMINER: C	N: To the best of my knowledge On the basis of examination end	e, death occurred at the time, data d/or investigation, in my opinion, do	and piecs, and due to the co	e end place, and due to the o	couse(e) end manner					

E OF DEATH (ITEM 27) (Type, Print)

32 REGISTRAR'S SIGNATURE

3. TIME OF DEATH South 10d. INSIDE CITY YES 2 NO 10g. CITIZEN OF WHAT COUNTRY? USA RACE — American Indian, Black, White, etc. Specify: Black 16b. KIND OF BUSINESS/INDUSTRY State, Zip Code) Apt 11e, MD.  $20\overline{747}$ ATION - City or Town, State lyBranch, S.C. P.A. 20508 MD. Aquasco atory arrest. Approximata interval Between Onset and Death hours years disease, years. Months 24b. WERE AUTOPSY FINDINGS AWARABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO JURY OCCURED

**DHMH-18 Rev 1/89** 

29d. DATE SIGNED (Month, Day, Year) MAY 9 1992

State of the state

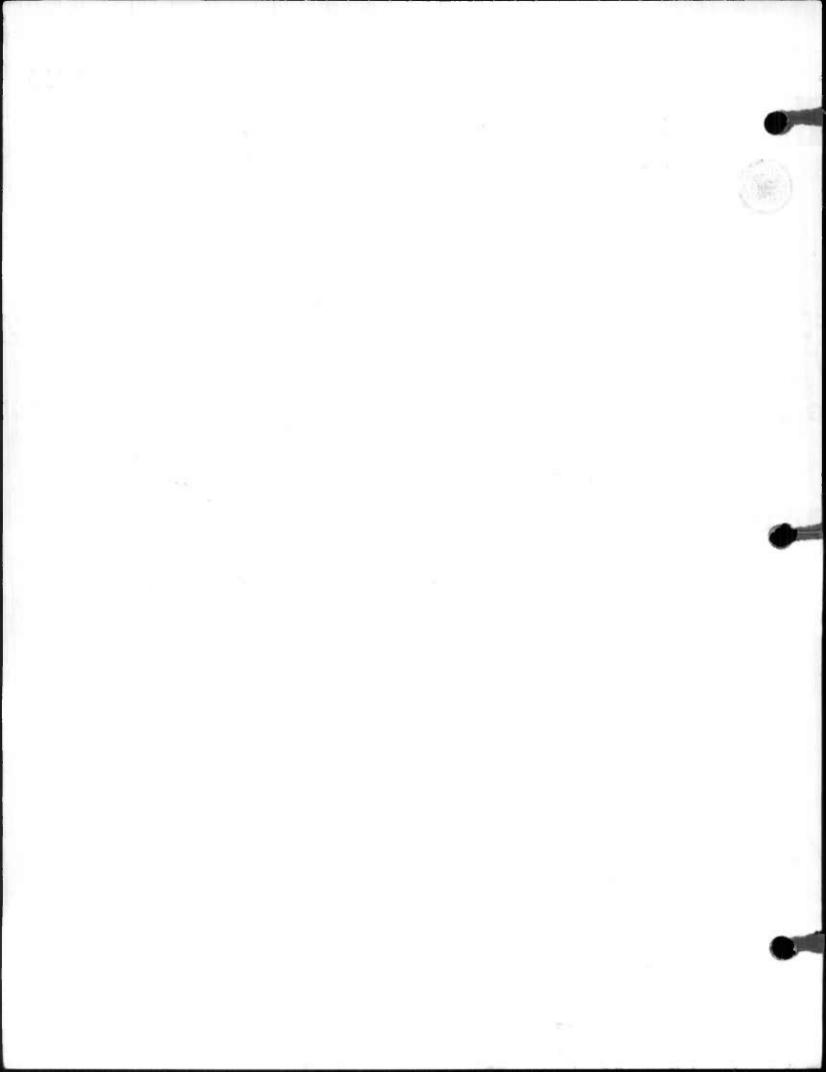
30. NAME AND ADDITION OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, 2011)

31. DATE FILED (Month, Day, Year)

MAY 0 4 1992

Sunday Davidson—Randall

						(	22 11 01
	1 - FOR STATE REGISTRAR	OF MARYLAND / DE	PARTMENT OF H		MENTAL HYGIENI REG. NO.	E .	92 1481
	1. DECEDENT'S NAME (First, Middle, Last)  LRENE GRA	ENE R. GRANT			2. DATE OF DEATH MONTH DA	Y - 97	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX	8. AGE (In yrs. last birth		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		IRTHPLACE (State or Foreign ountry)
	228-07-7007 D 1□M2	mm o.	RS. MONTHS DAYS		08/15/07		VIRGINIA
TOR	9a. FACILITY NAME (If not institution, give street and nui GREATER LAUREL NURSING		PB. CITY, TOWN C	OR LOCATION OF DEA	ATH	PRINC	E GEORGE
DIRECTOR	MARYLAND 106. COUNTY HOWARD	10- L	AUREL	TION			10d. INSIDE CITY LIMITS? 1 YES XX NO
3AL	10e. STREET AND NUMBER		101	. ZIP CODE			OF WHAT COUNTRY?
FUNERAL	9142 BRYANT AVENUE	DECEDENT EVER IN U.S. ARMED	Las una per	20723	IO ODIONIO Maraka Var	US	RACE — American Indian,
BY FU	1 Never Married 2 Married FORC	DECEDENT EVER IN U.S. ARMED DES? 1 YES X NO S, GIVE WAR OR DATES	If yes, sp	ecify Cuben, Mexican NO Specify:	IC ORIGIN? (Specify Yea I, Puarto Rican, atc.)		Black, White, etc.  Specify:  WHITE
8	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	(Give kil	ENT'S USUAL OCCUPATION		16b. KIND OF BUS	INESS/INDUSTR	ay .
COMPLETED	Elementary/Secondary (0-12) College	(1-4 or 6+) HOMEN	NOT use retired.)		OWN HO	MF	
OME	17. FATHER'S NAME (First, Middle, Lest)	HOPLE	TANLK	16. MOTHER'S NAM	ME (First, Middle, Maiden		
BE C	WILLIAM GARRETT			MARY C	OLEMAN		
10	190. INFORMANT'S NAME (Type/Print) FRANK GRANT		ALING ADDRESS (Street of ALING ADDRESS			n, State, Zip Code 20723	
	METHOD OF DISPOSITION ABuriel 2 Cremation 3 Removal from	State 20b. PLACE OF D	DISPOSITION (Name of car LINCOLN CEN	metery, crematory or		CATION — City of	
	4 Donation 5 Other (Specify)	FURT L					, MARYLAND
	1000	2 dh			HOME, INC		
	23. PART i. Enter the diseases, or complicat	long that caused the death.					MD 20707
	shock, or heart fallure. List only IMMEDIATE CAUSE (Finel	one cause on each ilna.		or dying, addi	r oo oararay or roop	ratory arroat,	interval Between Onset and Death
	disease or condition resulting in death)	ONGESTIVE	HEART \$	FAILURE	-		
	A .	OUE TO (OR AS A CONSEQUEN	NCE OF):			11-12	
NO N	Sequentially list conditions, b	THEROJ CLE		MONKS	OLKIC III	JEHNE	
FA	If any, leading to immediate cause. Enter UNDERLYING	302 10 (011 110 11 001 002 002					
CERTIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSEQUEN	NCE OF):				
H	resulting in death) LAST						
	PART II. Other aignificent conditions contrib	uting to death but not reau	iting in the underlyIn	g cause given in	Part i. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIC	WHIDETES MELLITU	, INV-HNTI	LE POLIO	WITH	1 TES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
M	MAKAYMYESIS, SEI	COOLED! OUT	ANDIC BUL	HIDSYN	DIIONE		1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. P	LACE OF DEATH (Che	eck only one)		
SIC	EXAMINER?  1 YES 2 NO 1 Inpa	ITAL: itlent 2 - ER/Outpatient 3 - I	OTHER:	ne 5 🗆 Rasidenca			
PHYSICIAN: MEDICAL		. DATE OF INJURY 26 (Month, Day, Year)		JURY AT ORK?	26d. OESCRIBE HOW	NJURY OCCURE	10
B	1 Natural 5 Pending 2 Accident Investigation	. PLACE OF INJURY — At home,		YES 2 NO	26f. LOCATION (Street	and Number or B	Burni Shusha Mumbar
田	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Specify)	Talling actions; and a second		City or Town, State)		and room runnym,
COMPLETED	29s. CERTIFIER 1 CERTIFYING PHYSICIAN: To the	he best of my knowledge, death	occurred at the time, date	e end place, end dua	to the cause(s) and ma	nner as stated.	
MO		examination end/or inves	atigation, in my opinion,	death occured at the	time, data and place, ar	nd due to the ca	use(a) and manner as stated.
BE C	29b. SIGNATURE AND TITLE OF PERFITIER	1	1.1	29c, LICENSE NUM	MBER	29d. DATE S	INED (Marth, Day, Year)
10	30. NAME AND ADDITION OF PERSON WHO COMPLE	ETED CALISE OF DEATH (ITEM 2)	MI	NCAC	135	- 1/	544



6	-	
	,	)
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	ısıt permit. Page	

BALTIMORE, MARYLAND 21215-0020

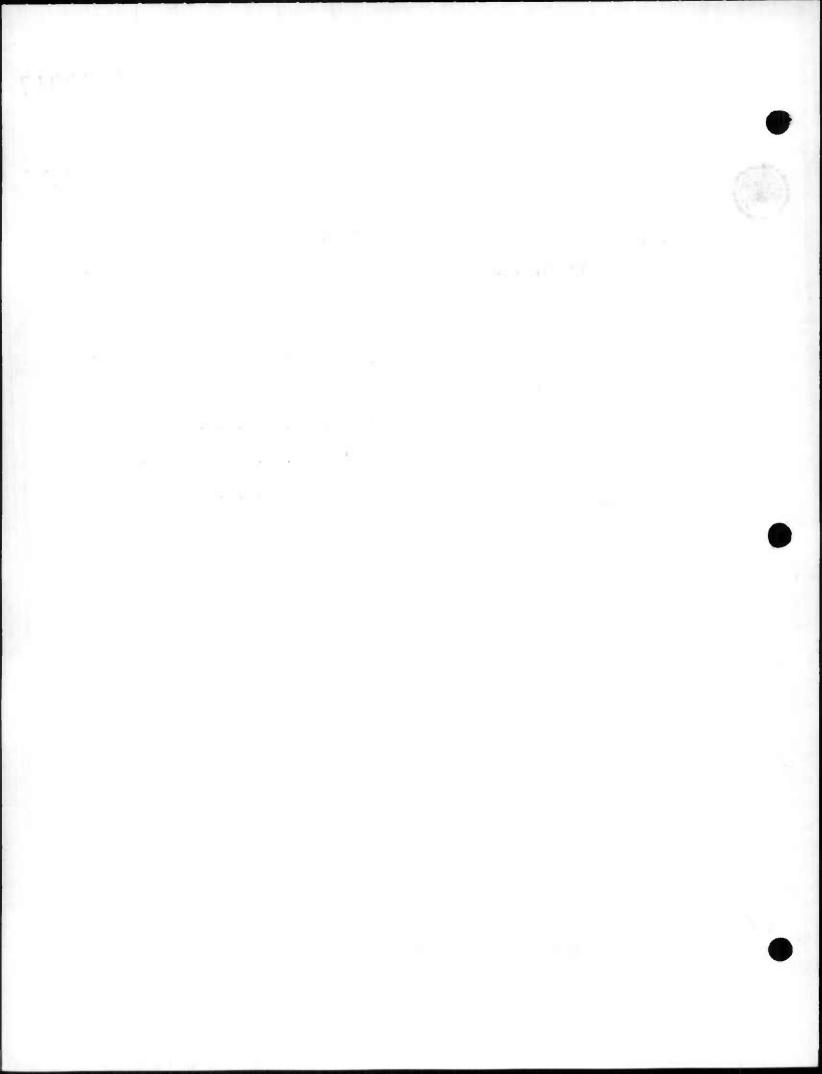
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-train filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

\*\*MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE OF DEATH  1. TIME OF DEATH  1. TIME OF DEATH													
	Josie	Gol	ightly							MONTH.	16	Y 9	2 ZEAR	7:30 a. M
	4. SOCIAL SECURITY NUMBER	BER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF	BIRTH		8. BIRTI	IPLACE (State or Foreign
	579-01-99		1 ☐ M 2 ☐ XF	89	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month De	0'9	03	Coumb	erson, S.C.
	9a. FACILITY NAME (If not in	nstitution, give s	street end number)			9b. CITY,	TOWN	OR LOCATION	ON OF DE	ATH		9c. COU	INTY OF D	
DIRECTOR	Montgom	ery G	eneral	Hospi	tal	0.	lne	у				Mo	ntg	omery
딥	RESIDENCE OF DEC	10b. COUNT	v			Y, TOWN C								
H	D.C.		none		2.0	ash:								10d. INSIDE CITY
	10e. STREET AND NUMBER		110110			~D11.		. ZIP CODI	-					1 TYES 2 NO
B/A	2925 7th Street, N.E.						10		001	7		10g. CIT		S.A.
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. A					13. 1	MAS DEC			IC ORIGIN? (S	nanifu Man	ar Na		E — American Indian,
	1 Never Merried 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES			NO	,	i yes, sp	ecify Cubs	n, Mexicer	n, Puerto Rica	n, etc.)	Or 140—	Black	k, White, atc.	
) BY	3% Widowed 4 Divo	erced						X	фосту				Speci	Black
Ī	15. DEC (Specify onl	EDENT'S EDU	CATION completed)	160,	DECEDENT'S	vork done o	CUPATIO	ON ast of workin	10	16b. KIN	D OF BUS	INESS/INI	DUSTRY	
7.	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)	(Give kind of work done during most of working life. Do NOT use relied.)  Domestic Cleaner					0.7	0010	12172 =	+0	House
COMPLETED	17. FATHER'S NAME (First, M	lidelle ( cat)			DOME	SOTI							. Le	nouse
	Joe		hington					18. MOTN	IER'S NAI	ME (First, Middle Sall	e, Malden :	Sumame) Lewi	C	
BE	19e. INFORMANT'S NAME (7		11116 0011		105 MAII INC	4000500	(0)			Toute Number, (	•			
2	Jennie Se				2925	7th	St	N E	. Wa	sh.D.	C Town	State, Zk	Code)	
	20g. METNOD OF DISPOSITI	ION			EAND DATE					DATE			City or To	
	4 □ Donation 5 □ Other	(Specify)	oval from State	Mar	yrand	her Necel	t · 1	Mem	.Pk	.4-23	Lau	arel	. Ma	ryland
	21. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE	1		22.1	AME AN	ID ADDRES	S OF FAC	житу Ни	nt I	une	ral	Home
	173	ema	M 74	unt	~	28	301	7th	St	N.E.	Wash	ı.D.	C.	20017
	23. PART I, Enter the di	seeses, Dr c	omplications that	t coused the	deeth. Do r									
	shock, or he IMMEDIATE CAUSE (Fin	cort rondre.	List only one cau	ise on eech ii	ne.					ou cultuloc	Or respir	etory err	est,	Approximate interval Between
	disease or condition resulting in death)	<b>→</b>	Co	OCI:										Onset and Death
	recutting in death)		DUE TO	OR AS A COM	SEQUENCE OF	7								
Z	Sequentially list conditi		Dil	ated	Ca	~di	0 ~	mo/	atz					
MEDICAL CERTIFICATION	if any, leeding to immed	diate	DUE TO	(OR AS A CONS	EQUENCE OF	1/	23	11	_	,				
FIC	Cause. Enter UNDERLYI CAUSE (Disease or Inju		- Con-	OR AS A CONS	-C	HC	N	- /	Fa	uf curt				
E	that initiated events resulting in death) LAS	T	Re	red	7	·	11	5.74						
빙						nd	77	1 62	7					
¥.	PART II. Other significe	nt condition	e contributing to	deeth but no	t resulting i	n the und	eriying	ceuse g	iven in F	Part I. 24e	. WAS AN A	UTOPSY	24b.	WERE AUTOPSY FINDINGS
8										_ 10	YES 2			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
13										_				1 TES 2 NO
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:			OTHER		ACE DF DE	ATN (Chec	ck only one)				
¥S	1 YES 2 NO		1 pightlent 2			4 - Nursi		5 🗆 Red	eldence 8	Other (Spe	ecify)			
		Pending	28e. DATE OF (Month, Da	ny, Year)	28b. TIMI		28c. INJI WO	RIC?	- 1	26d. DESCRIE	E HOW IN	JURY OCC	CURED	
B	2 Sulate	nvestigation	280 PLACE OF	F INJURY — At	home form	MI		ES 2						
		Could not be letermined	building,	etc. (Specify)	nome, term, s	treet, nacto	гу, опіс			28f. LOCATION City or Tox	vn, State)	d Number	or Rural R	oute Number,
COMPLET	29e. CERTIFIER	TVINO BUVOLO		10,		c-,J-10					_:			
M M	(Check only one) 2 MEDIC	CAL EXAMINE	CIAN: To the best of	my knowledge,	death occurre	d at the tin	ne, date	end place,	and due to	o the cause(e)	end menn	er es atat	ed.	
13	29b. SIGNATURE AND THE			amination end/o	er investigation	i, in my op	Inlon, de	ath occure	d at the ti	Ime, date and	place, end	due to th	e cause(e)	end menner as atated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIER						29c. LICE	NSE NUME	BER	-	29d. DATI	E SIGNED	(Month, Day, Year)
2	111 0000	de	· um					US	10	17	- 1	PL	11.1	163
$\vdash$	30. NAME AND ADDRESS OF	PERSON WHO		E OF DE TTO	-	0.1.1				•			1/0	174
۴	30. NAME AND ADDRESS OF	1 V		E OF DEATH (IT	EM 27) (Type,			-	1.	, 11	- L	7	7/6	72
Ē	30. NAME AND ADDRESS OF  Waseles  31. DATE FILED (Modifi, Day, Y	1K	COMPLETED CAUS	Davidson	016	60	N	Ha	And	, wh	eatr	- 1	110	20902



BALTIMORE, MARYLAND	urs after death. Page 6 may be retained by the hos	of filt. In the funeral director, page 5 should be detach tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within arter death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filt. Fin by the funeral director, page 5 should be detach, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

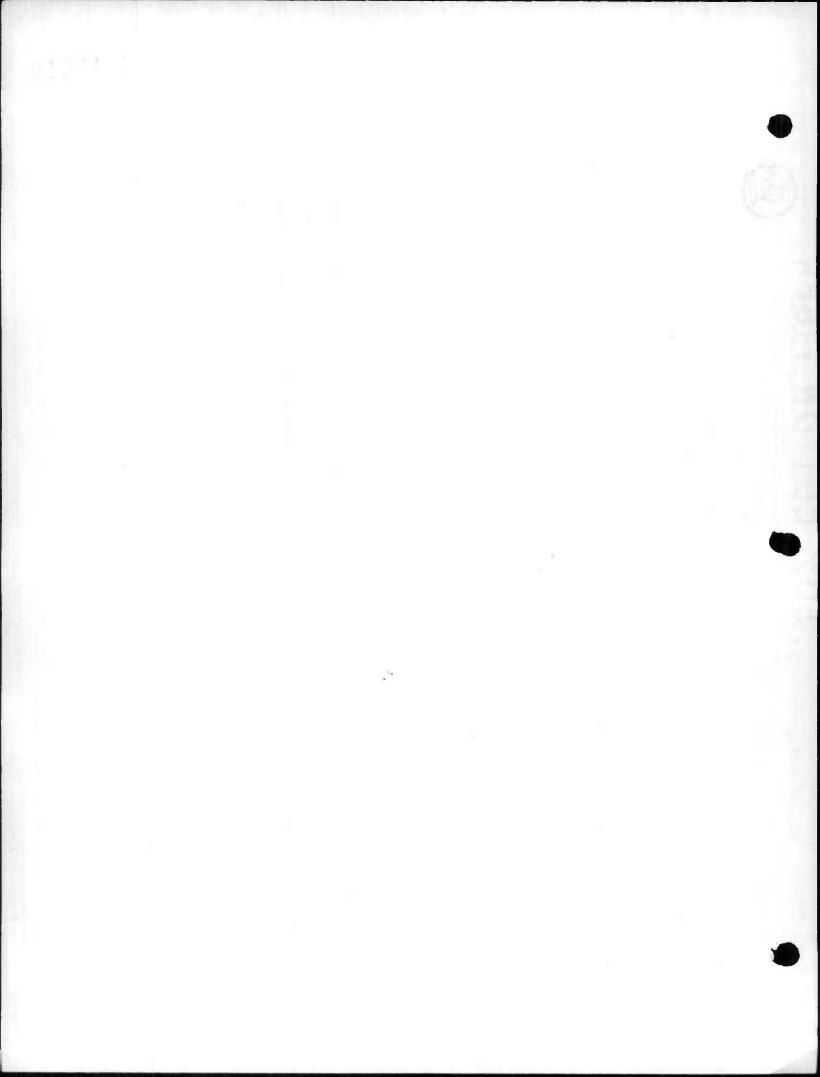
. OECEDENT'S NAME (First, Middle, La	st)	00-	jump' a	,		2. DATE OF DEATN	DAY	YEAR	3. TIME OF DEATN				
TRENE !	S' (	ORIF	FI	$\sim$		05 (	22	92	10:30 p				
I. SOCIAL SECURITY NUMBER		6. AGE (In yrs. I		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTN (Month, Day, Year)		8. BIRTH Count	NPLACE (State or Foreign				
44-09-4655	D 1 - M 2 X F	81	YRS.	DATS	HOURS MIN.	10-05-	1904		N.C.				
De. FACILITY NAME (If not institution, gi				9b. CITY, TOWN	OR LOCATION OF DE	EATN	9c. COU	NTY OF D	DEATN				
grosveno	r Healt	th Car	re CHK	_ B	ethe	sda	119	Oh-	taomer				
RESIDENCE OF DECEDENT  10a. STATE  10b. COU	NTY		10c. CITY,	TOWN OR LOCA	TION	•			10d. INSIDE CITY				
D.C. Washington									1 X YES 2 NO				
Oe. STREET AND NUMBER	f. ZIP CODE	10g. CITIZEN OF WHAT COUNTRY?											
2320 2nd. Str	eet N.E.			20002			USA	A					
1. MARITAL STATUS	12. WAS OECEDENT					NIC ORIGIN? (Specify	fee or No	14. RACI	E — American Indian,				
Never Married 2 Married	FORCES? 1 [ IF YES, GIVE WA		M <sub>o</sub>		pecify Cuban, Maxica S 2 X NO Specifi	n, Puarto Rican, etc.)		Spec	k, White, etc.				
3					71				Black				
15. DECEDENT'S E (Specify only highest gi	EDUCATION rade completed)		(Give kind of wo	SUAL OCCUPATION done during m	ON ost of working	16b. KIND OF E	USINESS/INI	DUSTRY					
Elementary/Secondary (0-12)	College (1-4 or 5+)	1 "	ife. Do NOT use										
7. FATHER'S NAME (First, Middle, Lest)			Hou	sewife									
					THE RESERVE ALT	ME (First, Middle, Meid	en sumame)						
Codd Streeter 90. INFORMANT'S NAME (Type/Print)			10h MAII ING A	DDDEES (Street	Lula	Poute Number, City or 1	inum Otata 76	a Cadal					
Leona G. John	son								n, D.C. 2				
METNOD OF DISPOSITION	-	20b. PLAC						_					
XBurial 2 Cremation 3 R	lemoval from State	other	place)										
		IASDI	1 XBurial 2 Cremation 3 Removal from State other place)										
Ashley Chapel Memorial Rockingham, N.G.  1. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY MARSHALL'S FUNERAL													
- 11 11 -	LICENSEE	/	ey Cil	22. NAME A	ND ADDRESS OF FA	CILITY MARSH	ALL'	S FU					
· J. P.	marsi	hal	el	HOME	INC. 42	MARSH	ALL'STR	S FU EET	JNERAL				
23. PART I Chiter the diseases,	Marson complications that	had caused the	deeth. Do no	HOME	INC. 42	MARSH	ALL'STR	S FU EET	JNERAL N.W. 20011				
23. PART I Enter the diseases, whock, or heart failu	Manual or complications that re. Liet only one cause	caused the case on each life	deeth. Do no	HOME	INC. 4.	CILITY MARSH 217 9th. ASHINGTO h ae cardlec or rea	ALL STR	S FU EET C	JNERAL N.W. 20011 Approximate Interval Between				
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32. REGISTRAR'S SIGNATURE

Julia Savidson Randall



DHMN-16 Rev 1/89



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	Robert H.	Graves				MONTH 5	DAY /3 .	7:05 A			
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. lest birthday) 68 YRS.		IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year	)	BIRTHPLACE (State or Foreign Country)			
	577-24-2466  9a. FACILITY NAME (If not institution, give		00 1113	9b. CITY, TOWN DR	LOCATION OF DE	7-2-2.		Wash., D.C.			
HOT	Meridian N	ursing Ho	me		r Spri			tgomery			
DIRECTOR	Md Mo	ntgomerv	100	y, town on Location Gaithers				10d. INSIDE CITY LIMITS? 1 YES 2 X NO			
RAL	10e. STREET AND NUMBER				20878		10g. CITIZ	EN OF WHAT COUNTRY?			
BY FUNERAL	5 Redding Ri 11. MARITAL STATUS 1	VER IN U.S. ARMED YES 2 NO DR DATES	If yes, speci	DENT OF NISPANI	IC DRIGIN? (Specify I, Puarto Rican, etc.	Yea or No-	USA  14. RACE — American Indian, Black, Whita, stc.  Specify: White				
COMPLETED	15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of v	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Insurance							
S S	17. FATHER'S NAME (First, Middle, Last)	2	Inspe		6. MOTHER'S NAM	NE (First, Middle, Mei	Priva	te			
4	Walter Graves	<u> </u>	Lecture		Ameli	a There	sa Unl	known			
2	Robert Grave		ADDRESS (Street and			Town, State, Zip i	Code)				
	20s. METNOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND DATE Cometery, crematory or of	F DISPOSITION (Name	of	DATE 20c.		Hty or Town, State			
	21. SIGNATURE OF PONIBAL SERVICE U	CENSEE	пее	6633	ADDRESS OF FAC	um Lee exander	Funera	al Home, Inc			
CERTIFICATION	disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL CEN	PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  AMILIABLE COMPLETE  OF DEATHIR										
.								OF DEATH?			
PUTDICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	/Outpatient 3 DOA	26, PLAC OTHER: 4 Divining Nome	E DF DEATN (Chec						
וויי ומ	27. MANNER OP DEATN  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJI (Month, Day, Y		URY WORK		28d. DESCRIBE NO	W INJURY OCCU	JRED			
	3 Suicide 8 Could not be determined	28e. PLACE OF IN- building, etc.	JURY — At home, farm, s (Specify)	trest, fectory, offica		281. LOCATION (Stre City or Town, St	et and Number o	r Rural Route Number,			
			knowledga, dastlı occurre					d. cause(a) and manner as stated.			
200	295. SIGNATURE AND THE OF CERTIFIED AND ADDRESS OF PERSON WITH	no	E DEATH ATEN AT		DOSS	GER 44	29d. DATE	SIGNED (Month, Day, Year)			
1	A. JOHN J	Mercendi	100 470	1 Rand	olph R	d #216	Rock	ille Mozofs			
7	MAY 1 4 19	92 Julia	SIGNATURE PAND	المالك							



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFIC	CATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) Blanche Graham				2. DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In w.						4:48p M
	577-28-2620 1 M 2 KF 99		MONTHS DAYS	HOURS MIN	7. DATE OF BIRTH (Month, Day, Year) July 18,	Cou	HTHPLACE (State or Foreign unity) 'irginia
OR	9a. FACILITY NAME (if not institution, give street and number) Southern Maryland Hosp	ital	es cr rown	OR LOCATION OF DEA			ge George
5	RESIDENCE OF DECEDENT						
DIRECTOR	10a. STATE 10b. COUNTY	10c. CITY,	TOWN OR LOCA	ATION			10d. INSIDE CITY LIMITS?
0	Maryland Prince George's		Clinto	on			1 YES 2 NO
MAL	10e. STREET AND NUMBER		1	Of. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?
ÉF	9106 Pineview Lane			20735		United	d States
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S FORCES7 1 YES 2 IF YES, GIVE WAR OR DATES	2 NO	If yes, s	ECENDENT OF NISPANIC specify Cuban, Maxican, is 24 NO Specify:	, Puarto Rican, etc.)	or No — 14. RA	ACE — American Indien, lack, White, etc.
	15. DECEDENT'S EDUCATION 164	Se. DECEDENT'S U	COLLEGE OCCUPAT	7001		-	
COMPLETED	(Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	(Give kind of wo. life. Do NOT use	ork done during m retired.)	iost of working	16b. KIND OF BUS	HNESS/INDUSTRY	
MO	17. FATHER'S NAME (First, Middle, Last)	Retire	a				
	Jerry Pinkett			ts. MOTHER'S NAME	IE (First, Middle, Maiden		
8	19a. INFORMANT'S NAME (Type/Prigt)	T 405 ATAIL INIO (		100 100 100	FOILIE	Somme	ers
2	Harriet Sommers	290. MAILING A	C+ an+	on Rd.,	C TE TAT > C	n, State, Zip Code)	
	1 XBurlet 2 Cremation 3 Removal from State cemeter	ACE AND DATE OF ry, crematory or other	er place)		1	CATION — City or	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ryland		onal	5/15 Lau	rel, Ma	aryland
	I to the total the total			Wart Fun			
į	Lonn 1. (allunan)	TTT	4001	Benning	Rd., N.	E. Was	sh. D.C.
	23. PAR I. Enter the diseases, or complications that caused the shock, or heart fellure. List only one cause on each IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CO)	625T	341	HEAR	J FAI	LURE	Approximata interval Between Onaet and Death
N	Sequentially list conditions,	MOSC	(Ser 8)	DIC C	ARDIOU	ASCUL	-AR
CERTIFICATION	If sny, leading to immediate	NSEQUENCE OF):		DISEA!	35		
5	CAUSE (Disease or injury						
Ē	that initiated events DUE TO (OR AS A CON resulting in death) LAST	NSEQUENCE OF):					
H H	d.						
- 14	PART II. Other significant conditions contributing to death but n	not resulting in	tha Underlyir	ng cause given in Pr	art I. 24s. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
EDICAL	RENAL FAILU				PERFORI	MED?	AMILABLE PRIOR TO COMPLETION OF CAUSE
9					1 UYES 2	X NO	OF DEATH?
Ξ.					- [		t TYES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26 5	A A OF OF BEATH (Ob.			
PHYSICIAN: M	EXAMINER? HOSPITAL:		OTHER:	PLACE OF DEATH (Check			
H	1 VES 2 NO 1 Minpetient 2 ER/Outpatien  27. MANNER OF DEATN 25e. DATE OF INJURY	nt 3 DOA 4		me 5 Realdence 6			
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation	INJUR	M 1	YES 2 NO	28d. DEŞCRIBE HOW IN	JURY OCCURED	
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — A building, etc. (Specify)	At home, farm, stre	et, factory, offic	2	261. LOCATION (Street at City or Town, State)	nd Number or Rura	I Route Number,
7.	29a. CERTIFIER (Check only 1 CERTIFYING PNYSICIAN: To the best of my knowledge	e death occurred	et the time, det	and place, and due to	the covered and man	atatad	
COMPLETED	2 MEDICAL EXAMINER: On the beals of examination and	d/or investigation,	In my opinion,	death occured at the tim	ne, data and place, and	f dua to the cause	o(a) and manner as stated.
# L	296. SIGNATURE AND TITLE OF CERTIFIER	m		29c. LICENSE NUMBE	ET YS	29d. DATE SIGNE	ED (Mongh, Day, Year)
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ( PHILIP WISOTSKY 6188			il RD	A)	200	
-	7,80		ON MI	L KI	MD.	2019	75
	MAY 1 3 1992 Julia Davidson-Ren	ndell					

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE REGISTRAR	STATE OF MARYL			HEALTH AN		FAL HYGIEN	-	2 14851
DECEOENT'S NAME (First, Middle, Lest)					2. DA	TE OF OEATN		3. TIME OF OEATN
PAMELA	R.		GLI	ENN	_	о 15 08		2 10:50 P.
SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEA		RS. 7. DA	TE OF BIRTH		
577 94 7065	1 🗆 M 2 💢 🏋	3 kms.	BONTHS DAY	8 HOURS M	m. No	onth, Day, Year)	, 196	O Wash., I
. FACILITY NAME (If not institution, give a	street and number)		96. CITY, TOW	N OR LOCATION	OF DEATH			OF OEATN
RINCE GEORGES GE	NERAL HOSPIT	'AL	CHEVE	XLY			PRINC	CE GEORGES
e. STATE 10b. COUNT	v	400 CUTY	TOWN OR LO	OUTION				
Maryland	PG		itlan					10d. INSIDE CITY LIMITS?
STREET AND NUMBER	rG	J Su	LLIan	10f. ZIP CODE				1 YES 2 NO
3836 Regency	Darkman			2074	6			N OF WHAT COUNTRY?
MARITAL STATUS			1 40 4000					ted States
Never Married 2 Married	12. WAS OECEDENT EVER I FORCES? 1 YES	2 NO		SECENOENT OF N specify Cuban, M			or No 14	. RACE — American Indian, Black, White, etc.
Wildowed 4 Divorced	IF YES, GIVE WAR OR D	DATES	101	ES 2 NO	Specify:			specify: Black
15. OECEDENT'S EQU	CATION	16a. OECEDENT'S U	SUAL OCCUP	TION		16b. KINO OF BU	SINESS/INOUS	TDV
(Specify only highest grade Elementary/Secondary (0-12)	completed)	(Give kind of wo	ork done during retired.)	most of working		TOTAL NAME OF BUILDING	on model mous	
12th	College (1-4 or 5 +)	Secre				C	ov.	
FATHER'S NAME (First, Middle, Lest)			<u>J</u>	16. MOTHER	S NAME (Ele	st, Middle, Maiden		
Benjamin F. G	lenn					Wriq		
INFORMANT'S NAME (Type/Print)	201111	196 MAIL INO	nnasse /c-	et and Number or I				
nnette Goodwi	n			ine Wa				
		b. PLACE AND DATE OF						Heights,Md.
METHOD OF DISPOSITION  Buffel 2 Cremation 3 Rem  Donation 5 Other (Specify)	oval from Stata	metery, crematory or oth	er place)					y or Town, State
HOMETURE OF FUNERAL SERVICE LIC		armony M		AND ADDRESS O		14/92	Lan	dover,Md.
1/2/1 , -	1			ewart		cal Ho	me	
10 1.2	leward	1116		01 Ben				
MEDIATE CAUSE (Final sase or condition witing in death)	s. Chest one cause on e	and A CONSEQUENCE OF)	6don	unal :	Inge	uries		interval Batwea Onset and Deat
quantially list conditions,	b. OUE TO (OR AS	A CONSEQUENCE OF)						
eny, leading to immediate use. Enter UNDERLYING	332 10 (011 10)	a consequence or ,	•					
AUSE (Disease or injury at Initiated events	c DUE TO (OR AS /	A CONSEQUENCE OF						
builting in death) LAST	,							
	g							
ART II. Other aignificant condition	a contributing to death b	out not resulting in	the underly	ing cause give	n in Part I.	PERFOR	RMED?	24b. WERE AUTOPSY FINDING
						1 XYES 2	□ NO	COMPLETION OF CAUSE OF DEATH?
								1 TYES 2 NO
APPLICATION OF THE PARTY OF THE								
WAS CASE REFERRED TO MEDICAL EXAMINER?				PLACE OF DEAT	N (Check only	one)		
1 XYES 2 NO	HOSPITAL: 1 ☐ Inpatient 2 K ER/Out		OTHER:	ome 5 🗆 Reside	nce 8 🗆 n	ther (Specify)		
MANNER OF OEATH	28s. OATE OF INJURY	26b. TIME	OF 28c.	INJURY AT	-	DESCRIBE NOW I	NJURY OCCUP	RED
Natural 5 Pending	(Month, Day, Year) 05-08-1992	2. 9:11	RY	WORK? YES 2 V NO				1521
	28a. PLACE OF INJURY	/ — At home, farm, str	7	X		OCATION /Street	and Number or	Rural Route Number,
Suicide   8   Could not be   Homicide   detarmined	building, etc. (Spe	cny)			C	Ity or Town, State)		er recuto regriscos,
CERTIFIER		ON STR				04 SWAN		
(Check only 1 L CERTIFYING PNYSI	CIAN: To the best of my know							
2 K MEDICAL EXAMINE	R: On the basis of examination	n and/or investigation	In my opinior	, death occured a	t the time, d	eta and place, an	d due to the c	ause(a) and manner sa stated.
SIGNATURE AND TITLE OF CERTIFIE	1 100	,		29c. LICENSE	NUMBER		29d. DATE S	IGNED (Month, Day, Year)
Denn	10 (1 (VI	who and	)	0.0.1	A E		► OE	09-1992
NAME AND AGORESS OF PERSON WH	O COMPLETED CAUSE OF OF	ATH (ITEM 27) (Type, F	Print)	1 0.0.1	10110		05-	Uシー   フラム

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILEO (Month, Day, Year) MAY 1 3 1992

, 32. REGISTRAR'S SIGNATURE NO DANGELL

BALTIMORE, MARYLAND 21215-0020



111 PENN STREET BALTIMORE maryland

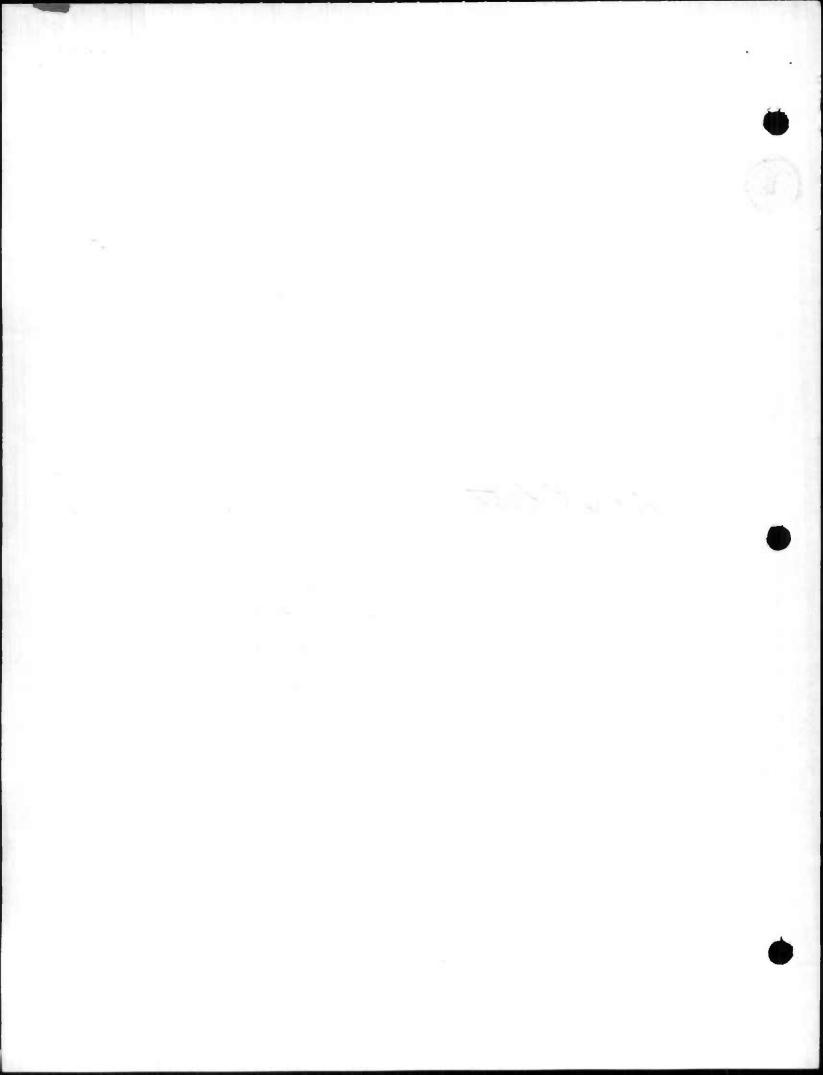
68760,	
BOX (	
P.O.	
RECORDS,	
OF VITAL	
DIVISION	

	cian.	Ltraneit narmit De	denote pointile, re		
0700 01717 01107 11107 111107 111107	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 neurs after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transfer		60	
	6 may be retained by the	for page 5 should be del		nust be notified at on	
	I hours after death. Page	lied in by the funeral direct	1, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	ate be executed within 24	ysician and completely fi	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	r traumatic event, the	
	s that the death certifical	ned by the attending phy	lith and Mental Hygiene	any injury, or other	
	rSICIAN: The law requires	certificate has been sign	th the State Dept. of Hea	d, or Item 23 shows	
	TAL OR ATTENDING PHY	AL DIRECTOR: After this	72 hours after death wit	if item 28 is marke	
	TO THE HOSPI	TO THE FUNER	be filed within	IMPORTANT:	

1. OECEDENT'S NAME (First, Middle, I					F DEA			EG. NO.			
							2. DATE OF C	DEATH		3	TIME OF DEATH
John Cecil	Garst						монтн 5	13	190	YEAR C C	
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER 1 YEA		R 24 HRS.	7. DATE OF B (Month, Day	IRTH		B. BIRTHPL	ACE (State or Foreig
415-16-6332	1 M 2 □ F	74	4 YRS.	MONTHS DAY	S HOURS	MIN.	5 3	1918	8	Country)	nesee
9a. FACILITY NAME (If not institution,	give street end number)			9b. CITY, TOW			ATH	9-	c. COUNT	Y OF DEA	mesee_
Carroll Cou		Hospit	tal	Westm	inste	er			Carı	coll	
RESIDENCE OF DECEDENT 10a. STATE 10b. CO			I so or	Y, TOWN OR LO							
Maryland Ca	arroll		-	tmins							d. INSIDE CITY
10e. STREET AND NUMBER			Wes	CIIIIIIS	101, ZIP COD						YES 2 NO
830 Hughes	Shop Rd					_					T COUNTRY?
11. MARITAL STATUS		NT EVER IN U.S. A	DMED	40 1000	211				J.S.		
1 Never Married 2 Married	FORCES?	YES 2 WAR OR DATES	NO	If yea,	specify Cubi	an, Maxicar	IC ORIGIN? (Sp n, Puerto Rican	ecify Yea or I	No- 1	Black, V	American Indian, /hita, etc.
3 Widowed 4 Divorced	IF YES, GIVE	WAN OR DATES		101	ES 2 NO	Specify				Specify:	White
15. DECEDENT'S (Specify only highest)	EDUCATION	16a, D	ECEDENT'S	USUAL OCCUPA	ATION		16b, KINI	OF BUSINE	SS/INDU		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT us	work done during se retired.)	most of worki	ing				_ / * * * * *	
8			Dri	ver			Oua	lity	Cla	2220	rc
17. FATHER'S NAME (First, Middle, Last Pierce Ga:	7				18. MOT	HER'S NAM	AE (First, Middle	, Malden Surr	name)	eante	IS
					I	Bert.	ha Wi	ne			
190. INFORMANT'S NAME (Type/Print) Kathryn Bare	Comat	11	9b. MAILING	ADDRESS (Street	et and Numbe	r or Rural A	oute Number, Ci	ty or Town, St	tate, Zip C	ode)	
- Adentyn bare	Garst	8	330 H	lughes	Shor	o Rd	. Wes	tmins	ster	Md,	. 21158
20a. METHOO OF DISPOSITION 1X Burial 2 Cremation 3	Ramoval from State	20b. PLACE	EANDDATE	OF DISPOSITION			DATE	20c. LOCATI			
4 Donation 5 Other (Specify)	7.00	- Meado	rematory or or or or or or	anch	Cemet	737	5/17	Most	- m i -		. 17.7
21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE			AA. HANNE	AND ADDRE	SO OF PAU	ALL I Y				-
1/anns	707	7.)		Tho	mas I	) - F	letch	er &	Sar	. TO 1	Н
23. PART I. Enter the diseases,	or complications the	rel					100011	CI u	201	1 r.	
shock, or heart fells		at coused the d	leath Do n	254	E N	Main	C+ 1	Mosta			Md 211
	are. List only one car	et ceused the duse on each lin	leath. Do n	254 not enter the	E N	Main	C+ 1	Mosta			Md 21] Approximata Interval Between
iMMEDIATE CAUSE (Final disease or condition	are. List only one ca	et coused the duse on each lin	leath. Do n	1 254 not enter the i	E N	Main	C+ 1	Mosta			Md 21
IMMEDIATE CAUSE (Final	are. List only one ca	with	yole	not enter the i	E N	Main	C+ 1	Mosta			Md 21
iMMEDIATE CAUSE (Final disease or condition	are. List only one ca	et coused the duse on each lin	yole	not enter the i	E N	Main	C+ 1	Mosta			Md 21
iMMEDIATE CAUSE (Final disease or condition resulting in death)	DUE TO	with	yole guence or	Faile	E N	Main	C+ 1	Mosta			Md 21 Approximata Interval Betw
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	DUE TO	COR AS A CONSE	yole guence or	Faile	E N	Main	C+ 1	Mosta			Md 21
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due to	COR AS A CONSE	EQUENCE OF	Faile each	E N	Main	st. as cardiac	Westn or respirato	nins	ster	Md 21 Approximata Interval Betw
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. Due to	COM AS A CONSE	EQUENCE OF	Faile each	E N	Main	C+ 1	Westn or respirato	nins	ster	Md 21 Approximata Interval Betw
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO  a. DUE TO  c. DUE TO  d.	CON AS A CONSE  HOM AS A CONSE  HOM AS A CONSE  MOM AS A CONSE  WWW.	EQUENCE OF	Faile	mode of dy	Main Ing, such	st. as cardiac of	Westn or respirato	ning ory arres	ster	Md 21 Approximata Interval Betw
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	B. DUE TO  B. DUE TO  C. DUE TO  d. tions contributing for	COM AS A CONSE	EQUENCE OF	Facel	E. In node of dy	Main ing, auch	St. as cardiac of	Westn or respirato	nins	luy	Approximate Interval Betwoonset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO  B. DUE TO  C. DUE TO  d. tions contributing for	CON AS A CONSE  HOM AS A CONSE  HOM AS A CONSE  MOM AS A CONSE  WWW.	EQUENCE OF	Faile	E. In node of dy	Main ing, auch	St. as cardiac of	Westn or respirato	nines  OPSY	Luy	Approximate Interval Betwoonset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. DUE TO  B. DUE TO  C. DUE TO  d. tions contributing for	COM AS A CONSE	EQUENCE OF	Facel	E. In node of dy	Main ing, auch	St. as cardiac of	Westn or respirato	nines  OPSY	Luy	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. DUE TO	COM AS A CONSE	EQUENCE OF	Factor and the underly description	mode of dy	Main Haing, auch	St. as cardiac d	Westn or respirato	nines  OPSY	Luy	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other alignificent conditions are alignificant conditions.	BUE TO  B. DUE TO  C. DUE TO  d. HOSPITAL:	TOPI AS A CONSE	EQUENCE OF	Failer the s	E. In node of dy	Main Haing, auch	St. as cardiac d	Westn or respirato	nines  OPSY	Luy	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificent conditions are conditionally list that initiated events resulting in death) LAST	BUE TO  B. DUE TO  C. DUE TO  d. HOSPITAL:  1 (Finantient 2)	TERUDUTPURIERE	EQUENCE OF	n the underly	In mode of dy	Main Haing, auch	Part I. 24s	Westn or respirato was an aliti yes 2 MA	nines  OPSY	Luy	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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AE 151 S

31. DATE FILED (Month, Day, Year) MAY 1 5 '92



31. DATE FILED (Month, Day, Year)

MAY 19'92

32. REGISTRAR'S SIGNATURE
Fulla Davidson- Pandalls

1	REGISTRAR		CERTIFIC	CATE OF DE	EATH	REG. NO	O		
	1. DECEDENT'S NAME (First, Middle, Las	MARTIN D.	<b>4</b>			-		YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR IF I	JNDER 24 HRS.	7. DATE OF BIRTH		2	ACE (State or Foreign
	213-07-4101	1 M 2 - F			JRS MIN.	(Month, Day, Year) 06-24-1		Country)	
	9a. FACILITY NAME (If not institution, give	e street and number)		Bb. CITY, TOWN OR LO	CATION OF E		9c. COUNT		more Co.
DIRECTOR	Baltimore Co.	General Hos	pital	Randallst	own	·			Le Co.
	MD Bal	timore Co.		town or Location sters town					d. INSIDE CITY LIMITS?  YES 2XXNO
FUNERAL	100. STREET AND NUMBER 5921 Deer Park	Road		101. ZIP	CODE 1136		10g. CITIZE	N OF WHA	T COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 X Married 3 Divorced	12. WAS DECEDENT EV FORCES? 1   IF YES, GIVE WAR	YES 2 XNO	13. WAS DECENDE	NT OF HISPA Cuban, Maxic	NIC ORIGIN? (Specify Yean, Puerto Ricen, stc.)		L BACE -	American Indian, /hite, stc.
COMPLETED	15. DECEDENT'S EI (Specify only highest gra	de completed)	16a, DECEDENT'S U: (Give kind of wo life. Do NOT use	SUAL OCCUPATION rk done during most of v	vorking	16b. KIND OF BU	JSINESS/INDUS	STRY	
MPL	Ejementary/Secondary (0-12)  12. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5 +)		s Co. 30	Yrs.				
BE CC	Simon Hall  190. INFORMANT'S NAME (Type/Print)			E	Bessie	Palmer			
2	Beulah E. Hall		1			Reisterst			1136
	20a. METHOD OF DISPOSITION  1X Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from Stata	20b. PLACE AND DATE OF Comptory, cromotory or other Villa Rida	DISPOSITION /Name of		OATE 20c. LO	DCATION — CH	y or Town,	Stata
	21. SIGNA ORE OF FUNERAL SERVICE	LICENSEE	T TOO GET TO CELL	22. NAME AND AD		VYII ITV			
	Jame B	Dline		Eline Fu	neral	Home Rei	sterst	own.	stown Rd MD 21136
/	23. PART I. Enter the diseases, D shock, or heart failure IMMEDIATE CAUSE (Final disease or condition reculting in death)	. List only one cause (	used the deeth. Do not on each line.  AS A CONSEQUENCE OF):	enter the mode of	dylng, suc	th as cardled or reep	Piratory erres	t,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	b. ACU Le	AS A CONSEQUENCE OF):	0,00					
0	PART II. Other algolificent condition	ona contributing to dee	th but not resulting in	the underlying ceu	se given in	Part I. 24s. WAS AN		24b. WE	RE AUTOPSY FINDINGS
	Gran @ Bo	cleann	c~			PERFO		CO	MARLE PRIOR TO
CAL						1 1 123	Z MO	OF	MPLETION OF CAUSE
CAL	Charre	Lung Dis	1450					4.5	DEATH?
MEDICAL	Chronic U		1015 6	,		_		1 (	
MEDICAL	25. WAS CASE REFERRED TO MEDICAL	IVE Re	ealucemon	28. PLACE (	OF DEATH (CA	eck only one)		1 (	DEATH?
MEDICAL		HOSPITAL:	calucem-"	THER:				1 (	DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 YO  27. MANNER OF DEATH  1 Yestursi 5 Pending	HOSPITAL: 1 ☑ Inpetient 2 □ ER/ 28a. DATE OF INJU (Month, Day, 16	Outpetient 3 DOA 4	THER:  Nursing Home 5 D  SE 28c, INJURY A WORK?	Residence		INJURY OCCUF		DEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ERV  28a. DATE OF INJU (Month, Day, 16	Outpetient 3 DOA 4  Outpetient 3 DOA 4  Outpetient 3 DOA 4  INJURY At home, farm, stre	OTHER: Nursing Home 5 [ NF 28c. INJURY A WORK? M 1 YES	Residence	6 Other (Specify)	and Number or	RED	DEATH?  ☐ YES 2 ☐ NO
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide a Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL:  1 Inpetient 2 ER  28a. DATE OF INJ. (Month, Day. Ye  28a. PLACE OF IN. building, stc.)	Outpetient 3 DOA 4  Outpetient 3 DOA 4  IRY 28b. TIME (INJURY — At home, farm, streen)  Conversely (Insured of the control of	OTHER:  Nursing Home 5 DR Y Y M 28c. INJURY WORK? 1 UYES et, factory, office	Rasidence T 2 NO	6 Other (Specify)  26d. DESCRIBE HOW  261. LOCATION (Street City or Yown, State,	and Number or	RED Rural Route	DEATH?  YES 2 NO  Number,
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide a Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL:  1 Impetient 2 ERV  28a. DATE OF INJU (Month, Day, 16  28a. PLACE OF IN, building, stc. (  SICIAN: To the beat of my killer: On the beats of axamir	Outpetient 3 DOA 4  Outpetient 3 DOA 4  IRY 28b. TIME (INJURY — At home, farm, streen)  Conversely (Insured of the control of	OTHER:  Nursing Home 5 DR Y Y M 28c. INJURY WORK? 1 UYES et, factory, office	Rasidence T 2 NO	6 Other (Specify)  26d. DESCRIBE HOW  261. LOCATION (Street City or Yown, State,	and Number or	RED Rural Route	DEATH?  YES 2 NO  Number,
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  2 Accident Investigation  3 Suicide a Could not be determined  29a. CERTIFIER (Check only)	HOSPITAL:  1 Impetient 2 ERV  28a. DATE OF INJU (Month, Day, 16  28a. PLACE OF IN, building, stc. (  SICIAN: To the beat of my killer: On the beats of axamir	Outpetient 3 DOA 4  Outpetient 3 DOA 4  IRY 28b. TIME (INJURY — At home, farm, streen)  Conversely (Insured of the control of	OTHER:  Nursing Home 5 DEPTY 28c. INJURY WORK?  M 1 VES  et, factory, office  at the time, deta and p	Rasidence T 2 NO	6 Other (Specify)  26d. DESCRIBE HOW  261. LOCATION (Street City or Yown, State)  to the cause(s) and matime, data and piaca, ar	and Number or ) nner as stated.	RED Rural Route	DEATH?  YES 2 NO  Number,

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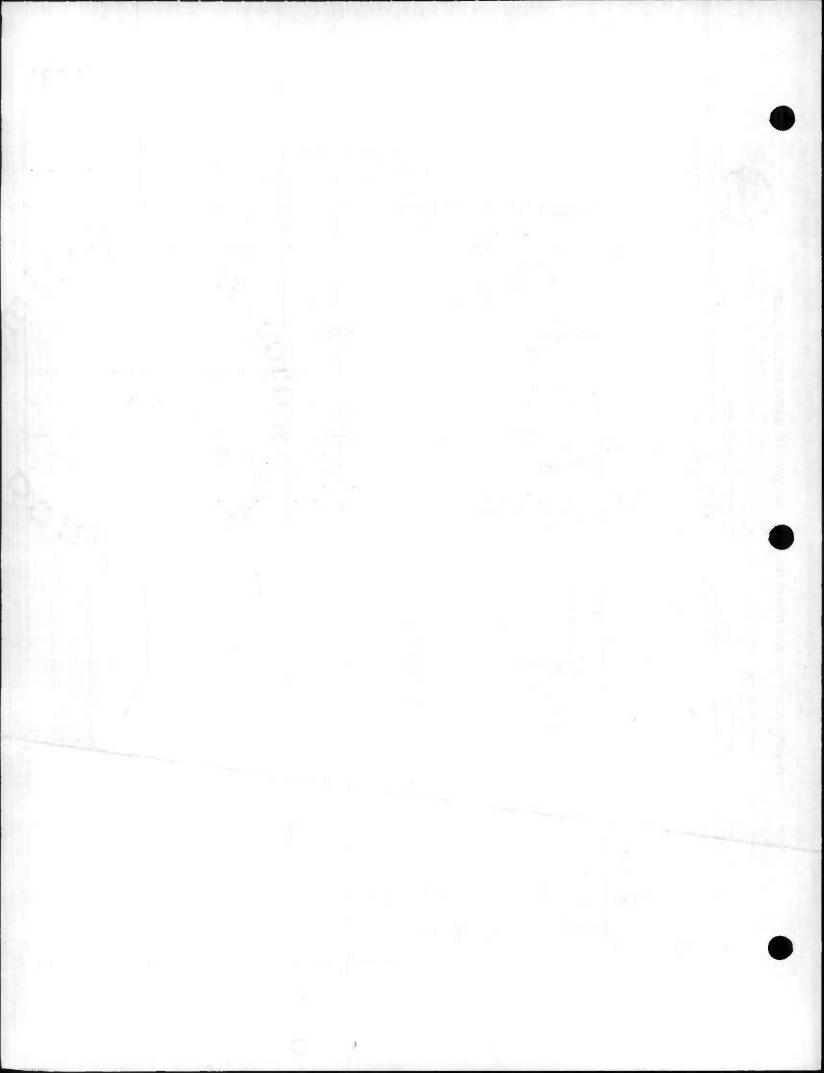
1. DECEDENT'S NAME (First, Middle, Las	30)							2. DATE	OF DEATH			3. TIM	E OF OE	TH
BARBARA				П	AYES			MONT 04	H	DAY	992			
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last hirthriay)	7	ER 1 YEAR	IF UNDER	24 MD0		OF BIRTH	1 0.	_	THPLACE		A.
579-70-1282	1   M 2   XF			MONTHS		HOURS	MIN.	(Mon	h, Day, Year		Cou	untry)		
9a. FACILITY NAME (If not institution, give		39	,	01-007	TV TOWN	2010017			3-29			Jash	.,	D.C
					ry, town (			ATH		9c. COL	IO YTAL	F DEATH		
WASHINGTON ADVE	VUIST			TA	KOMA	PARI	ζ			PRI	NCE	GEOF	RGES	
10a. STATE 10b. COU	NTY		10c. CIT	Y. TOWN	OR LOCAT	TION	_	-				104 18	ISIDE CIT	_
MD	P. G.			Si	lver	Sp:	ring	7				L	IMITS?	
10e. STREET AND NUMBER				_	L	, ZIP COD	_			1			YES 2	NO
8715 - 1st Av	renue				100	, ZIP CODI	20	910		10g. CI1		ISA	DUNTRY	
11. MARITAL STATUS	I as bissessesses													
1 Never Married 2 Married		YES 2		13					V? (Specify Rican, etc.)	Yes or No-	14. R/	CE - Ame	erican inc	ien,
3 Wildowed 4 Divorced	IF YES, GIVE V	WAR OR DATES				2 (XNO			, ,		Sp	ecity:	Blad	k
	l .	Total Control											Dia	. 10
15. OECEOENT'S E (Specify only highest gra			Give kind of	work done	during mo		g	168	. KIND OF	BUSINESS/IN	DUSTRY	1		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	16. Do NOT us		, wife									
12th			110	use	MITE									
17. FATHER'S NAME (First, Middle, Last)						18. MOTI	IER'S NA	ME (First,	Middle, Maid	ten Surname)				
James Wm. Ha	iyes					Ca	aret	hel	Cra	wfor	d			
19a. INFORMANT'S NAME (Type/Print)			19b MAJLING	ADDRES	SS (Street a	nd Number	or Rural (	loute Num	ber, City or	Town, State, Zi	io Code)		209	10
Burnita Hay	res		0/1	O F	irst	Ave	e #4	15-	D.Si	Town, State, Zi	Sp	ring	2. 1	ďĎ
20 METHOD OF DISPOSITION	^		E AND DATE	_			_	DAT	-	LOCATION -	_	_		
200 METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re	emoval from State	cemetery, c	rematory or o	ther place	)		T)1_	E / O	/ 000	LUCATION -				100
4 Donation 5 Other (Specify)		- на	rmon	R INI	emor	lai	PK.	3/2	142		Lan	dove	er,	
or providence by entirely pendoe				7.0										PID
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		6	22	. NAME AN	O ADDRES	1 d l c	T T	uner	al H	OMA			PID
23. PART . Enter the diseases, ahock, or heert failur IMMEDIATE CAUSE (Fine)	complications that	ise on eech iii	ne.	not ente	r the mo	de of dyi	idle Ave	y F	uner	al Ho Raini	ome er,	li li	207 Approximaterval in	12
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23. PAPT 4. Enter the diseases, of ahock, or heert failur it/MEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other aignificant conditions.	Hyperte  a. Hyperte  b. Due to  c. Due to  d.	ISO ON SECOND (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	rdiovas rediovas rediovas reduence of	F):	r dise	de of dyl	ng, suci	Part I.	24a. WAS PERF 1 (X YES	AN AUTOPSY	reat,	4b. WERE A AVAILAL COMPLIOF DEA	Approximaterval (Drawt ar Approximaterval (Drawt ar Approximater)  AUTOPSY BLE PRIOR ETION OF SITH?	212 Installetweed d Deat
23. PART I. Enter the diseases and shock, or heert failur it/MEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST  PART II. Other significant conditions in death	b	INSIVE CALL OR AS A CONS OR AS A CONS OR AS A CONS deeth but not	rdiovas rediovas rediovas reduence of requence of	OTHE	r dise	ACE OF DO	ng, suci	Part I.	24a. WAS PERF 1 [X] YES	AN AUTOPSY	2	4b. WERE A AVAILAL COMPLIOF DEA	Approximaterval (Drawt ar Approximaterval (Drawt ar Approximater)  AUTOPSY BLE PRIOR ETION OF SITH?	212 ata detwee d Dear
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23. PART I. Enter the diseases, of ahock, or heert failur inhale	DUE TO  b. DUE TO  c. DUE TO  d. DUE TO  d. DUE TO  d. DUE TO  28a. PLACE Of (Month, D)  28a. PLACE Of building,  (SICIAN: To the best of a)	(OR AS A CONS (OR AS A CONS (OR AS A CONS (OR AS A CONS deeth but not iNJURY ay, 'Var')  FINJURY — At to etc. (Specify)  my knowledge, or camination and/or	rdiovas rediovas	OTHE USE OF BURY M Street, factor, in my	28. PLER: Irising Hom  28c. INJ  WO 1 1 1 1	ACE OF DI  S = Re  URY AT RK?  esth occur	EATH (Che sidence	Part I.  Ck only or  B Other  28d. DEt	24a. WAS PERF 1 [X] YES or (Specify) CRIBE HON ATION (Street, States)	AN AUTOPSY ORMED?  2 NO WINJURY OC et and Numberie)	2 2 2 CCUREO or or Rura the causes	4b. WERE A AMALAL COMPLET OF DEA	AUTOPSY BLE PRIOR ETION OF ITH? ES 2   Day. Year	12 ata etweed d Dea

TO THE HASPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be fined after within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

INPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach and within 72 hours after death with the State Ded. of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is merked, or item 23 shows eny injury, or other traumatic event, the medicel examiner must be notified at once.
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FOR 1 - STATE REGIS			STATE OF M				HEALTH AND	MENTAL	HYGIENI REG. NO.	E	92 1482
1. DECEDENT	I'S NAME (First, M		HOWARD S		ENTIFI	DATE OF	DEATH	2. DATE O		1992 <sup>*</sup>	3. TIME OF DEATH 10:37 A
	4-7121		6. SEX 1 M 2 F	8. AGE (in yrs. in 7 0		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		Dey, Year)		BIRTHPLACE (State or Foreign Country) Wash. D.C
	NAME (If not institute LM GROW	USAF	MEDICAL	CENTER			S AFB, M			PRINCI	OF DEATH E GEORGES
MALCO RESIDEN 10a. STATE	1	b. COUNTY	nce Geo	rgola		TOWN OR LOC					10d. INSIDE CITY LIMITS? 1 TYES 2
10a. STREET	AND NUMBER 7 Tyro:			rge s	1 00		erlboro or. zip code 20772				OF WHAT COUNTRY?
	11. MARITAL STATUS  1 ☐ Never Married ② ★ Married  3 ☐ Widowed 4 ☐ Divorced  12. WAS DECEDENT EVER IN FORCES? ★ ★ ▼ YES, GIVE WAR OR DJ			YES 2		If yes,	CENDENT OF HISPA pecify Cuban, Maxico S ZOMO Specific	an, Puarto R			. RACE — American Indian, Black, White, etc. Specify:
Elementa	/Idowed 4 Divorced						ıs	Smi	thson	ian	
Wi	NAME (First, Midd 11iam	Howa	rd				18. MOTHER'S NA	h Cu:	rtis		
O INC. INPURIM	ma Jea		ward	16		Department of the	end Number or Rural s 10a. –		er, City or Town	n, State, Zip Co	de)
4 Donatk	2 Cremation on 5 Other (S	SERVICE LICE	enous 4	Md.	Stat	e Vet 22. NAME 663 Cli	and address of F 3 Old A nton, Md	lexa 20	Chee Funder	elter neral Ferry	
IMMEDIATI	shock, or hea E CAUSE (Final condition	rt fallure. L	ACUTE	caused the dise on each line PANCREA  (OR AS A CONSE	TITIS		ode of dying, suc	ch as card	lac or respi	ratory arres	t, Approximate Interval Betwee Onset and Dea
If any, lead cause. Ent CAUSE (DI that Initiat	ily list condition ding to immediate UNDERLYING sease or injury ed events in death) LAST	ite G		(OR AS A CONSE							
	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.								24a. WAS AN PERFOR 1 X YES 2	MED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 N HO
Z5. WAS CAS EXAMINE 1 X YES	E REFERRED TO	MEDICAL.	HOSPITAL:	ER/Outpatient		OTHER:	PLACE OF DEATH (Come 5   Residence				
27. MANNER 1 Nutu 2 Acci	aral 5 Pe							28d. DES	CRIBE HOW I	NJURY OCCUI	9ED
3 Suicide 6 Could not be building, etc. (Specify)  29t. PCACE OF INJURY — At nome, farm, street, factory, office  29t. LOCATION (Street and Number of Plural Plottle N  City or Town, State)											
One)	29a. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.  (Check only one)  2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.										
296. SIGNAT	NO ADDRESS OF	K. 1	Burko	#			29c. LICENSE NU			► MA	Y 09, 1992

CAUSE OF DEATH (ITEM 27) (Type, Print) MALCOLM GROW USAF MEDICAL

ANDREWS AFB.

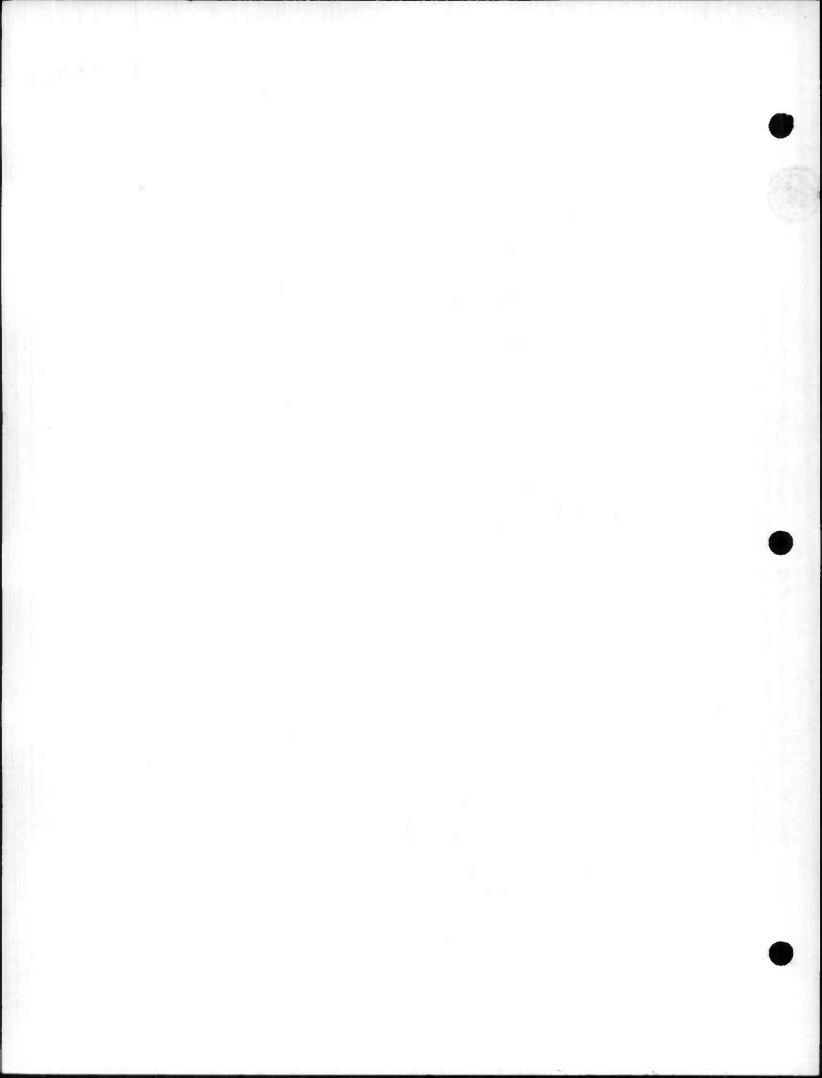
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APTAIN. USAF. MC
32. REGISTRAN'S SIGNATURE
June Daydoon-Randelle



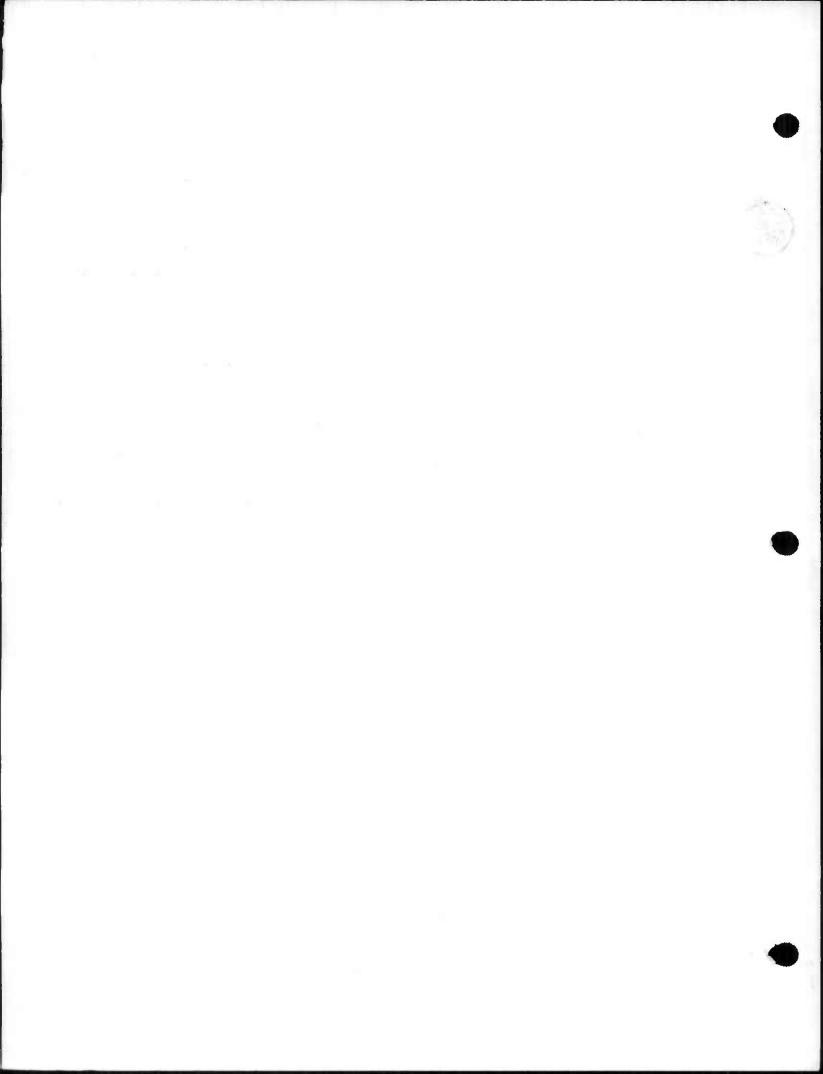
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DHMH-16 Rev 1/89



•	-	v	7
BALTIMORE, MARYLAND 21203-3146	24 Hours after death. Page 6 may be retained by the hospital or attending physician,	filled in by the funeral director, page 5 should be detached for use as the burial-transit poon, or removal.	he medicai examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	IN THE FUNERAL DIRECTOR; after this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		SIMIE UF I	CE	RTIF			DEAT		MENIAL F	REG. NO.			
	1. DECEDENT'S NAME (First, Midd	dle, Last)								2. DATE OF	DEATH			3. TIME OF DEATH
	William Jame	s Hu	rder							May 5	5. 1	992	YEAR	6:05 PM
	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE OF	BIRTH		8. BIRTH	IPLACE (State or Foreign
	184-12-8072		1 🔀 M 2 🗆 F	70	YRS.	MONTHS	DAYS	HOURS	MIN.	08725	7192	1	Peni	nsylvania
	9a. FACILITY NAME (If not institution	ion, give stre	et and number)			9b. CITY	. TOWN C	OR LOCATIO	ON OF DE				INTY OF D	
0 8	Physicians	Memo		lospita	1 La Plata					Charles				
<u>입</u>		COUNTY			10c, CI1	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY
Ĕ I	Maryland C	Charle	25		Wa	ldori	=					1 UMITS?		
-	10e, STREET AND NUMBER				101. ZIP CODE						10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL DIRECTOR	2097 Essex Cou					20602 U. S.								
5	11. MARITAL STATUS  1 Never Married 2 Married			T EVER IN U.S. ARI						14. RACE Black	E — American Indian, k, White, atc.			
- B	3 Widowed 4 Divorced		IF YES, GIVE V	AR OR DATES	1 YES 2 NO Specify: Specify:									
	15, DECEDEN	UT'S EDUCA	World V		PERENTIE	USUAL O	COLIBATI/	DAI.		105 20	ND OF BUS	INICO (INI	DUIGTON	White
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ا ڌ	Elementary/Secondary (0-12)		College (1-4 or 5	+)	nani					11	S. (	COMP	rnmei	nt
Σ	17. FATHER'S NAME (First, Middle,	Looth	<u> </u>	Fieci	ICHIL		_	10 MOTI	ACO-O NAL	ME (First, Midd			LIHIKA	
8	///		urder					Tenger W	cquer		no, marcorr	Surnamay		Moyer
8	James Henry  19a. INFORMANT'S NAME (Type/P		muer	104	MAII IN	ADDRES	E (Steened o			Toute Number,	City or Tour	Ctata 7	in Code)	Abyer
임	Joyce D. Hurde									dorf,				602
	200. METHOD OF DISPOSITION	- L		20b. PLACE						WII,	_		City or To	
	1 S Buriel 2 ☐ Cremetion 3 4 ☐ Donation 5 ☐ Other (Spec		ral from Stata	Maryla Maryla	ice)					7				Maryland
	21. SIGNATURE OF FUNERAL SE		NSEE ,	- Irkit y It	ши			ND ADDRE		CILITY				
	///	1	+ 0	8J										e, Inc.
	( sends	1/10	Nan	allo										inton,Md.
	23. PART I. Enter the disease shock, or heart	ses, or co	mplications the	t caused the deuse on each line.	ath. Do	not enter	the mo	de of dy	ing, such	h as cardiac	or respi	ratory ar	rrest,	Approximate interval Between
	IMMEDIATE CAUSE (Final		47.00	i			_			1				Onset and Death
- 1	disease or condition resulting in death)	a.	Cac	robio Pa	uln	ron	2 x 2	4	YYES	1				,
			DUE TO	(OR AS A CONSEC	NUENCE (	OF):	0							
No	Sequentially list conditions	b.	OUE TO	CULTYPE TOR AS A CONSECU	ET C	Mon	ysi	1						
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING		(	266 (00	DANA	G.								j l
임	CAUSE (Disease or Injury that initiated events	6	DUE TO	OR AS A CONSEC	NUENCE C	OF):								<u> </u>
Ē	reaulting in death) LAST			is a new										
E		d.												
	PART ii. Other significant c	conditiona	contributing to			3			given in	Part i. 24	Ia. WAS AN		248	MAILABLE PRIOR TO
EDICAL	Coronery	Hls.	A DI	Flan,	Le	noh	ero	1_		_	YES 2			COMPLETION OF CAUSE OF DEATH?
	Vastus	Mar	Dil	ease.		1							-11	1 TYES 2 NO
-										_				
PHYSICIAN: M	25. WAS CASE REFERRED TO ME	EDICAL					26. P	LACE OF D	EATH (Che	eck only one)				
Sic	EXAMINER? 1 ☐ YES 2 ☐ NO		HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE		ne 5 🗆 Re	esidence	6 Other (S	(pecify)			
Ŧ	27. MANNER OF DEATH		28a. DATE OF	INJURY	26b. TII	ME OF	28c. IN.	JURY AT	1	28d. DESCR		NJURY O	CCURED	
	1 Natural 5 Pend	ding stigation	(Month, I	Лау, 19а <i>г)</i>	II.	JURY M		ORK? YES 2 [	] NO					
ВУ	2 Accident Inves 3 Suicide a Coul		28e. PLACE	OF INJURY — At ho	me, farm,	street, fec	tory, offic	:0					er or Aurai	Route Number,
COMPLETED		rmined	building	etc. (Specify)						City or 1	Town, State)			
9	29a. CERTIFIER	ING PHYSIC	AN: To the heat o	l my knowledge, de	ith assure	and of the	time date	and alana	and due	to the equal	(a) and ma		ata d	
M	const. comp													a) and manner as stated.
	29b. SIGNATURE AND TITLE OF													
BE	LAD NO	H	( A.	Hendin	91	hysi	Gan	79c. LIC	1 2 5 9	g 7		29d. DA	I C SIGNEL	O (Month, Day, Year)
2	30. NAME AND ADDRESS OF PE	PSON WHO			11		- /	D-	140	0 /				
	Girija S. Ratl						Con	na C	onto	r Mal	ldorf	M <sub>~</sub>	m 1 -	nd 20602
			Masa/secreta	MAZAIEN VALUE	CE N	vau,	CGI	ına U	enre.	ı, wal	LUUIT	, ria	тута	nd 20602
	MAY WATER PLANTING 99201	d												



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to find within 72 hours after death with the State Dest. of Health and Mental Hyolene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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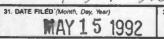
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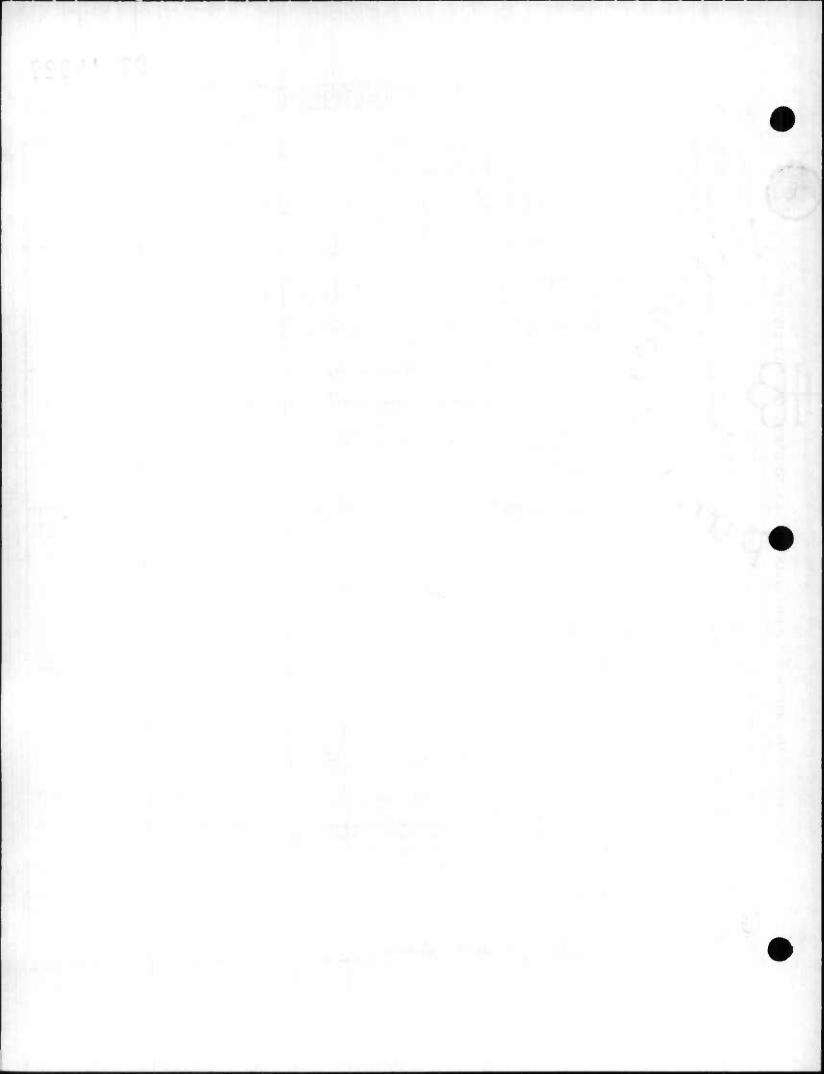
1. DECEDENT'S NAME (First, Middle, Las								2. DATE	OF DEATH	DAY	YEAR		ME OF DEATH
Annie Goodman 4. SOCIAL SECURITY NUMBER	Howell 5. SEX	6. AGE (In yrs. las	et birthday)	IF UNDER		IF UNDER		7. DATE C	F BIRTH Day, Year)	8	8. BIR	4	40 A.M. E (State or Foreign
579148965	1 M 2 M F	87	YRS.	MONTHS	DAYS	HOURS	MIN.	04	-14	-05	Nor	rth (	Carolin
Washington Ac	ventist t	tospital		Tak	omo	A Pa	rK IK	EATH			tgoi		County
10a. STATE 10b. COU	nce Geor	rops	10c. CITY, TOWN OR LOCATION								L	INSIDE CITY	
100. STREET AND NUMBER 1801 Metzerott	ice acoi	yw.	/	MIE		20742			10g. CITIZEN			F WHAT C	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Avidowed 4 Divorced	FDRCES? 1	TEVER IN U.S. AR	U.S. ARMED  13. WAS DECENDENT OF HISPAI  2 ND  19. WAS DECENDENT OF HISPAI  19. WAS DECENDENT OF HISPAI				n, Puerlo R	(Specify Yolcan, etc.)	es or No—		ecity:	nerican Indian, a, atc.	
15. DECEDENT'S EI (Specify only highest gra	ide completed)	CATION   16s. DECEDENT'S USUAL Or completed)   (Give kind of work done life. Do NOT use retired.)   House Kee					ng .	10b.	Dome	stic	DUSTRY		Iack
17. FATHER'S NAME (First, Middle, Last) Ernest L. Goodma	t L. Goodman Mary Harbis												
196. INFORMANT'S NAME (Type/Print) Harry Goodman  196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Rown, State, Zip Code) 911 Quietview Dr., Capitol Heights, MD 2074											743		
4 Donation 5 Other (Special 21, SIGNATURE OF FUNE 14, 2007)	May	MOO755	Emetory or of Linco	ther place) 1n C 22. FC B1	name an ort I	Linconsbur	oln I	Funer 1., B	Bre al Ho	me,	od. Inc.	Mary , 34 207	vland 401 722
4 Donation 5 Dither (Special)	r complications that a. List only one cau	M00755  It caused the dause on each line	Linco  eth. Do n	ther place) 11	name and ort I laden	ery D ADDRES Linco nsbur da of dyl	oln H	14/92 Gury Funer	Bre al Ho	ntwo	od. Inc.	Mary , 34 207	yland 401
23. PART i. Enter the diseases, o shock, or heart failure immediate cause (Finel disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO	M00755 It caused the dause on each line	meth. Do not.  Linco  meth. Do not.  Linco  Duence of	ther place) In c 22. FC B1 not anter	name and ort I laden	ery D ADDRES Linco nsbur da of dyl	oln H	14/92 Gury Funer	Bre al Ho	ntwo	od. Inc.	Mary , 34 207	yland 401 722 Approximate interval Between
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21. SIGNATURE OF FLOOR SECTION 12. SIGNATURE OF FLOOR 12. SIGNATURE OF FLOOR 12. SIGNATURE OF FLOOR 12. SHORT AND SHORT AND SECTION 12. Sequentially list condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions. If the condition is a sequentially indeath of the cause cause. Examiner 12. Sequentially list conditions in the cause of the cause o	a. DUE TO  b. DUE TO  c. DUE TO  d	MOO755 In caused the dause on each lina OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSECTION OF A CONSEC	DUENCE OF	ther place) In c In c In c In c In c In c In the ur	cemet NAME AN OFT I Lader T the mod Anderlying 26. PL R:	da of dyl	ss of FAM 1n In In In In In In In In In In In In In	Part i.	Breal Horentw	ntwood, me, ood, whiteless and the second secon	Inc. MD	Mary , 34 207	AUTOPSY FINDING ABLE PRIOR TO LETION DF CAUSE ATT7
23. PART i. Enter the diseases, o shock, or heart failure immediate cause or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions aignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 ND  27. MANNER OF DEATH  1 Natural 5 Pending	a. DUE TO b. DUE TO c. DUE TO d	MOO755 It caused the dause on each lina (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DUENCE OF	in the ur	Cemet NAME AN O'TH I Lader The mod And The Mod And The	Dery Dip Appres Linco nsbur da of dyl  Ace of Di ace of Re	ss of FAM DIN I I I I I I I I I I I I I I I I I I	Part i.	Breal Horentw	ntwood, ood, white to the second of the seco	od. Inc. MD rrest,	Mary , 34 207	AUTOPSY FINDING ABLE PRIOR TO LETION DF CAUSE ATT7
23. PART i. Enter the diseases, o shock, or heart failured in the disease of condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificant conditions are under the cause. Examiner?  1 YES 2 ND  NOTICE THE CONTROL OF THE CONTROL O	a. DUE TO b. DUE TO c. DUE TO d	MOO755 It caused the dause on each lina (OR AS A CONSECTION OF A CONSECTION OF AS A CONSECTION OF AS A CONSECTION OF AS A CONSE	DUENCE OF COUNTY OF THE PROPER	in the ur  or Heir  o	Cemet NAME AN O'RT I Lader The mod Anderlying  26. PL R: Ring Home 28c. INJU 1   Y	cery Dip Address Dinco Disbur da of dyl  MACE OF DI DIPY AT RK7 (ES 2	ss of FAM DIN I I I I I I I I I I I I I I I I I I	Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.	Breal Horentw scorress  24a. WAS AL PERFO 1 YES	ntwo. me, ood, iratory se	Inc. MD rrest,	Mary , 34 207	AUTOPSY FINDING ABLE PRIOR TO LETION DF CAUSE ATTY
23. PART i. Erlar the diseases, o shock, or haart failur immediate cause or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other aignificant conditions in the cause of	a. DUE TO b. DUE TO c. DUE TO d. DUE TO d. DUE TO 28e. DATE OF (Month, D) 28e. PLACE D building.	Cemetery, cre Fort  MO0755 It caused the da use on each lina  (OR AS A CONSECT  (OR	DUENCE OF DUENCE	in the ur  or Here  o	cemet NAME AN O'R'T I Lader: r the mod r the mod recorded and recorded	da of dyl  Cause of Di  Cause o	ss of FAM of The State of FAM of The State of FAM of The State of FAM of The State of FAM of The State of FAM of The State of FAM of The State of FAM of The State of FAM of The State of FAM of The State of The Sta	Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.  Part I.	Breal Ho rentw ac or resp  24a. WAS Al PERFO 1 YES  (Specify) RIBE HOW	INJURY OC	Inc. MD rrest,	Mary , 34 207	AUTOPSY FINDIN ABLE PRIOR DE CAUSATH?  YES 2 NO

29d. DATE SIGNED (Month, Day, Year)

5-8-92 29c. LICENSE NUMBER D 24283 30. NAME AND ACORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, PYTH)

N- YUGUF 3450 Fort weade 32. REGISTRAR'S SIGNATURE DHMH-16 Rev 1/89



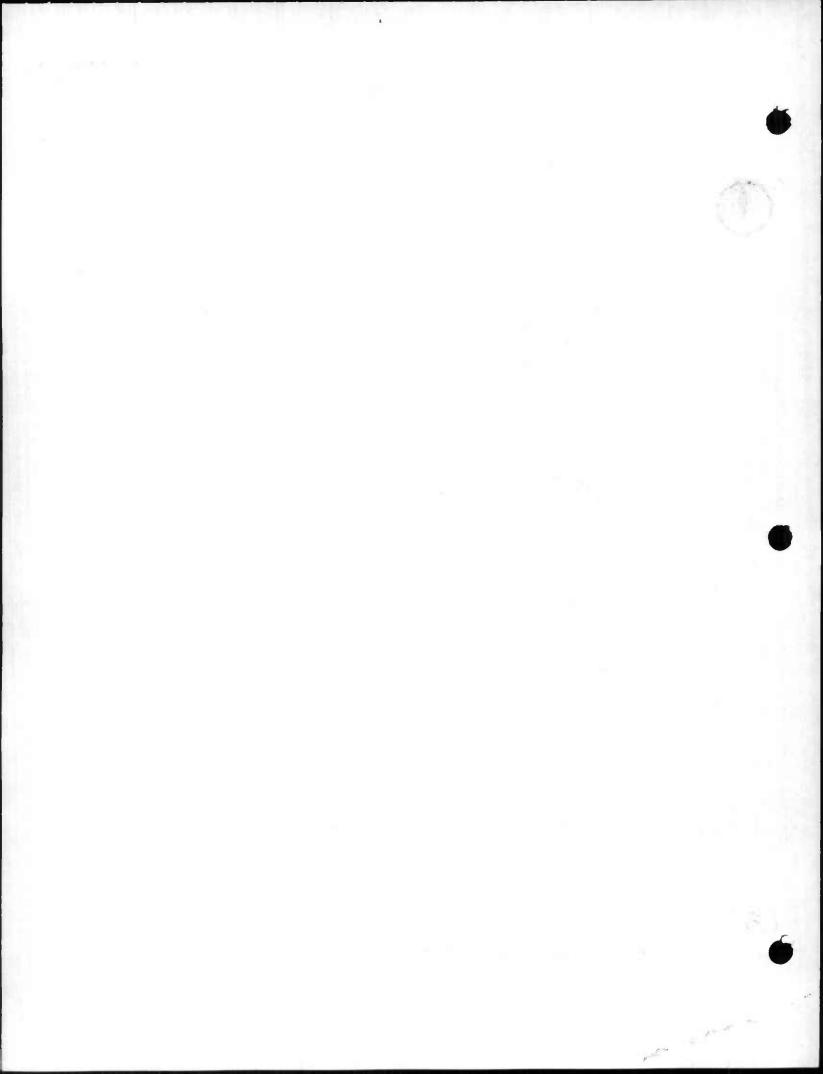


	FOR 1 - STATE	STATE OF M							MENTAL HYO	BIENE	92	14828	
	1. DECEDENT'S NAME (First, Middle, Last)	H	the	mE		E OF	DEAT	ГН	2. DATE OF DEA	DAY	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. In		IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRT		B. BIRT	HPLACE (State or Foreign	
	579-22-7527	1 🗆 M 2 🕞 🗲	74	YRS.	MONTHS	DAYS	HOURS	MIN.	03/27/1	8	Count	oline Co, VA	
	9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CIT	Y, TOWN O	R LOCATION	ON OF D			9c. COUNTY OF DEATH		
Ö	Leland Memorial H	lospital			R	iverd	lale			Pri	nce (	George's	
BY FUNERAL DIRECTOR	10a. STATE 10b. COUNTY	1		10c. CIT	CITY, TOWN OR LOCATION								
H	Maryland Princ	e George	1 0	Brentwood						10d. INSIDE CITY LIMITS?			
AL	10e. STREET AND NUMBER	e dedige	3	101. ZIP CODE						10a, C	TIZEN OF	1 X YES 2 NO	
ER	3409 Allison Stre	et			20722						USA		
S	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S.  13. Never Married 2 Married FORCES? 1 YES 2				13.	WAS DECI	ENDENT O	F HISPAN	NIC ORIGIN? (Speci	fy Yes or No.	I 14. BACI	E — American Indian,	
37 F	1 Never Married 2 Married 3 Widowed 4 Divorced	AR OR DATES	NO		If yes, spe	ecify Cuba	n, Mexica	in, Puarto Rican, at	c.)	Spec	k, white at lish		
	15. DECEDENT'S EDUC									Amer	cican Indian		
TE:	(Specify only highest grade	completed)	(C	ECEDENT'S live kind of v	vork done	during mos	N st of workin	g	16b. KIND O	F BUSINESS/0	IDUSTRY		
PLE	Elementary/Secondary (0-12)	College (1-4 or 5+)		lerk	e remed.)				D	01			
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		1 0	Telk			10 MOTE	IED'S MA	ME (First, Middle, M	Clean		tore	
	George Holmes								Ly Johns				
BE (	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES	S (Street ar			Route Number, City of		No Codel		
5	Dorothy Richardso	n										71and 20782	
	Dorothy Richardson  5721 29th Avenue, #102, Hyattsville, Maryland 20782  20a. METHOD OF DISPOSITION  1X Burlai 2 Cremation 3 Ramoval from Stata  4 Oonation 5 Other (Specify)  DATE  20b. PLACE AND DATE of DISPOSITION (Name of cemetary, cyematory or other place)  Ft. Vincoln Cemetery 5/14/92  Brentwood, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	IFC. V.	incol						Brentw	ood,	Maryland	
	Francis Gasch's Sons Funeral Home, PA  4739 Baltimore Ave., Hyattsville, MD 20781												
	23. PART I. Enter the diseases, or c shock, or heart fallure. I	omplications that	caused the de	eth. Do n	ot ente	r the mod	de of dyle	ng, suci	h as cardiac or	respiratory a	rrest,	Approximate	
	shock, or heart fallure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  8. 44 OCCARD   A DIVIDENTITY   A											Interval Between Onset and Death	
NO	Sequentially list conditions,	Veul	OR AS A CONSE	lar	Cer	284	An	Lun	19				
ERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (	OR AS A CONSE	OUENCE OF	): ( ~	U	1	0		_			
FIC	CAUSE (Disease or Injury	TEC TO	DB AS A CONSE	lee a	المح	ng	/	17	rale	-14			
E	that initiated events resulting in death) LAST	001.0	Cer -	DENCE OF	<i>p</i> :	O							
S		· Caraci			100								
AL	PART II. Other significant conditions	contributing to d	leath but not r	13		40				S AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
PHYSICIAN: MEDICAL	Chronicob	struct	-ine	lun	90	lis	ea	2.0		S 2 I NO		AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ME	Chranic	Bra	ir 8	ynd	Bro							1 YES 2 NO	
ä				1									
CIV	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		CE OF DE	ATH (Che	ick only one)				
ΙΥS	1 TYES 2 THO	1 hpetient 2 🗆		□ DOA			5 🗆 Res	Idence	8 Other (Specify)				
F	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF the (Month, Day		28b. TIME INJU	OF JRY	28c. INJU WOR	IK?		26d. DESCRIBE H	OW INJURY OC	CURED		
BY	2 Accident Investigation	260 PLACE OF	M H DV AA h-				ES 2 🗌	NO					
COMPLETED	3 Suicide 6 Could not be detarmined	26s. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify)  28f. LOCATION (Street, factory, office City or Town, Sta							reet and Numbe State)	r or Rumi R	loute Number,		
PLI	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the beat of m	ry knowledge, de	ath occurre	d at the t	lme, data a	ind place,	and dua	to the cause(s) and	manner as sta	rted.		
OM	2 MEDICAL EXAMINER	: On the basis of axa	mination and/or i	reatigation	n, In my c	pinion, de	ath occurs	d at the t	time, data end plac	e, end due to t	he cause(s	) and menner as stated.	
ш	THE BIGHAPLINE AND TITLE OF CERTIFIER					-	29c. LICE					(Month, Day, Year)	
0	Alculi,						019	60	9				
2	30. NAME AND ADDRESS OF PERSON WHO	D19609 >5.12-92											

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE Andrew

31. DATE FILED (Month, Day, Year)
MAY 1 4 1992

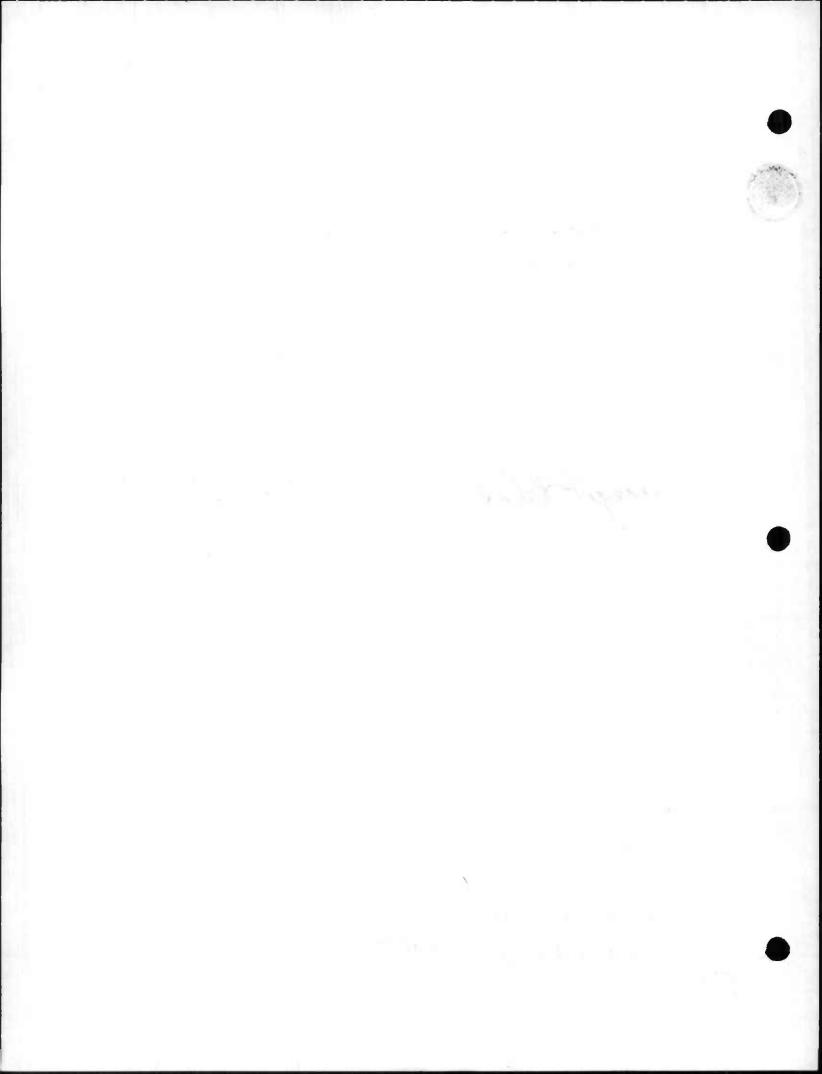


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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached an attendance of the funeral director, page 5 should be detached an attendance of the funeral promotion of pages 10 should be detached.	We men within 12 hours are used marked, or from 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
		100

	FOR 1 - STATE REGISTRAR	STATE OF MAR			MENT O			MENT	AL HYGIEN	_	92	14829
	1. DECEDENT'S NAME (First, Middle, La WESLEY	KENNETH		HITE				2. DA MOI 05	TE OF OEATH	AY 2	YEAR	12:40 A
	4. SOCIAL SECURITY NUMBER 216-68-0904		NGE (In yrs. last	//	IF UNDER 1 YE		UNDER 24 HRS. URS MIN.	7 043	E OF BIRTH		8. BIRTHPL	ACE (State or Foreign ington, D.C
OR	9a. FACILITY NAME (If not institution, git 4745 MARLBORO I	PIKE					EIGHT:				CE GE	ORGES
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COU Maryland Prin				town or L		oro	-		-		0d. INSIDE CITY LIMITS?  XX YES 2 \( \) NO
FUNERAL	100. STREET AND NUMBER 14531 Governor		ce	101. ZIP CODE 20772				10g. CITIZEN OF V			AT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 X 1 X 1 IF YES, GIVE WAR OF THE TOTAL TO	YES 2 NO	2 NO If yes, specify Cuban, Mexican, Puerto					or No-	Black, 1	- American Indian, White, atc. White	
COMPLETED	15. DECEOENT'S E (Specify only highest gr Elementary/Secondary (0-12)	DUCATION ade completed)  College (1-4 or 5+)	(Giv	e kind of wo Do NOT use	sual occu ork done durin retired.)	g most of		1	Liquor			
BE CO	17. FATHER'S NAME (First, Middle, Lest) Richard E. Hite						Dolore	es M	t, Middle, Maiden • McCaf	frey		
10	Richard E. Hite		12	2427	Persi	mmon	Rd. I	Jppe	imber, City or Tow r Marlb	oro,	Md. 2	
	20a. METHOD OF DISPOSITION  1		OFFICE AND AND AND AND AND AND AND AND AND AND		etera	ns C	em. 5	5/15	/92 Che			Maryland
	+ House &	Halus	1		Ge 61	orge 60 0	xon Hi	llas	Funera Rd. Oxo	n Hil	11. Mo	1.20745
N	IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):									Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	AS A CONSEOU									
MEDICAL	PART II. Other eignificent condit	iona contributing to deed	th but not re	eulting in	the under	lying cau	uee given ir	Part i.	24a. WAS AN PERFOR		CO	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 NO	HOSPITAL: 1   Inpetient 2   ERA	Outpatient 3		OTHER:		OF DEATH (C	-	one) her (Specify) S <sup>r</sup> ]	PORE		
B	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation 3 Suicide a Could not	28s. PLACE OF INI	ear)	28b. TIME INJU	RY RP <sup>M</sup> 1	X	2 NO	SUE	SECT WA	AS SH	OT	do Missonhine
LETED	4 Homicide determined	building, etc. (	(Specify)	E				474	y or fown, State) 5 MARLI	BORO :	PIKE	
COMPLET	(Check only MEDICAL EXAM	YSICIAN: To the best of my k										nd manner se stated.
TO BE	29th SIGNATURE AND TITLE OF CERTIF	lorker	MP				.C.M.				SIGNED (M 5/12/	lonth, Day, Year) 92
	31. DATE FILED (Month, Day, Year)	KEIMD	111	PEM	STRE	EET,E	BALTIM	ORE,	MARYLA	ND 21	201	
		992 Julia	Davidson-	Randa	02,			<u>.</u>				DHMH-16 Rev 1/8



DHMH-16 Rev 1/89



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funeral director, page 5 should be detached for use as the burial-trans-		
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

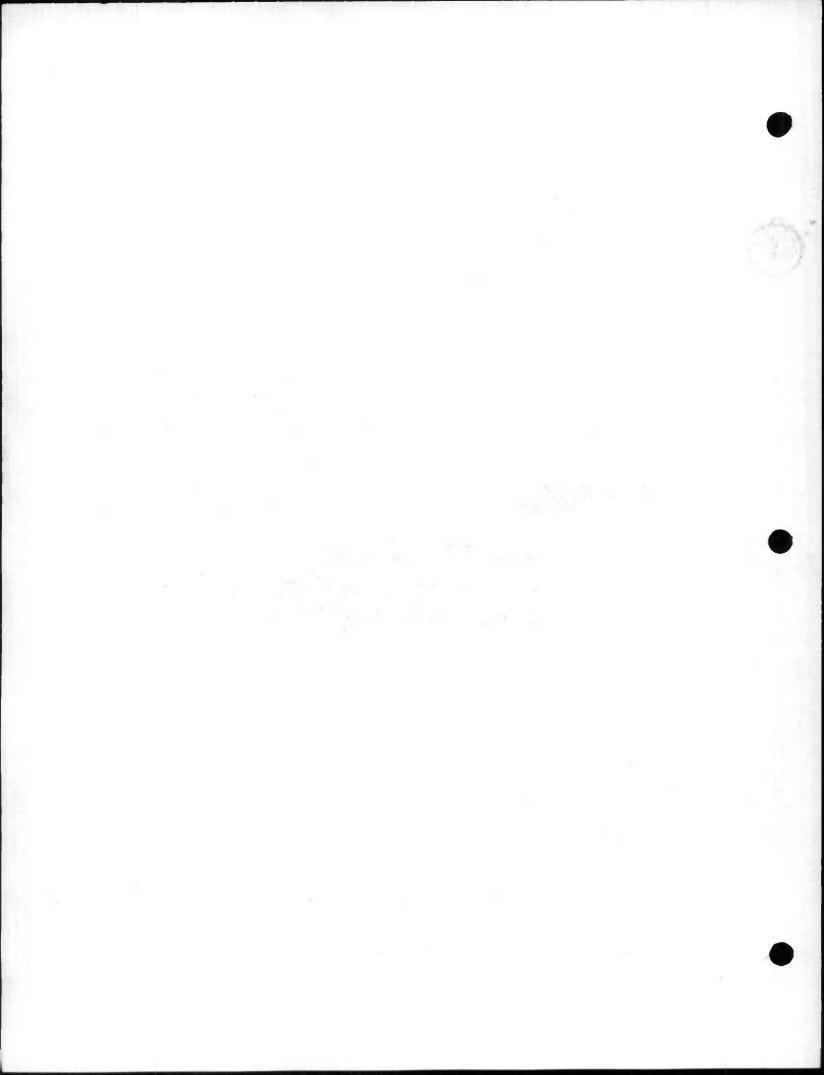
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician 10 THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trail be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF M	MARYLAND	/ DEPAI	RTMEN	IT OF H	IEAUTH A	ND ME	NTAL HYGIEN	E	32	14830
	1. DECEDENT'S NAME (First, Middle, Last) $ALICE$	H. H	HEFNE	R	IOAI	<u>L 01</u>	DEATT	2.	DATE OF DEATH		year 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. I	last birthday)		ER 1 YEAR	IF UNDER 24		DATE OF BIRTH		8. BIRTHPLA	CE (State or Foreign
	220-32-5127	1 🗆 M 2 😾 F	77	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year) 12–13–191	4	Washi	ington, DC
DIRECTOR	SOUTHERN MAR	Street and number)	lospith	11	10	LINT	OR LOCATION	OF DEATH		PRIN	ICE L	FORGES
딥	RESIDENCE OF DECEDENT  100. STATE 100. COUNT			10c. CITY, TOWN OR LOCATION						7.77		
	Maryland Pri	nce George	e's	Suitland					1[			LIMITS?
FUNERAL		Desire As	- 201	10f. ZIP CODE						72.7	EN OF WHAT	
N N	3507 Silver Park	12. WAS DECEDENT	E . ZUI	201 20746  N U.S. ARMED 13. WAS DECENDENT OF HISPANI					DIOIN2 (Canalli, Yan		U.S.A.	
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	YES 2 X	NO		If yes, sp	ecify Cuben, I	dexican, Pu	verto Rican, atc.)	or No	Black, WI	American Indian, hite, atc. Vhite	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grad	ICATION completed)	16e. D	ECEDENT'S	USUAL	OCCUPATIO	ON ast of working		16b. KIND OF BUS	INESS/INDU		
	Elementary/Secondary (0-12)	College (1-4 or 5 +	161	fe. Do NOT u	se retired.	) aunng mo	ist of working					
₽	11th			Hor	nema	ker			I	lome		
	17. FATHER'S NAME (First, Middle, Last)		***						First, Middle, Melden	-		
8	John 19a. INFORMANT'S NAME (Type/Print)	Franklin							e Naomi (			
2									Number, City or Town			207/0
	Clifford L. Williamson 3018 Brinkley Rd. #102 Temple Hills, Md. 20748											
	20b. PLACE AND DATE OF DISPOSITION OATE  20b. PLACE AND DATE OF DISPOSITION/Name of cemelary, greened on 3 of the property of											
	21. SIGNATURE SERVICE A	CENSEE	1 ceu	ai ii.	22	, NAME AN	ID ADDRESS	OF FACILIT	Y			yrand
	> 1/1/4 + P.1/2	/_				Georg	ge P.	Kala	s Funeral			
$\vdash$	23 PADT I Enter the discourse of					6160	Oxon	Hi11	Rd. Oxor	Hil.	1, Md.	20745
	23. PART I. Enter the disease, or shock, or heert fellure.  IMMEDIATE CAUSE (Finel disease or condition	List only one ceut	se on each lin	ie.	not ente	r the mo	de of dying				st,	Approximate interval Between Onset and Death
	resulting in death)	OUE TO	OR AS A CONSE	EQUENCE O	F):	CF	last	11,	+			
RTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	OR AS A CONSE	EQUENCE O	F	CU	ilu	R	más			
CERT	resulting in deeth) LAST	d										
ICAL	PART II. Other eignificent condition	ns contributing to d	deeth but not	resulting	in the u	nderlying	ceuse give	n in Part	PERFORI	MED?	AVA	RE AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE
PHYSICIAN: MEDICAL									1 TYES 2	X⊃ NO	OF I	DEATH?
A	25. WAS CASE REFERRED TO MEDICAL					20 PL	ACE OF DEAT	H /Check o	rity ope)			
Sic	EXAMINER?	HOSPIFAL:	ER/Outpatient	3 DOA	OTHE	R:			Other (Specify)			
Ì	27. MANNER OF GEATH	28e. OATE OF I	NJURY	28b. TIM	E OF	28c. INJU	URY AT		DESCRIBE HOW IN	JURY OCCU	PRED	
~	1 Natural 5 Pending	(Month, Day	y, rear)	INJ	URY M	1 U Y	RK? 'ES 2 N	0				
		Suicide 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, tectory, office building, etc. (Specify)							281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
ED BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF building, e	tc. (Specify)						City or Town, State)		r rurar riccia	Number,
ED BY	2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only)  1 CERTIFYING PHYSI	CIAN: To the best of n	ny knowledge, de	esth occum	ed at the	time, date	end place, en	d due to th	e cause(s) end mans	ver as states	1.	
D BY	2 Accident 3 Suicide 4 Homicide  29e. CERTIFIER (Check only)  1 CERTIFYING PHYSI	CIAN: To the best of n	ny knowledge, de	esth occum	ed at the	time, date	end place, en	d due to th	e cause(s) end mans	ver as states	1.	

31. DATE FILED (Month, Day, Year)
MAY 1 3 32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall 1992

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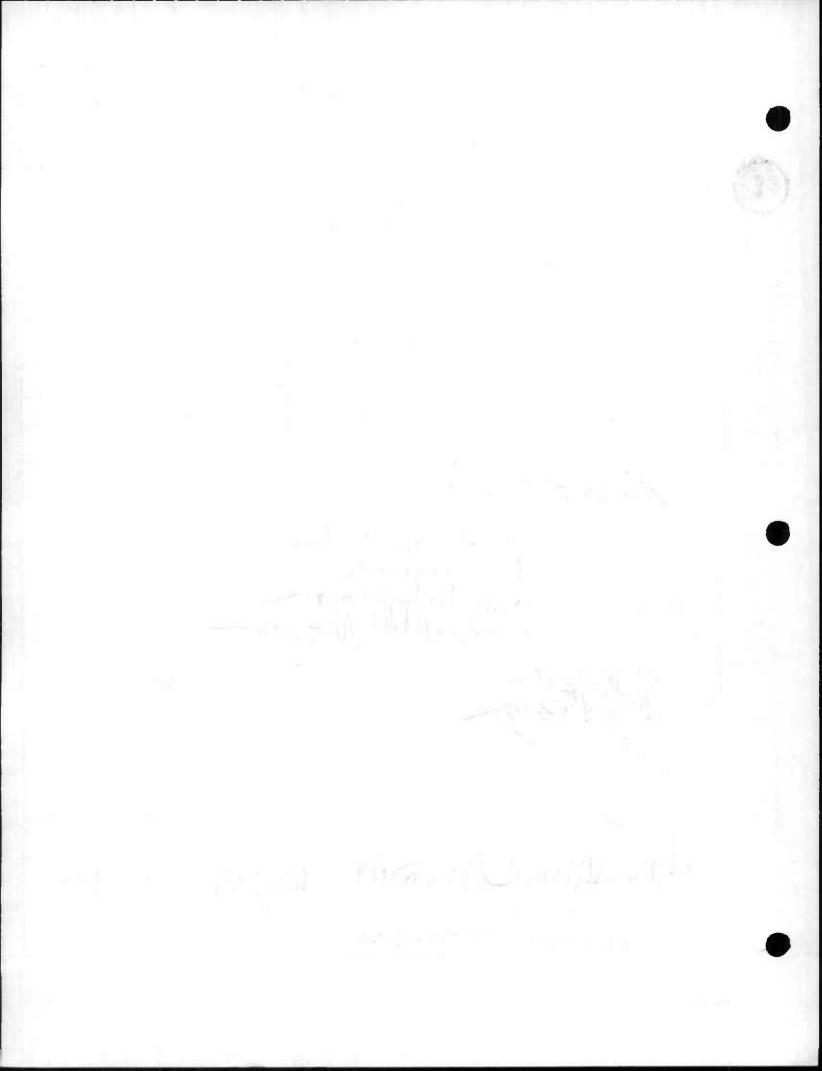
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF	DEATH	REG	a. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEA	ATH DAY	YEAR	3. TIME OF DEATH	
		EDWARD	HUNT			May			6:26 a M	
	4. SOCIAL SECURITY NUMBER 578-12-1567	5. SEX 8.	AGE (In yrs. last birthday) 77 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFF (Month, Day, )	rbar)	Count	HPLACE (State or Foreign try) hington D.C.	
TOR	Doctors Communit			9ь. сіту, тоwn o Lanh	R LOCATION OF DE		9c. COU	INTY OF D	George's	
DIRECTOR	Maryland Prince		10c. CI1	y, town on Locat itol Heig					10d. INSIDE CITY V.LIMITS? 123 YES 2 NO	
VERAL	736 Larchmont Ave.				20743			SA	WHAT COUNTRY?	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 🎇 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO	13. WAS DECI If yes, spe 1 YES	ENDENT OF HISPAR Holfy Cuban, Maxica 2 NO Specify	n, Puerto Rican, e	offy Yes or No—	14. RACI Blaci Spec Whi	E — American Indian, ok, White, atc. phy: Te	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade: Elementary/Secondary (0-12)	College (1-4 or 5+)	(Ghm kind of	work done during mos se retired.) d Painter	et of working		nce Geo:		s County	
BE CON	17. FATHER'S NAME (First, Middle, Last) Thomas R. Hunt					ME (First, Middle, A				
TO B	190. INFORMANT'S NAME (Type/Print) Bertha M. Thacker			ADDRESS (Street and					. 20743	
	20e, METHOD OF DISPOSITION  XX Burist 2 Cremation 3 Remo	val from State	20b. PLACE AND DATE	OF DISPOSITION (Nat	me of	DATE 2	Oc. LOCATION —	City or To	own. State	
	PL SIGNATURE OF UNERAL SERVICE LIC	ENSEE		George	P. Kala	as Funer	ral Home	e		
	23. BART I. Enter the diseases, or c	omplications that c	assed the death. Do		Oxon Hill	L Rd. Oz	con Hil	Mc	d 20745	
	23. BART I. Enter the diseases, or cahock, or haert failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	lat only one cause	of each line.	short			roopilatory ar	rout,	Interval Between Onset and Daath	
ATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING									
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	M-8	AS A CONSECUENCE OF	the	zum	-				
MEDICAL	PART II. Other significant conditions	contributing to de	ath but not resulting	in the underlying	caban given in	P	AS AN ALITOPSY ERFORMED? YES 2 199	246	MERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF CEATH?  1 YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	R/Outpatient 3 🗆 DOA	26. PL/ OTHER: 4   Nursing Horse	ACE OF BEATH (Ch		м			
	27. MANNER OF DEATH  1 Matural 5 Pending Investigation	25a. DATE OF IN. (Month, Day.	JURY 286, TIM	E OF 28c, INJU	JRY AT		HOW INJURY OC	CURED		
TED BY	2 Accident Investigation 2 Suicide 8 Could not be distimined	25e, PLACE OF It building, etc.	2fie. PLACE OF INJURY — At home, farm, street, factory, office Set. LOCATION (Sheet and Number building, etc. (Specify)							
COMPLETED	Doe) 2 MEDICAL EXAMINES		knowledge, death occurr						and manner as stated	
TO BE CO	200. SIGNATURE AND TITLE OF CENTIFIER	NU	AM	PM	29c. UCENSE NUN		(Month, Day, Year)			
	Lewis H. Dennis,				lege Par	k, Md.	20740			
	31. DATE FILED (Month, Day, Year)  MAY 1 3 10	32. REGISTRAR'S	SIGNATURE a Davidson-Ra	ndell						



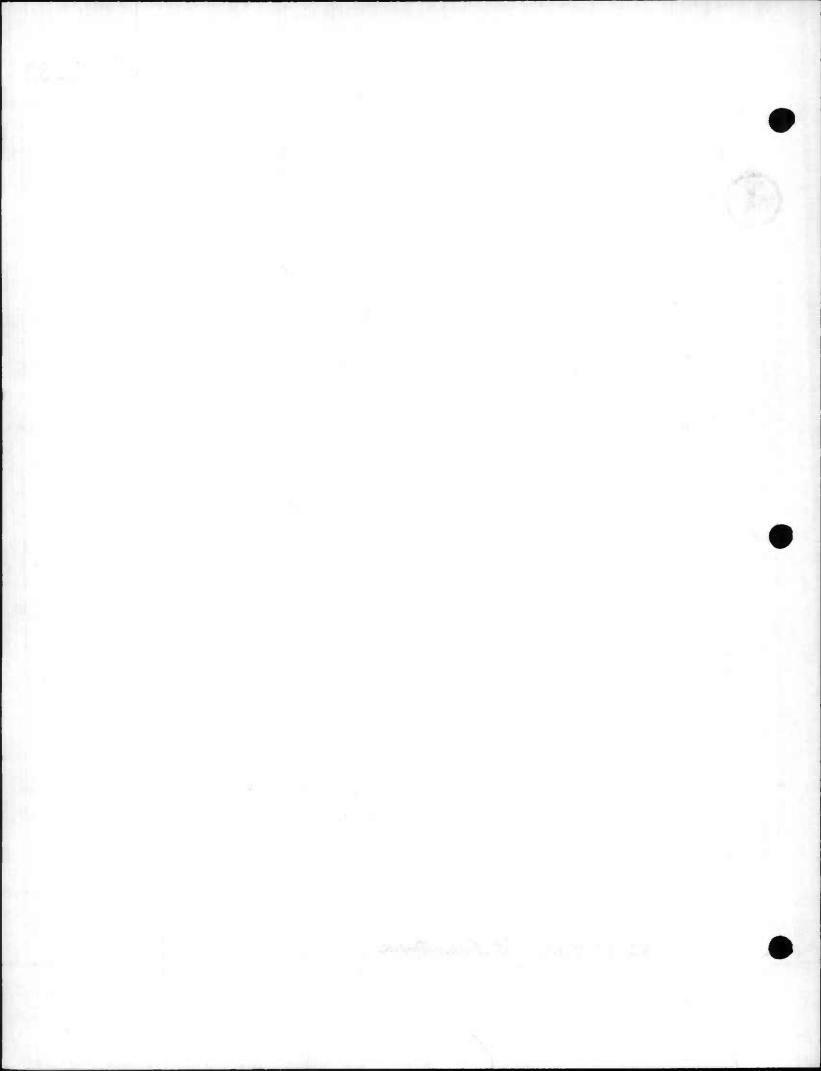


31. DATE FILED (Month, Day

		,						12 1483
	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN	IE	- 1403
	1. DECEDENT'S NAME (First, Middle, Last)		02.11111	IOATE OF	DEATH	2. DATE OF DEATH		3. TIME OF DEATH
	KOSOBIO HE	chandez				MONTH D	9	2 10m
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year)	0.	BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institution, give s	street and pumber)			OR LOCATION OF DI		9c. COUNTY	OF DEATH
DIRECTOR	Holy Cross Hosp	ital		Silve	er Sprix	79	Ton	gomen
F	10a. STATE 10b. COUNT	Y	10c. CITY	, TOWN OR LOC	ATION			10d. INSIDE STY
	10e. STREET AND NUMBER	ntgomery	, S	ihers	princ	1		YES 2 NO
LONEHAL	2211 Greener	a lane	#101	1	OI. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	N U.S. ARMED	13. WAS DE	CENDENT OF HISPAN	VIC ORIGIN? (Specify Ye	or No- 14.	RACE — American Indian, Black, White, atc.
10	1 Never Married 2 Married 3 Nijdowed 4 Divorced	FORCES? 1 YES	2 NO ATES	If yes, s	S 2 NO Specifi			Black, White, atc. Specify:
	15. DECEDENT'S EDU		16a. DECEDENT'S	USUAL OCCUPAT	alvados	166. KIND OF BU	SINESS/INDUST	tispanic
11150	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT us	vork done during n e retired.)	nost of working			
1	1ath ande		House	ewife.		N/	A	
	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden	Surname)	
	19a. INFORMANT'S NAME (Type/Print)		10h MAII ING	ADDRESS /Street		NOWN  Route Number, City or Tow	- Otal Tir Or	
	Lea Ventura		2211	araan.	on I lan	0 #101 51	Vor So	ring. Md 20
	20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Rem		PLACE AND DATE O		lame of	DATE 20c. LO	CATION — City	
	4 Donation 8 Other (Specify)	G Com	etery, crematory or of		etery 5	11/92 W	ashin	iton. DC
	21. SIGNATURE OF FUNERAL SERVICE LIN	ENSEE		22. NAME /	AND ADDRESS OF FA	ineral Ho	~ 0	
	with B	a 2	16	344		reet. Nu		shiraton DC
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition	complications that ceused List only one ceuse on e	the deeth. Do nech line.	ot enter the m	ode ot dying, auc	h as cerdiec or resp	iratory arrest	Approximate interval Betwee Onset and Dea
	resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF	1311/0	y Itos	us 7		
:	Sequentially list conditions,	a Cerebro	Vascu	las	accid	ent		
	If any, leeding to immediate cause. Enter UNDERLYING	ALL TO OR AS A	CONSEQUENCE OF	): P 4		4		
	CAUSE (Disease or injury that initiated events	C. DYE TO (OR AS A	CONSEQUENCE OF	rone	umoru	Tus of Pm	lymon	a
	resulting in death) LAST	. Pseduo	memb	runeo	us Cal	litis.		
	PART II. Other algnificent condition	e contributing to death b	ut not resulting is	n the underlyin	og ceuse given in	Part I. 24s. WAS AN	ALTTOREY	24b. WERE AUTOPSY FINDING
						PERFOR	MED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
						1 YES 2	M NO	DF DEATH?
						4		
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. F	PLACE OF DEATH (Ch	eck only one)		
	1 YES 2 NO	1√2 Inpetient 2 □ ER/Outp		4 - Nursing Ho	me 5 🗆 Rasidenca			
	27. MANNER OF DEATH  1 Natural 5 Pending Investigation	(Month, Day, Year)	28b, TIME INJU	URY W	JURY AT ORK? YES 2 NO	26d. DESCRIBE HOW I	NJURY OCCUR	ED
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, st	treet, factory, offi	ce	28t. LOCATION (Street a City or Town, State)	and Number or R	tural Route Number,
	(Check only	CIAN: To the best of my knowl R: On the basis of examination						use(s) and manner as stated
	296. SIGNATURE AND TITLE OF CERTIFIE	3		, -,	29c. LICENSE NUN			SNED (Month, Day, Year)
2		maskat.			10-200	62	D 5/	7/92
	30. NAME AND ADDRESS OF PERSON WH TUNY P. KANNAR	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type,	Primi)	letone	aling MIN	14.0	
	IN THINITE	KI 1.110 . 29	10/ 16	151 5	(LVETS)	and IND	00 9	10

32. REGISTRAR'S SIGNATURE
Sulia Davidson-Randall

Silverspring MD, 20 910



		5
		permit.
<b>BALTIMORE, MARYLAND 21215-0020</b>	ours after death. Page 6 may be retained by the hospital or attending physician.	I in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1.
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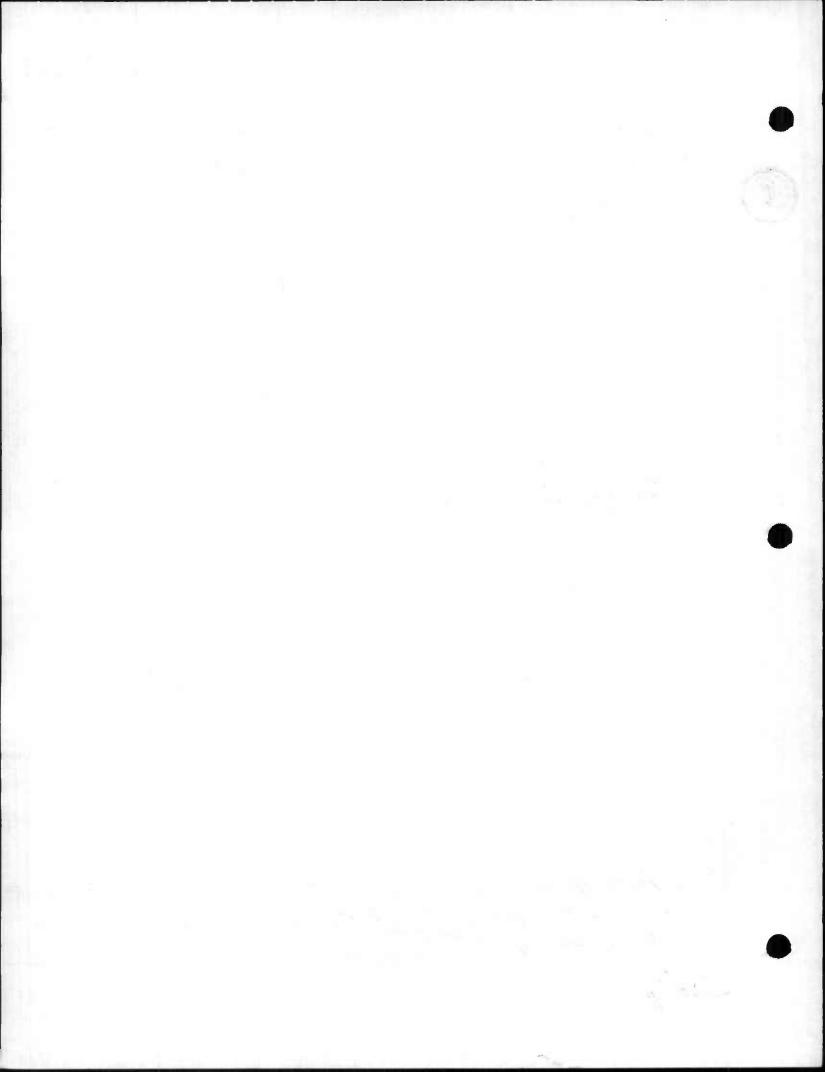
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMBIETE	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hospital or att	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or att

STATE OF	MARYLAND /	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIEN	ŧΕ
	CI	ERTIFICATE	0	F DEAT	TH		REG. NO	).

1 - STATE REGISTRAR	SIAIE UF MANT	LAND / DEPARTME	TE OF DEATH	REG. NO.	<b>-</b>	
1. DECEDENT'S NAME (First, Middle	lie, Last)			2. DATE OF DEATH		3. TIME OF DEATH
MARY	C. HILL	_		MONTH	7 TEAR	7:15A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. lest birthday) IF U	IDER 1 YEAR   IF UNDER 24 HRS.	7. DATE OF BIRTH	B. BIRTI	HPLACE (State or Foreign
579-22-97	7 10 M 2 SF 5	79 YRS. MONT	HE DAYS HOURS MIN.	(Month, 9ey, Year)	2 Count	rland
9a. FACILITY NAME (If not institutio	on, give atreet and number)	96. 0	TTY, TOWN OR LOCATION OF		9c. COUNTY OF D	
12191 Cavalie RESIDENCE OF DECEDE 10a. STATE 10b. Maryland C.	r Drive	D	unkirk		CALVI	PET
10a. STATE 10b.	COUNTY	10c. CITY, TOW	N OR LOCATION			10d. INSIDE CITY
Maryland C	Calvert	Dunk	irk			LIMITS?
100. STREET AND NUMBER			10f. ZIP CODE		10g. CITIZEN OF	
12191 Cavalie	er Drive		2075	4	U.S.A	
10. STREET AND NUMBER 12191 Cavalie 11. MARITAL STATUS	12. WAS DECEDENT EVER	IN U.S. ARMED	13. WAS DECENDENT OF HISP	ANIC ORIGIN? (Specify Yes	or No- 14. RAC	E — American Indian.
	FORCES? 1 YE		If yes, specify Cuben, Mexi		Spec	k, White, etc.
3 🖾 Widowed 4 🗌 Divorced			W		400	white
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)  8  17. FATHER'S NAME (First, Middle, L	T'S EDUCATION est grade completed)	16a. DECEDENT'S USUAL	L OCCUPATION one during most of working	16b. KIND OF BUS	INESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use retire	d.)			
8		Buyer		Retail S	Store	
17. FATHER'S NAME (First, Middle, L	Lest)		18. MOTHER'S N	IAME (First, Middle, Maiden :	Surname)	
Thomas J. McC	loskey		Mary	A. Callan		
19a. INFORMANT'S NAME (Type/Pri	rint)	196. MAILING ADDR	ESS (Street and Number or Rura	I Route Number, City or Town	, State, Zip Code)	
John P. Hill		877 Diam	ond Ave. Gait	hersbury.	ID. 20878	8
20a. METHOD OF DISPOSITION 1 ☑ Burlel 2 ☐ Cremation 3		0b. PLACE AND DATE OF DISI	POSITION (Name of		CATION — City or To	
4 Donation 5 Other (Special		emetery, crematory or other pla t. Lincoln	cemetery '	5/9/92 Brei	ntwood, 1	MD
21. SIGNATURE OF FUNERAL SERV	IVICE LICENSEE		22. NAME AND ADDRESS OF	ACH ITY		
Barre	A. M		Robert E. Wil			tland Rd.
IMMEDIATE CAUSE (Final disease or condition	FNDSTA	each lina.	ALTOUT UT	041 6 101	De man	Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	B A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the	OLS TRUCT INF		AUTOPSY 24b	Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c DUE TO (OR AS  d  anditiona contributing to death	B A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the		n Part I. 24a. WAS AN / PERFORI	AUTOPSY 24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  c.  DUE TO (OR AS  d.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	B A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in the	underlying cause given i	n Part I. 24a. WAS AN PERFORI	AUTOPSY 24b	Onset and Death  WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  c.  DUE TO (OR AS  d.  DIATION F 1 CA  DICAL  HOSPITAL:	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the	underlying cause given I  28. PLACE OF DEATH (CIER:	n Part I. 24a. WAS AN PERFORI 1 YES 2	AUTOPSY 24b	Onset and Deat
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  c.  DUE TO (OR AS  d.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the  PILLATION  Appetient 3 DOA 4	underlying cause given i 28. PLACE OF DEATH (C IER: Nursing Home 5 [2] Residence	Pert I. 24a. WAS AN PERFORI 1 YES 2	AUTOPSY 24b	Onset and Deat
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are suiting in death. LAST  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 ARO  27. MANNER OF DEATH	DUE TO (OR AS  c.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  C A CONSEQUENCE OF):  C A CONSEQUENCE OF):  C A CONSEQUENCE OF):  C A CONSEQUENCE OF):  C A CONSEQUENCE OF):  C A CONSEQUENCE OF):  C A CONSEQUENCE OF):  C A CONSEQUENCE OF):  C A CONSEQUENCE OF):  C A CONSEQUENCE OF):  C A CONSEQUENCE OF):  C A CONSEQUENCE OF):  C A CONSEQUENCE OF):  C A CONSEQUENCE OF):  C A CONSEQUENCE OF):  C A CONSEQUENCE OF):	underlying cause given in 26. PLACE OF DEATH (CIER: dursing Home 5 Thesidence 28c. INJURY AT WORK?	n Part I. 24a. WAS AN PERFORI 1 YES 2	AUTOPSY 24b	Onset and Deat
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions. If the conditions are sufficient conditions are sufficient conditions are sufficient conditions. If the condition conditions are sufficient conditions are sufficient conditions. If the condition conditions are sufficient conditions are sufficient conditions. If the condition conditions are sufficient conditions are sufficient conditions are sufficient conditions. If the condition conditions are sufficient conditions are sufficient	DUE TO (OR AS  c.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  P   C   DICAL  HOSPITAL:  1   Inpatient 2   ER/Ou  (Month, Day, Year)  Ingestion	B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  C A CONSEQUENCE OF):	28. PLACE OF DEATH (CIER:  28. INJURY AT WORK?  1   YES 2   NO	Dert I. 24a, WAS AN PERFORI 1 YES 2  Sheck only one)  8  Other (Specify)  28d. DESCRIBE HOW IN	AUTOPSY 24b MED? 24b	Onset and Death
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions are suiting in death) LAST  25. WAS CASE REFERRED TO MED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pendin investigations are suiting in death investigations.	DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR A	B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  C A CONSEQUENCE OF):	28. PLACE OF DEATH (CIER:  28. INJURY AT WORK?  1   YES 2   NO	Pert I. 24a. WAS AN PERFORI 1 YES 2	AUTOPSY 24b MED? 24b	Onset and Deat
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant control of the contro	DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR A	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the CILLATY o Marginal Street of St	26. PLACE OF DEATH (CIER: Nursing Home 5 12 Hasidence 28c. INJURY AT WORK? 1 1 YES 2 NO lactory, office	Theck only one)  8 Other (Specify)  28d. DESCRIBE HOW IN  City or Town, State)	AUTOPSY 24b MED? WHO 24b MUTOPSY 24b MUTOP	Onset and Deat
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions in the condition of the c	DUE TO (OR AS  c.  DUE TO (OR AS  d.  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  Dut not resulting in the CILLATY o Marginal Street of St	26. PLACE OF DEATH (CIER: Nursing Home 5 12 Hasidence 28c. INJURY AT WORK? 1 1 YES 2 NO lactory, office	Pert I. 24a. Wes AN / PERFORI 1 YES 2  Theck only one)  8 Other (Specity)  28d. DESCRIBE HOW IN City or Town, State)  e to the cause(s) and manue time, date end place, and	AUTOPSY 24b MED? NO  JURY OCCURED  and Number or Rural II her se stated, If due to the cause(e)	Onset and Death  N. WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that infitiated events resulting in death) LAST  PART II. Other algnificant conditions in the condition of the conditions in the condition of the conditions in the conditions in the condition of the conditions in the condition of the conditions in the condition of the conditions in the condition of the conditions in the condition of the condition of the conditions in the condition of the condition	DUE TO (OR AS  c.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  DUE T	B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  C A CONSEQUENCE OF):	28. PLACE OF DEATH (CIER: Nursing Home 5 Pasidence 28c. INJURY AT WORK? 1 YES 2 NO sectory, office	The Part I.  24a. WAS AN PERFORM 1 YES 2  Theck only one)  8 Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street as City or Town, State)  the to the cause(s) and manual time, date and place, and IMBER	AUTOPSY 24b MED? WHO 24b MUTOPSY 24b MUTOP	Onset and Death  N. WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant content of the con	DUE TO (OR AS  c.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  DUE T	B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  C A CONSEQUENCE OF):	28. PLACE OF DEATH (CIER: Nursing Home 5 Pasidence 28c. INJURY AT WORK? 1 YES 2 NO sectory, office	The Part I.  24a. WAS AN PERFORM 1 YES 2  Theck only one)  8 Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street as City or Town, State)  the to the cause(s) and manual time, date and place, and IMBER	AUTOPSY 24b MED? 24b MED? 24b MED? AVENUE AV	Onset and Deat  WERE AUTOPSY FINDINGS  AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO  Route Number,
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant content of the con	DUE TO (OR AS  c.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  d.  DUE TO (OR AS  DUE T	B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  B A CONSEQUENCE OF):  C A CONSEQUENCE OF):	26. PLACE OF DEATH (CIER:  Ursing Home 5 Pasidence  28c. INJURY AT WORK? 1 YES 2 NO  actory, offica	The Part I.  24a. WAS AN PERFORM 1 YES 2  Theck only one)  8 Other (Specify)  28d. DESCRIBE HOW IN  28f. LOCATION (Street as City or Town, State)  the to the cause(s) and manual time, date and place, and IMBER	AUTOPSY 24b MED? 24b MED? 24b MED? AVENUE AV	Onset and Dest





BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physician.	by filled in by the funeral director, page 5 should be detached for use as the burial-transi- ation, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filed within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

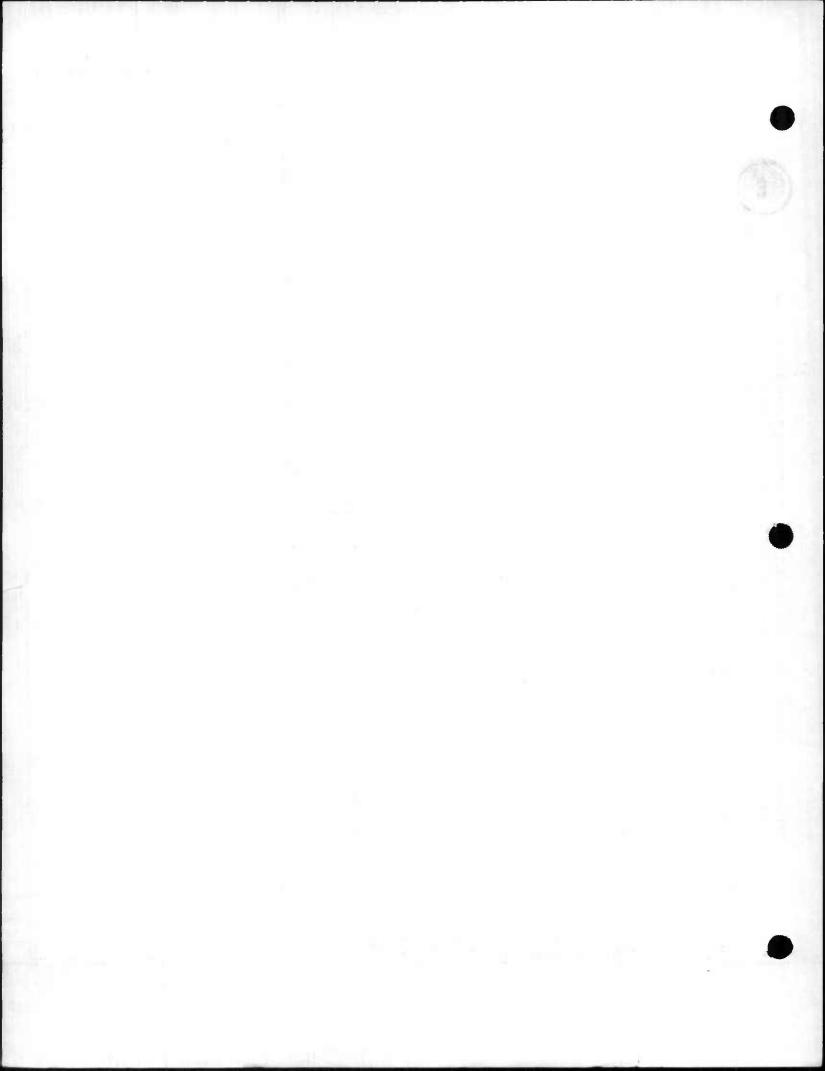
TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH
REG. NO.

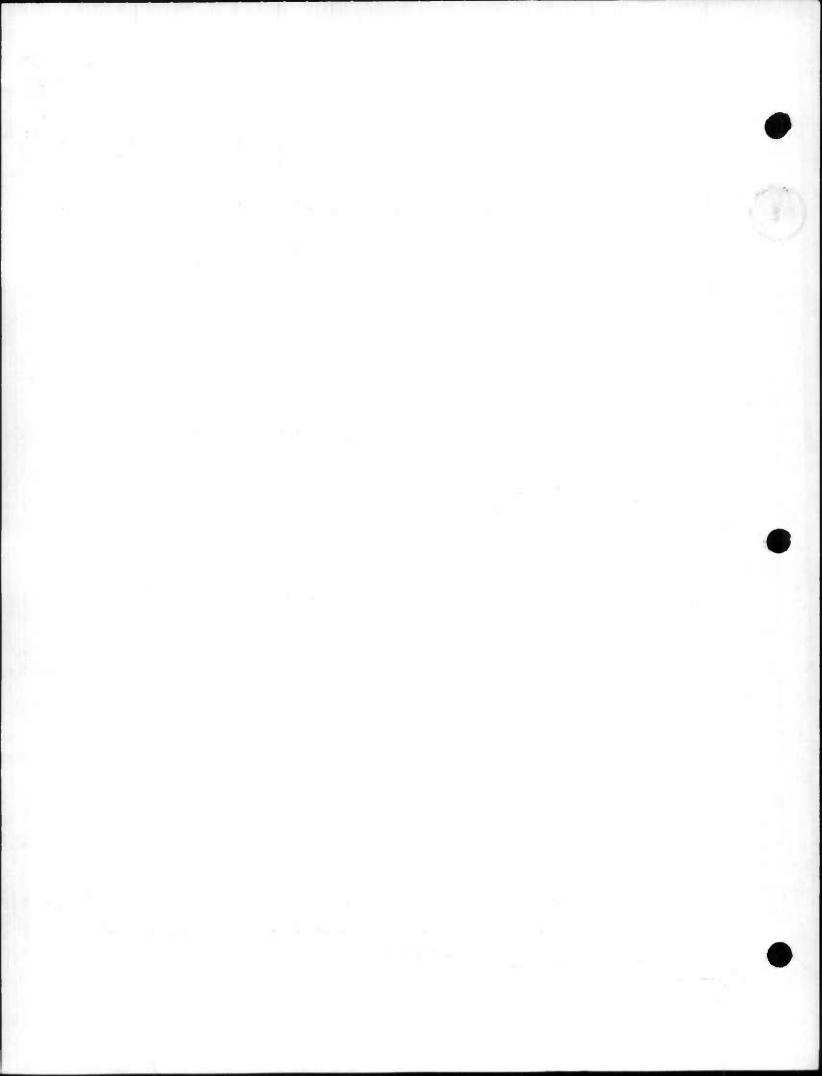
REGISTRAR		CE	ERTIFIC	CATE O	F DEATH		REG. NO.		
1. OECEDENT'S NAME (First, Middle, Last)		e TN	E. C.A	<u> </u>		2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		AGE (In yrs. las		F UNDER 1 YEAR	IF UNDER 24 HRS	7. DATE OF	DINTU P	193	THPLACE (State or Foreign
135 18 7140	1 □ M 2 ★ F	74		ONTHS DAYS		(Month, D Marci	h 22 19	Cour	
9e. FACILITY NAME (If not institution, give	street and number)		9	b. CITY, TOW	OR LOCATION OF	DEATH	9	c. COUNTY OF	DEATH
Holy Cross Hosp	ital			Silve	r Spring	5	1	Montgon	nery
10s. STATE 10b. COUNT	Υ		10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY
Maryland Prin	ce Georges		В	owie					LIMITS?
2510 Kennett Lan	ie				20715				States
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 N		It yes,	ECENDENT OF HISP specify Cuben, Mex ES 2 1 NO Spe	icen, Puerto Rice	en, etc.)	Blac	CE — American Indian, ck, White, etc. Chy. White
15. DECEDENT'S EDU (Specify only highest grade	ICATION completed)	(Gi	ve kind of wor	BUAL OCCUPA k done during i	TION nost of working	16b. KJ	ND OF BUSINE		
Elementary/Secondary (0-12)	College (1-4 or 5+)		Homema			Or	wn Home	9	
17. FATHER'S NAME (First, Middle, Last)			Homein	ARCI	16. MOTHER'S	NAME (First, Midd			
Robert Baldwin						a Calla		iemey	
19e. INFORMANT'S NAME (Type/Print)		198	. MAILINO AL	ODRESS (Stree	end Number or Run	al Route Number,	City or Town, Si	tate, Zip Code)	
Charles W. Hertn	eck		2510 I	Kennet	t Lane B	owie Ma	aryland	1 20715	5
20a. METHOD OF OISPOSITION  1 🔀 Buriel 2 🗆 Cremetion 3 🗀 Rem  4 🗆 Donation 5 🗀 Other (Specify)	novel from State	cemetery cres	metory or other	DISPOSITION ( Place) Cemet		/4/92		ion — City or 1	Town, State
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	110011	COUR	22. NAME	AND AODRESS OF	FACILITY			
▶ Robert E.	E.van	2.1	new		11-Evans 00 Annap			-	land 20715
23. PART I. Enter the diseases, or shock, or heart failure.	complications that co	on each line	eth. Do not	enter the n	node of dyling, si	uch sa cardiac	or reapirate	ory arrest,	Approximate interval Between
IMMEDIATE CAUSE (Finel disease or condition					10	0			Onset and Death
resulting in death)	s DUE-TO (OF	AS A CONSEC	UENCE OF):	120 Ce.	51 AB	1567.1	7		5 hear
				Zus	& FFICC	Que +			Tun
Sequentisity list conditions, if any, lesding to immediate cause. Enter UNDERLYING		AS A CONSEC							7 73
CAUSE (Disease or Injury that Initiated events		AS A CONSEC		ر ال ويعر	Anna,				7
resulting in desth) LAST	d								
PART II. Other significant condition	ns contributing to de	ath but not re	esuiting in t	the underlyl	ng ceuse given i	in Part I. 24	s. WAS AN AUT	OPSY 24	b. WERE AUTOPSY FINDINGS
K2845T	Cancel					1	PERFORMED	07	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
									1 YES 2 AND
25. WAS CASE REFERRED TO MEDICAL					M ACE OF DESIGN	01			
EXAMINER?	HOSPITAL:	VOutpatient 3		THER:	PLACE OF DEATH (		neoffet		
27. MANNER OF DEATH	28e. DATE OF INJ	URY	28b. TIME C	F 28c. II	JURY AT		IBE HOW INJUI	RY OCCURED	
1 Natural 5 Pending 2 Accident Investigation	(Month, Day, 1	reer)	INJUR		YES 2 NO				
3 Suicide 6 Could not be determined	26e. PLACE OF IN building, etc.	IJURY — At hor (Specify)	ne, farm, stre	et, factory, off	Ice	281. LOCATIO	ON (Street and frown, State)	Number or Rural	Route Number,
	ICIAN: To the best of my								s) end menner as stated.
296. SIGNATURE AND TITLE OF CERTIFIES					29c. LICENSE N				D (Month, Day, Year)
9/26	DIFC				DI	0690		4(2)	0/92
30. NAME AND ADDRESS OF PERSON WHE	COMPLETED CAUSE C	OF DEATH (ITEM	4 C	(nt)	ADE,	3.150	< DP	rate 3	20002
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	4	71.6	- 4	-11300	- 31	, ay u	C.E.
MAY 1 2 10	190 Juli	Davidson	n-Aand	ell-				,	





TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
e funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Reath and Mental Hygiene prior to burial, cremation, or removal.
death. Page 6 may be retained by the hosp	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp

FOR 1 . STATE	STATE OF MARY	LAND / DEPARTM	IENT OF HEALTH AN	D MENTAL HYGIENE	92 14835
REGISTRAR			ATE OF DEATH	REG. NO.	The state of
1. DECEDENT'S NAME (First, Middle, Last)		HARRE	ELL	2. DATE OF DEATH DAY	9 4 1 M
4. SOCIAL SECURITY NUMBER 250-62-0514	5. SEX 6. AGI		UNDER 1 YEAR IF UNDER 24 HI	-MAn-th Day Mark a	,1930 s. BIRTHPLACE (State or Foreign
90. FACILITY NAME (If not institution, give at	reet and number)	CO. 401 (	CITY, TOWN OR LOCATION O	A - 0	95 GOUNTY OF DEATH
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	CY CIT NUTTO	10c CITY TO	OWN OR LOCATION	11141	trince George
10e. STREET AND NUMBER			ashington, D	.C.	10d. INSIDE CITY LIMITS? 1.X YES 2 \( \text{NO} \) NO
251 V Street, N	.W. #11		101. ZIP CODE	20001	U.S.A.
11. MARITAL STATUS  1 Never Merried 2 X Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	24 NO	If yes, specify Cuben, Me	SPANIC ORIGIN? (Specify Yes of pixican, Puerto Rican, etc.) specify:	N No- 14. RACE — American Indian, Black, White, atc.  Specify: Black
15. DECEDENT'S EDUC (Specify only highest grade	completed)	18a. DECEDENT'S USU (Give kind of work life. Do NOT use rel	done during most of working	16b. KIND OF BUSH	NESS/INDUSTRY
btn grade	College (1-4 or 5+)	Farmer		Agricult	
17. FATHER'S NAME (First, Middle, Last) Roosevelt Harre)	11, Sr.		Anna	Chandler	
190. INFORMANT'S NAME (Type/Print) Inez Quillin (Sist	ter)	196. MAILING ADD 251 V	Street, N.W.	ural Route Number, City or Town, #11 Wash. I	State, Zip Code) O.C. 20001
26e, METHOD OF DISPOSITION  1 Z Burlet 2 Cremetion 3 Remo 4 Donation 5 Other (Spicity)	oval from State	HALLINOTY ME	sposition/Name of		TION - City or Town, State Landover, Maryland
21. SIGNATURE OF FUNERAL SERVICE LIO	ENSEE / CUM	91	22 ROTTINS FUI 4339 Hunt 1	heral Home, I Place, N.E. W	inc. Jash. D.C. 20019
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Rylend	CONSEQUENCE OF:	ever in de ethrifis-	end de	Salvyh
PART II. Other significent conditions	contributing to death	but not reaulting in th	e underlying ceuse givan	In Pert I. 24e. WAS AN AL PERFORMI 1 YES 2X	ED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	OT	28. PLACE OF DEATH	(Check only one)	
	1 Inpetient 2 ER/Out		HER: Nursing Home 5 - Residen	ce 8 Other (Specify)	
27. MANNER OF DEATH  1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DESCRIBE HOW INJ	URY OCCURED
3 Suicide 8 Could not be datermined	28e. PLACE OF INJUR building, etc. (Spe	Y — Al home, farm, street	, lectory, office	281. LOCATION (Street and City or Town, State)	Number or Rural Route Number,
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC ONE) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	IAN: To the best of my know	viedge, death occurred at on and/or investigation, in	the time, data and place, and only opinion, death occurred at 29c. LICENSE I		or as stated.  flue to the cause(s) end manner as stated.  9d, DATE SIGNED (syons). Pay 1 Years
TO. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print	1)-2	4 LANDOVE	70/0/2



1	3	y	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burlal-transit permit. The filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First								2. DATE OF OEATH	DAY	YEAR 3	. TIME OF OEATH
John I		eson						May 11	19	92	1:45 P.
4. SOCIAL SECURITY NUM	_	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1	YEAR	IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Ybar)		Country)	ACE (State or Foreign
219-34-63		1 € M 2 □ F	56	YAS.	WONTES	DATE:	HOURS MIN.	Jan.13	,1936	M	d.
9a. FACILITY NAME (If not h	nstitution, give s	street and number)			9b. CITY,	TOWN	OR LOCATION OF D	EATH	9c. COU	NTY OF OEA	тн
Route 1	Box	x 209			Fr	ost	burg			Alleg	gany
RESIDENCE OF DE	10b. COUNT	Υ		10c. Ci	TY, TOWN O	LOCA	TION			10	Od, INSIDE CITY
Md.		Allegan	re e								LIMITS?
10e. STREET AND NUMBER		TTOKAII	у		Fros	_	, ZIP COOE		10g, CIT		AT COUNTRY?
Route 1	Box	200					21532			U.S.A	
11. MARITAL STATUS	. DU2		NT-EVER IN U.S. AF	MEO	13. V	AS DEC		NIC ORIGIN? (Specify		14. RACE -	- American Indian,
1 Never Married 2		FORCES?	MAR OR DATES	NO			ecity Cuban, Mexic	en, Puerto Rican, atc.) Ny:		Black, \ Specify:	White, etc.
3 Widowed 4 Div	orced	1956-							17		Thite
	CEDENT'S EDU		/G	ive kind of	Work done d	CUPATI	ON pat of working	16b. KIND OF	BUSINESS/INI	DUSTRY	
Elementary/Secondary (	0-12)	College (1-4 or 5	+) life	. Do NOT L	use retired.)		7.5				
12				Rub	ber	War			e Co.		
17. FATHER'S NAME (First, A	100							AME (First, Middle, Malo			
Archiba		itchesor						h Steven			
19a. INFORMANT'S NAME (			19					Route Number, City or			
Edna P.				Rt.				Frostbur			
20a METHOD OF DISPOSIT	on 3 🗆 Rem	noval from Stata	of cemetary	ANO OAT	y or other pl	SITION ace)	(Name	OATE 20c.	LOCATION —	City or Town	n, State
4 Donation 6 Othe		OFWEE	- Fros	tbu	rg M	əmc	rial P	k 5/17Fr	ostbi	irg,	Md.
21. SIGNATURE OF PUNER	9 W	CENSEE /									
AIK	n	Has	n		D	urs	t Fune:	ral Home	, Fr	ost bu	rg, Md.
disease or condition resulting in death)	<b>→</b>	DUE TO	O (OR AS A CONSE	QUENCE (	PLO OF):	145	- Lur	UG			1 year
Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj	diste	c	O (OR AS A CONSE								
thet initiated events recuiting in death) LAS	вт [	d	7 (011 23 2 001132	COLINCE	Jr j.						
PART II. Other signific			4	resulting	in the un	derlyir	ig ceuse given i	n Part i. 24a. WAS	AN AUTOPSY FORMED?		VERE AUTOPSY FINDING
Chronic								1 [] YES	3 NO		COMPLETION OF CAUSE OF DEATH?
Corona	y av	stery of	escesi	willy	in	Da	retited In	Mardy-			YES 2 NO
Degeneral		ment	descer	c .	0						
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL				1		LACE OF DEATH (C	Check only one)			
1   YES 2 100		HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHER		ne 5 Pasidance	6 Other (Specify)			
27. MANNER OF DEATH  Netural 5  2 \( \text{\tinx{\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tint{\text{\tinx{\text{\tinx{\tint{\text{\text{\text{\tinit}}\text{\texi}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\texi}\text{\text{\text{\texi}\text{\text{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi{\texi}\tint{\texi{\texi}\texi{\texi{\texi{\texi{\texi{\texi{\texi	Pending Investigation	28a. DATE O (Month,	F INJURY Day, Year)	26b. Ti	ME OF JURY M	W	JURY AT ORK? YES 2 NO	28d. DESCRIBE HO	W INJURY O	CCURED	
3 Suicide 6 4 Homicide	Could not be determined		OF INJURY — At h j, atc. (Specify)	ome, farm	, street, facto	ory, offi	ce	261. LOCATION (Str. City or Town, St	eet and Numbe late)	er or Rural Ro	ute Number,
Constant only								ue to the cause(a) and ne time, data and place			and manner as stated.
29b. SIGNATURE AND TITL			7-1-12				29c. LICENSE N	UMBER	29d. DA	TE SIONED (	Month, Dey, Year)
	HIL	elli					DI6 9	107		4157	52
	t Sid	hu, M.D	. 925 :	Bish	op W	al	sh Rd.	Cumber	land,	Md.	21502
31. DATE FILEO (Month, Day	1 5 199	2 John	AR'S SIGNATURE	myle BE							

. . . . The property of the second sec

31. DATE FILED (Month, Day, Year)
MAY 1 4 '92

32. REGISTRAR'S SIGNATURE

Julia Tavidson-Randell

4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (in ym. last bringing)  6. SECURITY NUMBER  7. STR.  6. SOCIAL SECURITY NUMBER  8. SEX  8. AGE (in ym. last bringing)  8. SEX  9. SOCIAL SECURITY NUMBER  8. SEX  1.		1. DECEDENT'S NAME (First, Middle, Last)	M	ICATE OF DEATH	REG. NO.  2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
SPACE IN MARE for healthore, give servered an imanery  HE FORD  HE SPACE  HE ACCENTY OF DEATH  TO SPACE  HE ACCENTY OF DEATH  THE AC		4. SOCIAL SECURITY NUMBER	and the first section of		7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreig Country)
No. STREET AND HUNGER  No. STREET AND HUNGER  NO. STREET AND HUNGER	CTOR	HARFORD MERESIDENCE OF DECEDENT	116.011	11 4 0	DEATH 9c. COL	UNTY OF DEATH
Specific Processes   Constitution   Specific Processes   Constitution   Specific Processes   Constitution   Specific Processes   Constitution   Specific Processes   Specific P		MD HAN		berdeen	L 100 CV	1 YES 2 NO
Second Processed   Dispersion   Specify   Sp	UNERA	115 Hanover.	12 WAS DECEDENT EVER IN U.S. ADMED	21001		115A
18. INFORMATIS NAME (TypuPrips)  19. INFORMATIS NAME (TypuPrips)  20. INFORMATIS NAME (TypuPrips)  20. INFORMATIS NAME (TypuPrips)  20. INFORMATIS NAME (TypuPrips)  20. INFORMATIS NAME (TypuPrips)  21. INFORMATIS NAME (TypuPrips)  22. INFORMATIS NAME (TypuPrips)  23. INFORMATIS NAME (TypuPrips)  24. INFORMATIS NAME (TypuPrips)  25. INFORMATIS NAME (TypuPrips)  26. INFORMATIS NAME (TypuPrips)  26. INFORMATIS NAME (TypuPrips)  27. INFORMATIS NAME (TypuPrips)  28. INFORMATIS NAME (TypuPrips)  29. INFORMATIS NAME (TypuPrips)	BY	3 Wildowed 4 Divorced	FORCES? 1 YES 2 NO	If yes, specify Cuben, Mexic	ean, Puerto Ricen, etc.)	Black, White, etc.
The manufaction of the property   The	PLETE	(Specify only highest grade	College (1-4 or 5+)  (Give kind of water the college (1-4 or 5+)	rork done during most of working retired.)	16b. KIND OF BUSINESS/IN	IDUSTRY
The state of the s	ш	HENDERSON W	Villiams	Carr	ie wood	5
19 Burlet 2   Cremetton 3   Removal from State   Complete   Comp		DAVID Woodley	115	Harrover St	Aproveen 1	mp 21001
BOOK, or near return. Let only one ceuse on each line.    Interval Bet Onset and I		1 Buriel 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	cometery, crematory or other	Jumes	5-14 Havre	de Grace
PART II. Other eignificent conditions contributing to deeth but not reculting in the underlying ceuse given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1		MARKET	10/10			
M 1 YES 2 NO		IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	B. DUE TO JOR AS A CONSEQUENCE OF DUE TO JOR AS A CONSEQUENCE OF DUE TO JOR AS A CONSEQUENCE OF USULUE	la pecio hemis depluda	ch se cerdiec or respiratory as	Approximate Interval Betwoen and D
2 Accident Investigation M 1 YES 2 NO	MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	B. DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OR DUE TO (OR AS A CONSEQUENCE	la pecio bluis deplula	Part 1. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CAU
	MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	B. DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE	Day Being  i: Leurs  i: Le	Pert I. 24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU
	PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNÉR OF OEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only)  1 CERTIFYING PHYS	DUE TO (OR AS A CONSEQUENCE OF DUE TO (OR AS A CONSEQUENCE OF	20. PLACE OF OEATH (C)  THER: 4   Nursing Home 5   Residence OF   28c. INJURY AT   WORK? 1   YES 2   NO   Ireet, factory, office	Part I. 24a. WAS AN AUTOPSY PERFORMEC?  1 YES 2 NO  1 Other (Specify)  2ed. DESCRIBE HOW INJURY OC City or Town, State)  5 to the cause(e) and manner as ata	24b. WERE AUTOPSY FIND AMALBLE PRIOR TO COMPLETION OF CAL OF DEATH? 1 YES 2 NO

27	pag		
	fter this certificate has been signed by the attending physician and completely filled in by the funeral director, pagi		
	funeral		
200	n by the	гетома	
	filled i	M, Of	
	npletely	crematic	
-	and con	bunial,	
-	hysician	prior to	
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							9	2 14838
	FOR 1 . STATE	STATE OF MARYLA	ND / DEPART	MENT OF	HEALTH AND	MENTAL HYGIEN	IE .	- 17000
	REGISTRAR		CERTIFI		F DEATH	REG. NO	).	
	0	Charles Ham	ilton	ohnsor		2. DATE OF DEATH MONTH	5-8-92	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	hH Sc	-	5 8		2 2 1
		1 DM 2   F   81		MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) NOV . 2,		BIRTHPLACE (State or Foreign Country) Massachusetts
	9a. FACILITY NAME (If not institution, give atre-		11.00	9b CITY TOW	N OR LOCATION OF D			Y OF DEATH
H	HARFORD Memo	rial then	LL	HAYE	10	ace. No	111	0
5	RESIDENCE OF DECEDENT	12012	TW			عدد, الم	LITHI	forD
DIRECTOR	10a. STATE 10b. COUNTY Maryland Cecil			ryvill				10d. INSIDE CITY LIMITS?
	10a. STREET AND NUMBER		rei	Lyvii	101. ZIP CODE			1 YES 2 X NO
FUNERAL	4595 Pulaski High	wav			21903			S.A.
N N		2. WAS DECEDENT EVER IN I	U.S. ARMED	13. WAS E	ECENDENT OF HISPA	NIC ORIGIN? (Specify Ye		4. RACE — American Indian,
7 F	1 Never Married 2 Married	FORCES? 1 YES		If yes,	specify Cuban, Maxic ES 2 NO Speci	an, Puerto Rican, etc.)		Black, White, atc. Specify:
) BY	3 Widowed 4 Divorced							White
TEC	15. DECEDENT'S EDUCA (Specify only highest grade co		(Give kind of we life. Do NOT use	ork done during	TION most of working	16b. KIND OF BL	SINESS/INDU	STRY
3	Elementary/Secondary (0-12)	College (1-4 or 5+)	Salesma			Gas &	Oil Bu	siness
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)				16. MOTHER'S N	AME (First, Middle, Maider		
	Christian	Johnson				Annie Har	11-1-1-1	
TO BE	19a. INFORMANT'S NAME (Type/Print)	With Carry	19b. MAJLING	ADORESS (Street	et and Number or Rural	Floute Number, City or Tox		ode)
F	Doris K. Johnson	12	4595	Pulask	i Highway	y - Perryv	ille,	MD 21903
	20a. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Remove		PLACE AND DATE OF		(Name of	0ATE 20c. LO	CATION — CH	ty or Town, Stata
	4 Donation 5 Dother (Specify)	01	d Bohemi	a Ceme		1992 Wa:		Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	C A/	1)	H1C	ANO ADDRESS OF F	or Funera	ls, PA	
	Dalph	a Hie	bal	Elk	ton. MD	21921-552	1	
	23. PART I. Enter the diseases, or con shock, or heart failure. Lie	mplications that caused t	tha death. Do no	t enter the	node of dying, su	ch as cardiac or reap	iratory arres	it, Approximata interval Between
	IMMEDIATE CAUSE (Final							Onset and Death
	disease or condition resulting in death)	Cerebral DUE TO (OR AS A C	- I'schou	ma-	ama,			
		SIP Cond		00000	was l	2000	7/	Ihreek
RTIFICATION	Sequentially list conditions,	DUE TO (OR AS A C	ONSEQUENCE OF	:	wy a	rrest m	/	
CAT	if any, leeding to immediate cause. Enter UNDERLYING	Severe 4	ypoxic	Core	horal a	lamage		
H	CAUSE (Disease or injury that initiated events	DUE TO (OR AS A C	MSEQUENCE OF	: \		0		
CER	resulting in death) LAST	RICH	oneun	10001	۹.			
	PART II. Other algnificant conditions	contributing to death but	not resulting in	the underly	Ing cause given in	Part I. 24s. WAS AF		24b. WERE AUTOPSY FINDINGS
2	SIP.CVA					PERFO	3.4	AMAILABLE PRIOR TO COMPLETION OF CAUSE
ME	COPD.						V	DF DEATH?
PHYSICIAN: MEDICAL								
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			PLACE OF DEATH (C	heck only one)		
YSI	1 VES 2 NO 1	Inpetient 2 - ER/Outpet		OTHER: I Nursing H	ome 5 🗆 Rasidence	■ □ Other (Specify)		
	27. MANNER OF DEATH  1 Natural 5 Pending	(Month, Day, Year)	28b, TIME INJU	RY	NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	RED
BY	2 Accident Investigation	28e. PLACE OF INJURY -	At home form et		YES 2 NO	and I contributed	ASSESSED OF	
E	3 Suicide 8 Could not be determined	building, atc. (Specify	)	eet, rectory, of	iree	281. LOCATION (Street City or Town, State	and Number or )	riurai Houte Number,
EI,	290. CERTIFIER 1 A CERTIFYING PHYSICIA	IN: To the head of my beauti	for death					
COMPLETED		N: To the best of my knowled						cause(s) and manner as stated.
	296. SIGNATURE AND TITLE OF GERTIFIER				29c, LICENSE NU			BIGNED (Month, Day, Year)
BE	Korth	B D. PARE	EKH M	1.	D 184			FIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEAT	W /ITEM 27) /5-00 /	Derlant 1	- 10 -	- /		1 / -

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

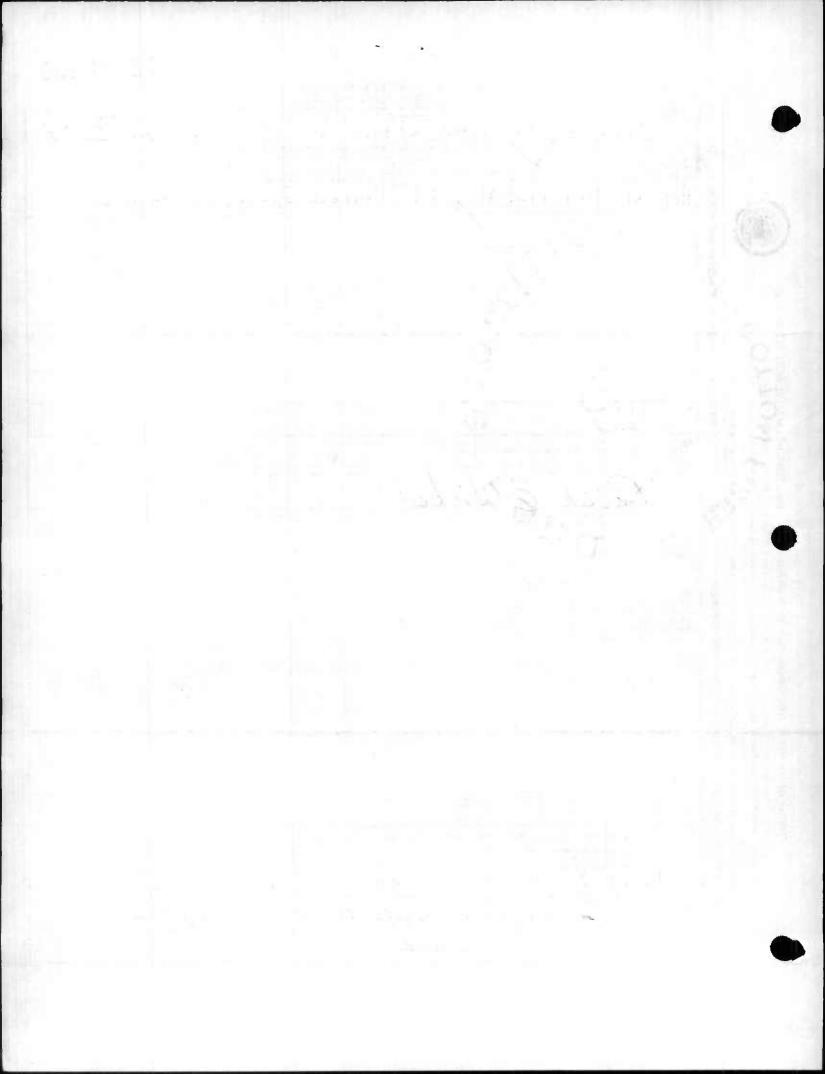
MY), 1908 FLAK FORD

32. REGISTRAR'S SIGNATURE
Julia Bairdson-Randell

31. DATE FILED (MORITI, Day, Year)
MAY 13 92

DHMH-18 Ray 1/89

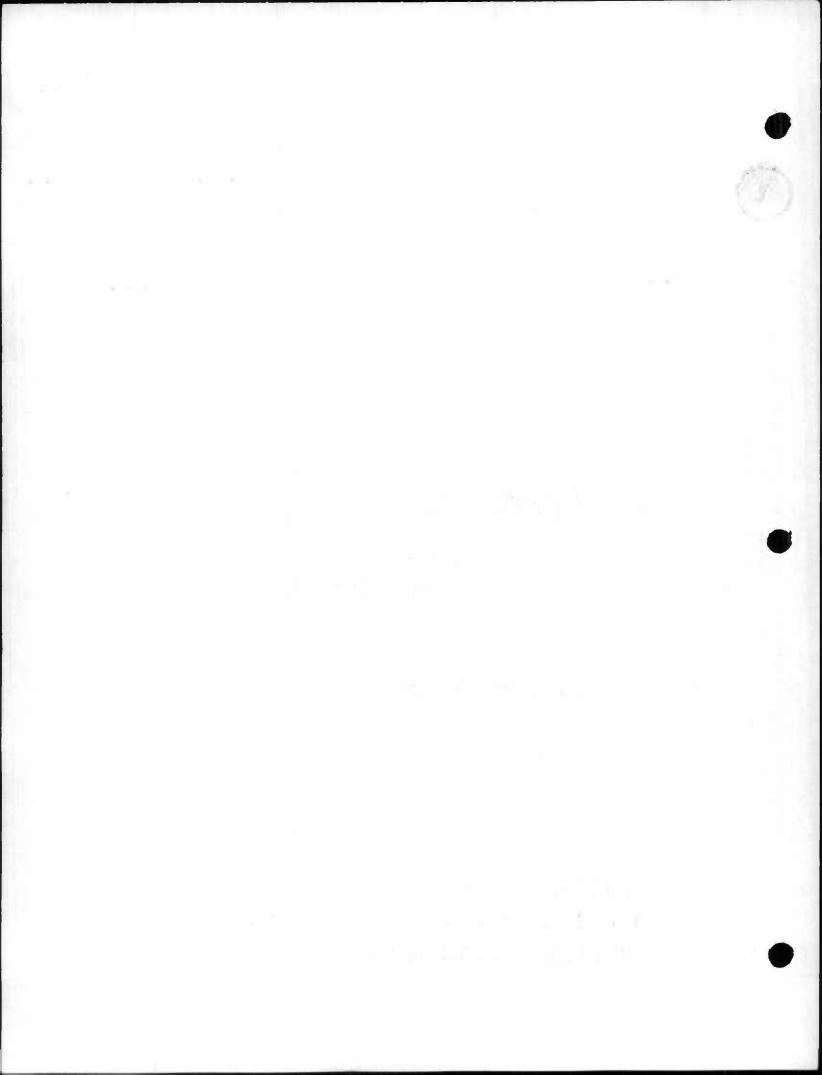
FALLSTON, MD. 21047.



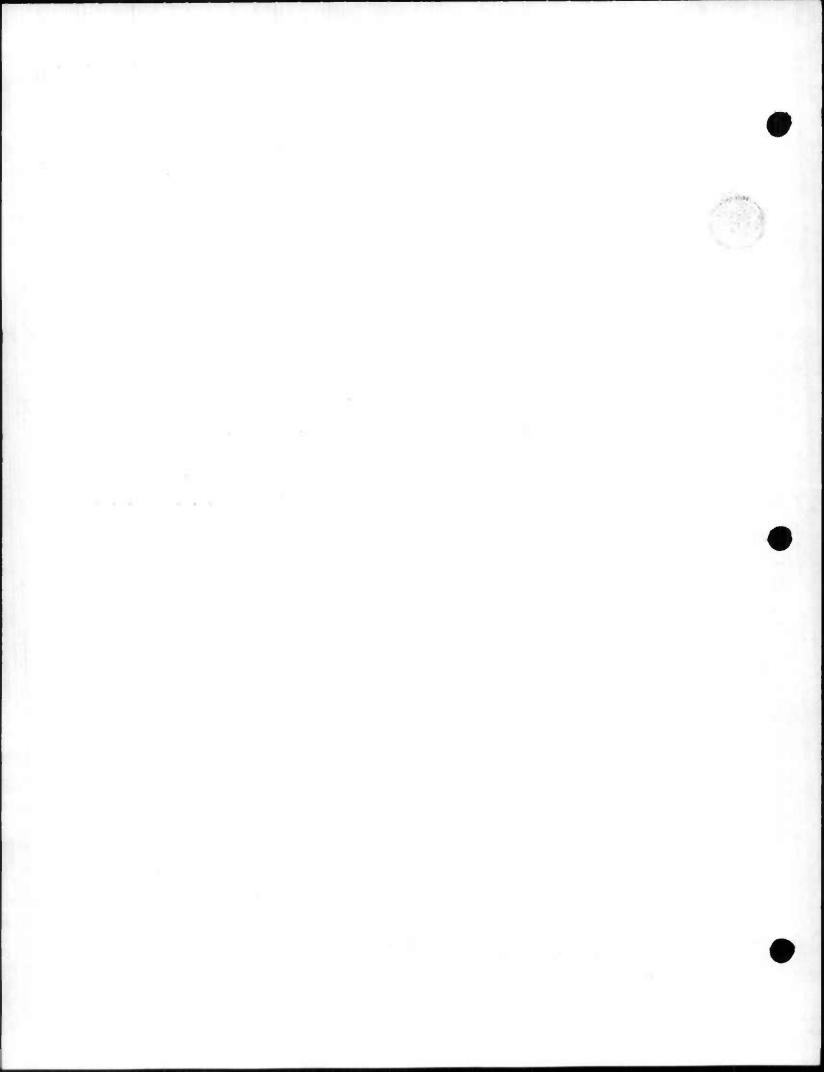
3X 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran be filled within 72 hours after death with the State Dept, of Health and Mental Hypiene prior to burial, cremation, or removal.	numatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after de TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the file be filled within 72 hours after death with the State Dept. of Health and Mental Hygleine prior to burfal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPART	MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.		14005	)
	1. DECEDENT'S NAME (First, Middle, Last,  A SOCIAL SECURITY NUMBER	ARET	m	JOHNSON	2. DATE OF DEATH DAY	92	3. TIME OF DEATH	4
JR.	579-42-9122 9a. FACILITY NAME (IT not institution, give	1 □ M 2 🛣 58	YRS.	F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.  b. CITY, TOWN OR LOCATION OF	Jan. 19.19	34 Wash	pington D. (	- 1
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT  Maryland	harles	10c. CITY,	FOWN OR LOCATION	Marbury	TRING	10d. INSIDE CITY	<u>5</u> E
	10e. STREET AND NUMBER			10f. ZIP CODE	- Land Land	10g. CITIZEN OF	1 YES 2 NO	$\dashv$
BY FUNERAL	P.O. BOX87  11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2-NO	20658  13. WAS DECENDENT OF HISP If yes, specify Cuban, Mex 1  YES 2 NO Spe	can, Puarto Rican, etc.)	Spec	E — American Indian, k, White, atc. :#y:	1
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use n	k done during most of working	16b. KIND OF BUSH		asian	1
	12th 17. FATHER'S NAME (First, Middle, Last)	N/A	Reception		Painti	ing Cont	ractor	-
TO BE	19a. INFORMANT'S NAME (Type/Print)	exter	19b. MAILING AL	DORESS (Street and Number or Rura	Mary Maria Manufer City or Town,	State, Zip Code)	Millen	$\dashv$
	Thomas Ralph Jo 20e. METHOD OF DISPOSITION 1 % Burlel 2 Cremation 3 Ran 4 Donation 6 Other (Specify)	noval from State 20	b. PLACE AND DATE OF I		5 11 92 Clir	eral Hom	ryland e. Inc.	725
	23. PART I. Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cause on a	nanti	enter the mode of dying, au	ich as cardiac or raapira	itory arrest,	Approximate Interval Betwee Onset and Das	en
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in daath) LAST	c	A CONSEQUENCE OF):	elic Ju	my canes	2		
PHYSICIAN: MEDICAL C	PART II. Other aignificant condition	ne contributing to leating	byt not resulting in t	ha undariying cause givan i	n Part I. 24a. WAS AN AI PERFORM 1 □ YES 2	EO?	. WERE AUTOPSY FINDING AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?	
SICIAI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		28. PLACE OF DEATH (C				=
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c. INJURY AT WORK?  M 1 YES 2 NO	28d. DEŞCRIBE NOW INJ	URY OCCURED		1
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY building, atc. (Spe	f — At home, farm, stree city)	et, factory, offica	28f. LOCATION (Street and City or Town, State)	1 Number or Rural F	Poute Number,	
COMPLETED	29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	ICIAN: To the best of my know ER: On the basis of examination	riedge, death occurred s	t the time, data and place, and du	is to the cause(s) and manner to time, data and place, and o	or an stated.	) and manner as stated.	1
TO BE C	296. SIGNATURE AND TITLE OF GENTIFIC	aidato		D 17 E	IMBER 2	DATE SIGNED	((Month-Day, Year)	
	30. NAME AND ADDRESS OF RESON WH	MAM. L	ATN TEM 27) (Type, Pril	D Clant	Son Ind			
	MAY 1 4 195	32. REGISTRAR'S SIGN	idon-Randel	2	V			





	1 - STATE REGISTRAR		CERTIF	<b>ICATE OF</b>	HEALTH AND ME	NTAL HYGIEN REG. NO.	E		
	1. DECEDENT'S NAME (Figs, Middle, Last)  DET Ty  4. SOCIAL SECURITY NUMBER	JACKSON				DATE OF DEATH	7 9	YEAR 3.	TIME OF DEATH
	177-24-8470  9e. FACILITY NAME (If not institution, give s	1 M 2 F	(In yrs. last birthday) 61 YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	bruary 1	4,	Penns	Bedford ylvania
HOL	Souther Md.	Hosp of			or location of Death		9c. COUNT	of DEAT	Н
DIREC	Maryland Ann	Arundel		y, town on Loca Lothian	TION				I. INSIDE CITY LIMITS?
FUNERAL		bad		10	20711			ed St	country?
5	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, OIVE WAR OR I	2 X NO	If yes, sp	ENDENT OF HISPANIC Of Hecity Cuban, Maxican, Page 12 NO Specify:	RIGIN? (Specify Yes verto Rican, etc.)	or No — 1	Black, W	American Indian, hite, etc.
COMPLETED	15. DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of s life. Do NOT us			16b. KIND OF BUS			
	12th grade  17. FATHER'S NAME (First, Middle, Last)		Hou	sewife	an transfer and transfer		mesti	С	
1		Harold	Williams	Sr.	18. MOTHER'S NAME (I		olia	1	Harris
	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING		and Number or Rural Route				100.11.0
2	Lee Ramsey Jackson				oad, Lothi				
	20a_METHOD OF DISPOSITION 21_ABuriel 2 □ Cremelion 3 □ Remote 4 □ Donation 5 □ Other (Specify)	oval from State	b. PLACE AND DATE ( Implery, cremetory or of the color of	emorial	Cemetery	Sui	tland	, Mar	vland
	21. SIGNATURE OF FUNERAL SERVICE LIG	the Do	Come		Georgia Av				
CERTIFICATION	23. PART I. Enter the diseases, or cahock, or heart failure. If the disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	B. Acute K DUE TO (OR AS DUE TO (OR AS	aach iina.	y far inso	lure Carrenos		atory arras	x,	Approximatintarval Bet Onset and I
MEDICAL CE	PART II. Other aignificant condition	s contributing to death i	but not resulting i	n tha underlying	g cause given in Part	i. 24a. WAS AN / PERFORI 1 — YES 2	MED?	CON	RE AUTOPSY FINDS ILABLE PRIOR TO IPLETION OF CAU DEATH?
						1		1 [	YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	ACE OF DEATH (Check of			1	YES 2 NO
		1 Inpatient 2 ER/Out 26a. DATE OF INJURY	26b. TIME	OTHER: 4 Nursing Home	e 5 🗆 Residence 8 🗆	Other (Specify)	UIURY OCCUR		YES 2 NO
BT PHYSICIAN:	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	1 Inpetient 2 PER/Out 26s. DATE OF INJURY (Month, Day, Year) 26s. PLACE OF INJURY	26b. TIME INJI	OTHER: 4  Nursing Home E OF 28c, INJI WOI M 1  Y	URY AT RK?  (ES 2 NO	Other (Specify) . DE\$CRIBE HOW IN		RED	
ELED BY PHYSICIAN:	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	26s. DATE OF INJURY (Month, Day, Year)  26s. PLACE OF INJURY building, etc. (Spe	Y — At home, ferm, s	OTHER: 4 Nursing Home E OF 28c. INJI WO 1 T Y treet, factory, office	e 5	Other (Specify)  DESCRIBE HOW IN  LOCATION (Street at City or Town, State)	nd Number or	RED	
ELED DI PRISICIANE	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only)  1 CERTIFYING PHYSIC	1 Inpetient 2 PER/Out 26s. DATE OF INJURY (Month, Day, Year) 26s. PLACE OF INJURY	Y — At home, ferm, socily)	OTHER: 4   Nursing Home E OF   28c. INJ URY   WO   1   Y treet, factory, office	e 5	Other (Specify) DESCRIBE HOW IN LOCATION (Street ar City or Town, State)	nd Number or	RED Rural Route	Number,
Com LETED BI PHISICIAIN.	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only)  1 CERTIFYING PHYSIC	26s. DATE OF INJURY (Month, Day, Year)  26s. PLACE OF INJURY (building, etc. (Special)  CIAN: To the best of my known.	Y — At home, ferm, socily)	OTHER: 4   Nursing Home E OF   28c. INJ URY   WO   1   Y treet, factory, office	e 5	Other (Specify) DESCRIBE HOW IN LOCATION (Street ar City or Town, State)	nd Number or	Rural Route	Number,
TO BE COMPLETED BY PHYSICIAN: ME	EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be determined  29s. CERTIFIER (Check only one)  2 MEDICAL EXAMINER	26s. DATE OF INJURY (Month, Day, Year)  26s. PLACE OF INJURY building, etc. (Special)  CIAN: To the best of my known.	Y — At home, farm, s  vieldge, death occurre on and/or investigation	OTHER: 4   Nursing Home E OF 28c. INJ WO 1   V  treet, factory, office d at the time, data n, in my opinion, de	e 5  Residence 8  URY AT  28d RK?  FES 2  NO  28f.  and place, and due to the seth occured at the time,	Other (Specify)  DESCRIBE HOW IN  LOCATION (Street at City or Town, State)  e cause(s) and many date and place, and	nd Number or the stated.  due to the company to the	Rural Route suse(s) and	Number, manner se state (th, Day, Year)



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	1 - STATE REGISTRAR	STATE OF MAR		MENT OF HEALTH AF	ND MENTAL HYGIENE REG. NO.	
		Insley		DHNSON	2. DATE OF DEATH	9ZAR 02:30 AM M
	4. SOCIAL SECURITY NUMBER 214-32-6190	1 🗆 M 2 💢 F	81 YRS.		10-9-191	
HOT:	9a. FACILITY NAME (If not institution, go NORTH ARUNDEL RESIDENCE OF DECEDENT	HOSPITAL ASS		GLEN BURNI	2.74	A.A. COUNTY
DIREC	10a. STATE 10b. COU		The second secon	town on Location ambridge		10d. INSIDE CITY LIMITS? 1  YES 2 NO
FUNERAL	100. STREET AND NUMBER Indianbone R	oad		101. ZIP CODE 21613		10g. CITIZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 NO	It yes, specify Cuban, N	ISPANIC ORIGIN? (Specify Yes of laxican, Puerto Rican, etc.) Specify:	or No- 14. RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		life. Do NOT use	rk done during most of working	16b. KIND OF BUSI	NESS/INDUSTRY
BE	17. FATHER'S NAME (First, Middle, Last) Hiram S. Ins  19a. INFORMANT'S NAME (Type/Print)			Mag	's NAME (First, Middle, Melden S ggie E. Mur	phy
10	Martha Ann C		1	te Oak Cour	Rural Route Number, City or Town.	
	1   XBurial 2   Cremetion 3   R 4   Donation 5   Other (Specify		colleda Acounter of oth		yard 5/19 C	hurch Creek, Md.
AL CERTIFICATION	23. PART I amer the diseases, shoek, or heert failu IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST	B. DUE TO (OR	on asch line.	cereful Defect	who a cardiac or reapire	atory arreat, Approximate Interval Batwean Oneat and Death  Day  20 Va
PHYSICIAN: MEDICAL	PART II. Other aignificant donor	tions contributing to dea	ith bift not resulting in	the undarlying cause give	on in Part I. 24s. WAS AN A PERFORM 1 YES 2 1	MED? AMAILABLE PRIOR TO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		28. PLACE OF DEAT		
ВУ РНУ	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Y	JRY 28b. TIME	OF 28c. INJURY AT	28d. DEŞCRIBE HOW IN.	JURY OCCURED
60	3 Suicide 8 Could not 4 Homicide datarmined	be 28e. PLACE OF IN- building, stc.	JURY — At home, farm, stri (Specify)	net, tactory, office	281, LOCATION (Street an City or Town, State)	nd Number or Rural Route Number,
COMPLET		the besis of exemi		in my opinion, danth occured a		dua to the cause(s) and manner as stated.
TO BE COI	30. NAME ANO ABORESS OF PERSON	WHO COMPLETED CAUSE OF	FOEATH (ITEM 27) (Type: P	ring)	X387	29d. DATE SIGNED (Month, Day, Year)
	SIDNEY GEHLERI	r, M.D./4/10	PENNINGTON	AVENUE/BALTI	MORE, MARYLAN	ID 21226
	31. DATE FILED (Month, Day, Year)	12 Julia	, Davidson-Rand	ell.		

20+1

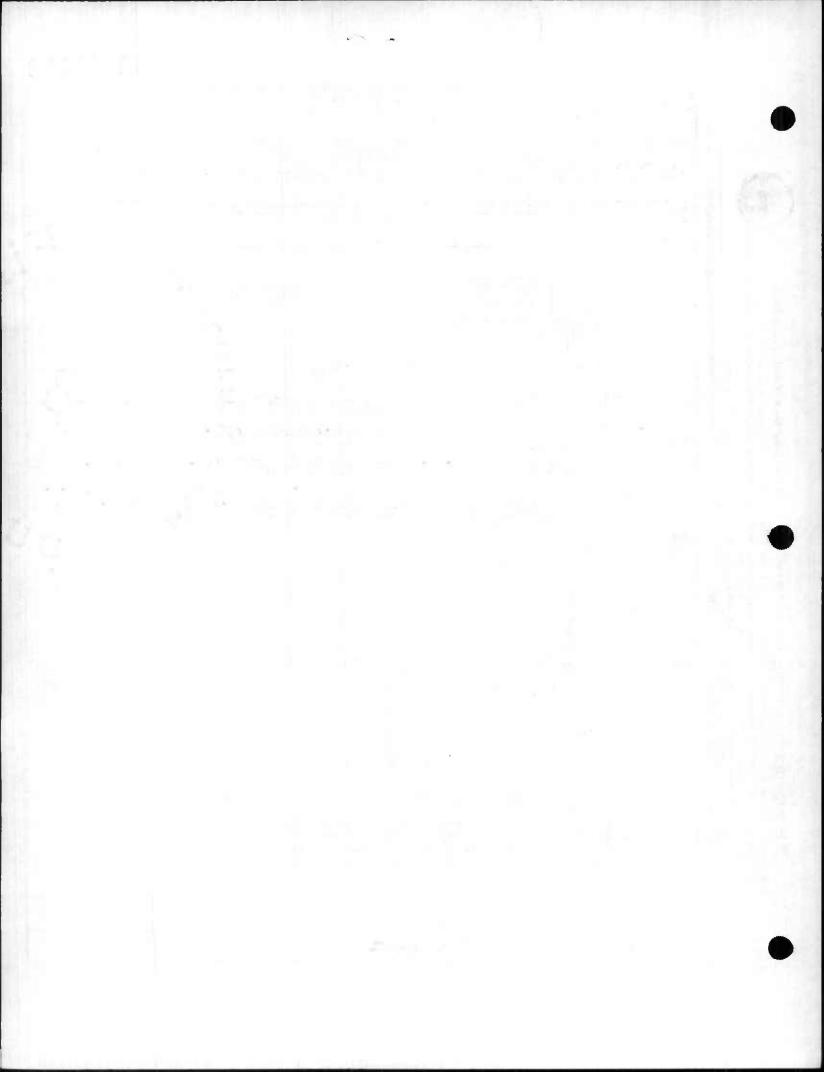
TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Ib filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any !njury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

JOHN	et, Middle, Last)	JOHN /	FRANKLIN	JOI	HNSON			2. DATE MONTH	OF DEATH	5	?YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM	REP	5. SEX	6. AGE (In yrs. ia	st birthday)	IF UNDER 1 YE		DER 24 HRS.		OF BIRTH Day, Year)		8. BIRT	HPLACE (State or Foreig
330-36-38	41	1 M 2 F	48	YRS.	MONTHS DA	W8 HOUR	MIN.	June	111	943	T17	inois
Se. FACILITY NAME (If not	institution, give	street and number)			96. CITY, TO	WN OR LOC	ATION OF D				INTY OF	
Universit	y of M	aryland I	Hospital		Ba	ltimo	re					_
RESIDENCE OF DE	10b. COUNT	Y		10c CITY	r, TOWN OR L	OCATION						10d. INSIDE CITY
Maryland	На	rford			bingd							LIMITS?
10e. STREET AND NUMBER	R				Jo Lingui	101. ZIP C	ODE			10g. CIT	IZEN OF	WHAT COUNTRY?
320 Regal :	Drive						2100	9			US	
11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S. AF	RMED	13. WAS	DECENDEN	T OF HISPA	NIC ORIGIN	? (Specify Yes	or No-		
1 Never Married 2		FORCES? 1	YES 2	NO	If yes	yes 2 PK	uban, Mexico 10 Specii	n, Puerto F	lican, etc.)		Spec	E — American Indian, ck, White, stc.
3 Widowed 4 Div	rorced	Viet	nam					,			Sp.	White
15. DE (Specify or	CEDENT'S EDU	JCATION completed)	16a, Di	CEDENT'S	USUAL OCCUI	PATION a most of wa	orkina	16b.	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary	(0-12)	College (1-4 or 5	+)		rork done durin e retired.)							
		4	I	ogist	ics A				US Go		ment	
17. FATHER'S NAME (First, I						16, M			liddie, Maiden			
Hugh Barr		son							ee B			
19a. INFORMANT'S NAME					ADDRESS (Str						p Code)	
Sue E. John					Regal I		Abing	don,				
20a. METHOD OF DISPOSI 1 ☐ Burlai 2 ◯XCremati		noval from State	cemetery, cre	ematory or ot	F DISPOSITIO			DATE		CATION -	City or T	own, Stata
4 ☐ Donation 5 ☐ Other 21. SIGNATURE OF FUNER.			_ R. A	. Fer	ris Ci	remate	orv	5-8-0	12 147	Cha	ctor	, Pa.
200100	AL SERVICE LI	MI O	21/10	A 173	HOV	ward	RESS OF FA	Comas	III	Fune	ral 1	Home, P.A
A Dellar S	diseasea, or heart failure.	complications the List only one cau	205	ott. Do n	HOV 13.2 ot enter the	ward 1	RESS OF FA K. MC kesbu	Comas	III	Fune	ral i	Home, P.A Md. 21009
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32. RECISTRAR'S SIGNATURE
Sulia Davidson-Rendelle

31. DATE FILED (MORITH, Day, Year) MAY 08 '92



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46	physician.	burial-transit perm	
ND 21203-3146	hospital or attending physic	ached for use as the burial-transit per	ce.

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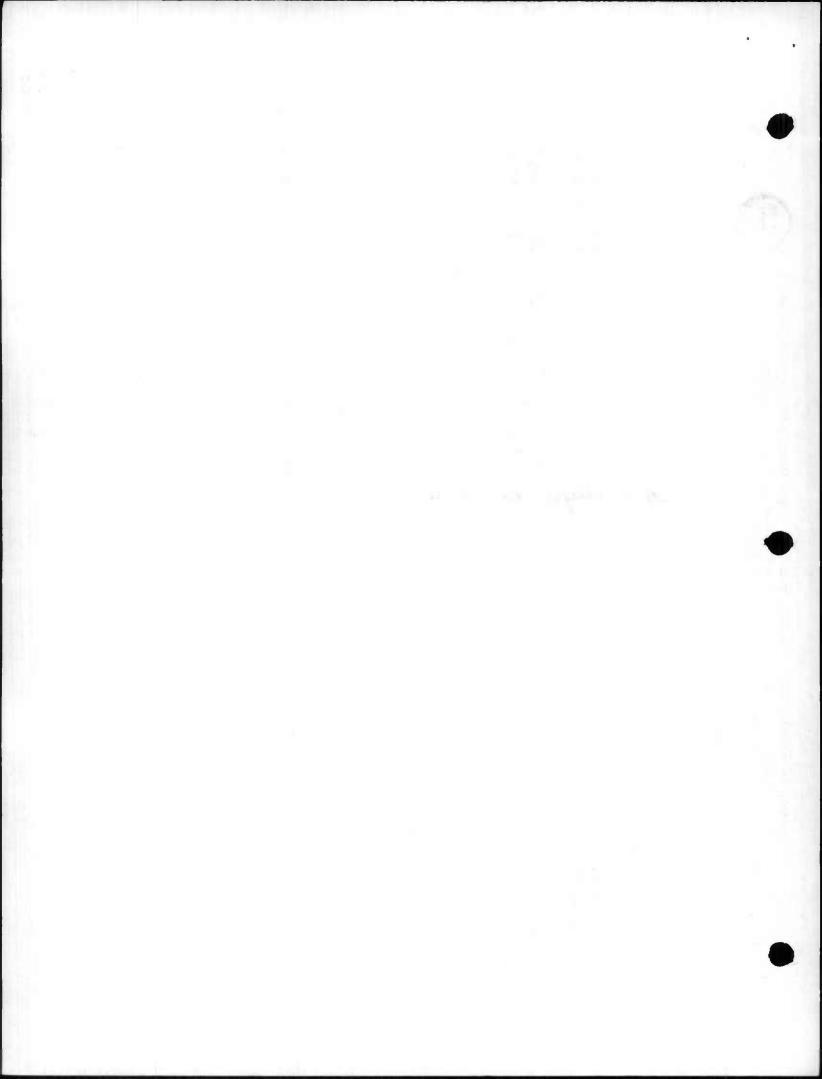
page 5 should notified

1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH MAY 6, 1992 10:23 P M BARBARA JEAN KIRBY 7. DATE OF BIRTH (Month, Day, Year, 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (in vrs. lest birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS TEXAS 1 M 2 F YRS. 460-66-4988 52 Nov 13, 1939 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ANDREWS AFB, MD PRINCE GEORGES MALCOLM GROW USAF MEDICAL CENTER RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Prince Georges' Capitol Heights 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 7017 Valley Park Rd. 20743 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 210 Specify: 1 Never Married 2 Married Specify: BLACK BY 3 Widowed 4 Divorced 15. DECEDENT'S EDUCATION (Specify only highest grade complete ED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY COMPLET ge (1-4 or 5+) Elementary/Secondary (0-12) PVT. Nurse 17 FATHER'S NAME (First Micirile Lest) 16. MOTHER'S NAME (First, Middle, Maiden Surname) EUART HAYDEN BE FPANCES TSAAC

19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 7017 VALLEY PARK RD. CAPITOL HTS., MD CLAYTON R. KIRBY 20a. METHOD OF DISPOSITION
1) Aurial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometary, crematory or 20c. LOCATION -- City or Town, State HARMONY MEMORIAL PARK LANDOVER, MD 22. NAME AND ADDRESS OF FACILITY
J.B. JENKINS FUNERAL HOME 21. SIGNATURE OF FUNERAL SERVICE LICENSEE \* Kembelle 7474 LANDOVER RD. LANDOVER, MD20785 23. PART I. Enter the diseases, or complications that coused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one cause on each line. Interval Between Onset and Death **IMMEDIATE CAUSE (Final** disease or condition resulting in death) Upper Gastrointestinal Hemorrhage and Epistaxis DUE TO (OR AS A CONSEQUENCE OF): L Coagulopathy CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING Severe Cirrhosis with Ascites and Esophageal Varices CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Alcoholism PART II. Other algnificant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO MEDICAL COMPLETION OF CAUSE 1 YES 2 X NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 X YES 2 NO 17 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 🕅 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 8 Could not be ETED 4 Homicide 29a. CERTIFIER 1 🔯 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated, COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner as stated. 296. SMINATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year) BE M May 6, 1992 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Malcolm Grow USAF Medical Center ERIC A. NELSON, Captain, USAF, MC Andrews AFR. MD 20331-5300 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE ia Davidson-Randell 1992

BALTIMORE, MARYLAND 21203-3146 urs after death. Page 6 may examiner the the removal. medical filled in 6 npletely fille cremation, the executed within event. BOX 13146, and com traumatic 2 the attending physician Mental Hygiene prior to 8 certificate other P.O. 6 the death DIVISION OF VITAL RECORDS, signed by t Health and any Shows has been s ATTENDING PHYSICIAN: The law 8 tem certificate I 5 marked, this ( DIRECTOR: After the hours after death w 9 THE HOSPITAL
THE FUNERAL I
FILED WITHIN 72 h



BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permon, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. De filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'B NAME (First, Middle, Lest)	Aman		Kher			DATE OF DEATH DO	3-9	2 10 49 L
4. SOCIAL SECURITY NUMBER	5. SEX	e. AGE (In yrs. In	ur <b>ĕ</b> rs.	ONTHS DAYS HOURS	MIN.	DATE OF BIRTH (Month, Day, Year) 1-23-92	M	BIRTHPLACE (State or Fore Country) aryland
90. FACILITY NAME (If not institution, give Prince George's F RESIDENCE OF DECEDENT 100. STATE 100. COUNT	lospital			city, town on Locat Cheverly	TION OF DEATH			e George's
	George'	S	Bowie	101, ZIP COL			Too and	10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
12905 Sutters Lar	12. WAS DECEDEN	T EVER IN U.S. AI	RMED	2072	OF HISPANIC O	PRIGIN? (Specify Yes	Unit	ed States  4. RACE — American Indian, Black, White, atc.
Never Married 2   Merried 3   Widowed 4   Diverced   15. DECEOENT'S EDI		YES XX		If yes, specify Cub  1 YES XX NO	en, Mexican, Pr	16b, KIND OF BU		Specify: White
(Specify only highest grade Elementary/Secondary (0-12)		(0	Give kind of work in. Do NOT use re	done during most of work	ing	166. KIND OF BU	SINESS/INDU	N/A
17. FATHER'S NAME (First, Middle, Last) Prakash Khetan 190. INFORMANT'S NAME (Type/Print)				Sun	ita Goe			
Prakash Khetan				oress (Street and Number			n, State, Zip C 20720	
20. METHOD OF BURBORIES								
20a. METHOD OF DISPOSITION   XXSurfel 2   Cremation 3   Ren 4   Donation 5   Other (Specify)		20b. PLACE cometery, cra FORT	AND DATE OF D emetory or other LINCOLI	placed Cemetery	_			y or Town, State , Maryland
1 NO Source   2 Cremetion 3 Ren 4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LI  23. PART I. Enter the diseases, or	CENSEE	Fort toused the de	ematory or other Lincoli	22. NAME AND ADDRI Fort Line 3401 Blace	coln Fu	3/92 Brei ineral Ho	ome, I	, Maryland nc. ood, Md 20
1 N (Quirlel 2 ☐ Cremetton 3 ☐ Ren 4 ☐ Donation 5 ☐ Other (Specify)  21. SIONATURE OF FUNERAL SERVICE LI  Description  23. PART I. Enter the diseases, or shock, or heart fellure.  IMMEDIATE CAUSE (Final	complications that List only one cau  a. Premous our to b. Mafe  DUE TO c.	cemetery, or Fort	eath. Do not e.	22. NAME AND ADDRI Fort Line 3401 Blace	ess of FACILITY COLD FU Lensbur ling, such as	3/92 Bren vineral Ho cg Rd., I cardiac or reapi	ome, I	, Maryland nc. cood, Md 20
Note	complications that List only one cau  a. Premulation of the cau  DUE TO  DUE TO  d.	t coused the dese on sech line (OR AS A CONSE	eath. Do not e.	22. NAME AND ADDRIFORT Line 3401 Blace enter the mode of dy  CARLEM  A MALLE	ess of FACILITY COLD FU Idensbur Ing, such as	3/92 Bren vineral Ho cg Rd., I cerdiac or reap	AUTOPSY	, Maryland nc. ood, Md 20
Name   2 Cremetton   3 Rend   4 Donatton   5 Other (Specify)   21. SIONATURE OF FUNERAL SERVICE LINE   1. Common   23. PART I. Enter the diseases, or shock, or heart fellure.   IMMEDIATE CAUSE (Final disease or condition resulting in death)   Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST   PART II. Other algnificant conditions   25. WAS CASE REFERRED TO MEDICAL EXAMINERS   1	complications that List only one cau  a. Premare DUE TO b. Mafe DUE TO d.  HOSPITAL: 1 Grinpatient 2	t coused the dese on sech line  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE	eath. Do not e.  OUENCE OF):  OUENCE OF):	22. NAME AND ADDRIFORT Line 3401 Blace enter the mode of dy  CARLEM  A MALLE	SS OF FACILITY COLD FU  Jensbur Ing, such as  SEATH (Check o	3/92 Bren y ineral Ho cg Rd., 1 cardiac or reapl  1. 24a. WAS AN PERFOR 1 VES 2	AUTOPSY	, Maryland nc. ood, Md 20 at, Approximate interval Bett Oneet and E  24b. WERE AUTOPSY FIND AMILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
Neuriei 2 Cremetion 3 Rend	CENSEE  Complications that List only one cau  a. Prem. DUE TO b. Mafe  DUE TO c.  DUE TO d.  HOSPITAL: 1 Griphelent 2  28a. DATE OF (Month, De Juilding, PLACE OF PLA	cometery, or FOTT  t coused the dese on sech line  (OR AS A CONSE  (OR AS A CO	eath. Do not e.  GUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):	22. NAME AND ADDRIF FOR Line 3401 Blace enter the mode of dy  CLASSIAN  A P / M  THER: Numing Home 5   R  THER: Numing Ho	given in Part	3/92 Bren yineral Ho cg Rd., I cardiac or reapl  1. 24a. WAS AN PERFOR 1 VES 2  Thy one)  Other (Specify)  Describe How in City of fillwin, Shelly All Control of the contr	AUTOPSY IMED?	AMARYLAND  TOOD, Md 20  It, Approximate interval Betto Oneet and E  24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO  RED AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO  RED AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 YES 2 NO  RED AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?  1 PRIOR FOUND Number, AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
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ALTIMORE, MARYLAND 21215-0020	leath. Page 6 may be retained by the hospital or attending physician. Inneral director, page 5 should be detached for use as the burial-transit permit.
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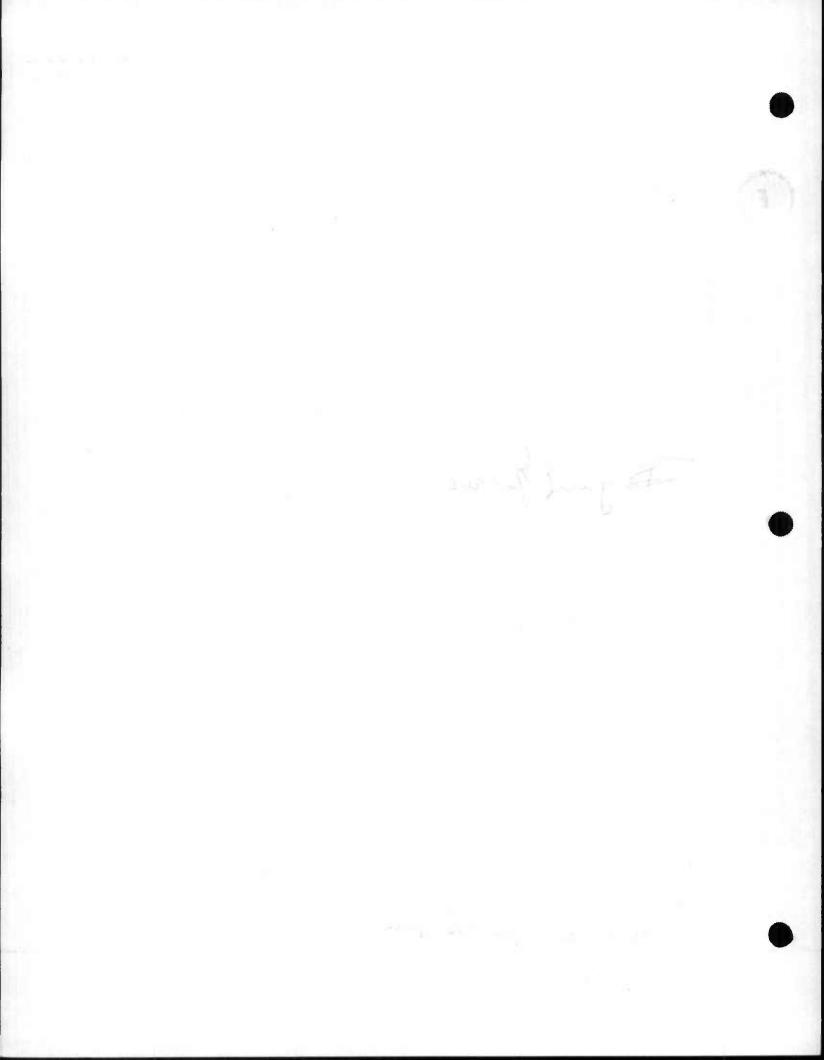
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

_	REGISTRAR		CE	:NIII	ICAL	= UF	DEAL	H	RE	G. NO.			
	DECEDENT'S NAME (First, Middle, Last)  HAROLD	ΚŢ	RSHEY						2. DATE OF DI MONTH 05	EATH DA	7	92	3. TIME OF DEATH 9:15AM M
			AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DATE OF BI	RTH	<u></u>	S. BIRTH	PLACE (State or Foreign
	205-01-3172	<b>∑</b> M 2 □ F	78	YRS.	MONTHS	DAYS	HOURS	MIN.	June 2	3,19	913	Nev	y York
~	9a. FACILITY NAME (If not institution, give street				9b. CITY	, TOWN C	R LOCATIO	ON OF DEA			9c. COUNTY OF DEATH		
OT.	PRINCE GEORGE'S HOSPITAL CENTER			CH	HEVE	RLY				PRINCE GEORGE'S			
DIRECTOR	MARYLAND Prince	Georges			y, town or location Largo					10d, INSIDE CITY LIMITS? 1 YES 2 X NO			
					101. ZIP CODE			- 1	10g. CITIZEN OF WHAT COUNTRY?				
FUNERAL					20772						U.	S.A.	
BY	11. MARITAL STATUS 1 Never Married 2 Married 2 XWidowed 4 Divorced	FORCES? 1 F FORCES? 1 F IF YES, GIVE WAR 1932 —	YES 2 N	MED O		If yes, spe	ecify Cuba	F HISPANIC n, Maxican, Specify:	ORIGIN? (Spi Puerto Ricen,	etc.)	or No—	14. RACE Black Speci	- American Indian, c, Whita, atc. <sup>Ny:</sup> White
9	15. DECEDENT'S EDUCAT (Specify only highest grade con	(ON npleted)	16a. DE0	EDENT'S	USUAL O	CCUPATIO	ON st of workin	a	16b. KIND	OF BUS	INESS/IND	USTRY	
COMPLETED		College (1-4 or 5+)							Poi	.1roa	o d		
MC	17. FATHER'S NAME (First, Middle, Last)		ens	gine	er -		40 44073	IPPN NAME	Kall				
BE C	Charles Kirshey						_		Martin		sumame)		
TO B	19a, INFORMANT'S NAME (Type/Print)								ute Number, Cit			Code)	
F	Gertrude L. Stone		7	7920	Mano	r Di	r., E	larri	sburg,	PA.	. 17	112	
	20a. METHOD OF DISPOSITION 1 Derial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	I from State	20b. PLACE A cemetery, crem St. N	natory or o	ther place)			5/1			ningt		
	21_SIGNATURE OF FUNERAL SERVICE LICENS	SEE			22.	NAME AN	D ADDRES	S OF FACIL					land Rd.
	Drya 1	beel	sel		Ro	bert	Ε.	Wilhe	elm, In	c. S	Suit1	and.	MD. 20746
	23. PART I. Enter the diseases, or com- shock, or leart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)	Suphic Due to (or	Shock R AS A CONSEQ	UENCE OF	In G	nan	Neg	alio	e Septi	Coe	nia		Approximate interval Between Onset and Daath
NO	Sequentially list conditions, b	Coroner DUE TO (OF	AS A CONSEQUE	UENCE OF	By Pass sugury (graft-)								
CAT	in any, reading to minimum at	Cormon DUE TO (OF			¥			Sc	veri	- '			Ì
CERTIFICATION	that initiated events resulting in death) LAST		LOUIS LOUIS					Des	ear	_			
	PART II. Other aignificant conditions of	ontributing to de	ath but not re	aulting i	n the un	derlying	cause g	iven in Pa	art i. 24a, 1		AUTOPSY	24b.	WERE AUTOPSY FINDINGS
EDICAL	o Emplysem	e an	delhor	in !	Sun	ch	ilis			PERFORI			AMAILABLE PRIOR TO COMPLETION OF CAUSE
MEC	ORmal fo	silve											OF DEATH? 1 YES 2 NQ
ÿ		mure	Hydle	0 6	ypl	rol	ans						
PHYSICIAN:		OSFITAL:	-		OTHER		ACE OF DE	ATH (Check	k only one)				
HYS	1 YES 2 NO 1 (	28a. DATE OF IN.	JURY I	28b. TIM		28c. INJU			Other (Spec		IIIIBY OCC	HIBED	
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day,	Year)	INJ		WOI						ONED	
	3 Suicide s Could not be determined	28a. PLACE OF II building, etc	NJURY — At hon (Specify)	ne, farm, a	treet, tacto	ory, office	1	2	City or Town		nd Number	or Rural R	oute Number,
PE	29a. CERTIFIER (Check only	N: To the best of my	knowledge, dee	th occurre	d at the ti	me, deta	and place.	and due to	the cause(a) a	and man	ner as state	nd.	
COMPLETED	one) 2 MEDICAL EXAMINER: D												and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIER	tune	HINGO	lle			29c. LICE	NSE NUMBI	ER ?		29d. DATE	SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO						0	, 00	7	A	- 1	19	170
	9470. ANNA PO	LIS Rog				-	J.D	207	06, (	HE	MA	P	YADLA)
	MAY 1 2 1992	32. REGISTRAR'S	avidson-	fandal	ع								





1 - STATE REGISTRAR		CERT	LILICALE	OI DEAIII		REG. NO.				
1. OECEOENT'S NAME (First, Middle, Li		Teresa I	rene Ke	ller	2. DATE MONT	OF DEATH DA	199	EAR	12:05	F
4. SOCIAL SECURITY NUMBER 578-12-8142	5. SEX	6. AGE (In yrs. last birth			(Monti	OF BIRTH h, Day, Year)	8.	BIRTHPL/ Country)	ACE (State or Fore	gn
9a. FACILITY NAME (If not institution, g V111a Rosa RESIDENCE OF DECEDENT		Home		town or Location of o			9c. COUNTY		Georg	e
10a. STATE 10b. CO		100	c. CITY, TOWN C	OR LOCATION				17.00	d. INSIDE CITY LIMITS?	0
10e. STREET AND NUMBER	1	5	пуасс	10f. ZIP CODE			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	OF WHA	T COUNTRY?	
3114 Lancer Pla  11. MARITAL STATUS  1  Never Married 2  Married 3  Widowed 4  Divorced	12. WAS DECEDEN	T EVER IN U.S. ARMED  VES 2 XNO  AR OR DATES		20782 WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic I VES 2 XNO Speci	NIC ORIGIN an, Puarto			USA RACE — Black, W Specify:	American Indiar	
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		(Give kil	ENT'S USUAL Of nd of work done NOT use retired.)	CCUPATION during most of working	166	. KIND OF BUS	SINESS/INDUS	TRY		
12	2		enograp				kle Pr	ess		
17. FATHER'S NAME (First, Middle, Last Joseph Merkle	)			16. MOTHER'S N		Middle, Maiden garet S				
190. INFORMANT'S NAME (Type/Print) Catherine H. Gr	2705			S (Street and Number or Rural er Place, Hy	Route Num	ber, City or Town	n, State, Zip Co		20782	
20a. METHOO OF OISPOSITION  1X Burtal 2 Cremetion 3 4 Donation 5 Other (Specify)		20h PLACE AND	OATE OF DISP	osition (Name blace) Cemetery 05	DAT	F 20c LO	CATION — City	v or Town.	20782 , State	
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	/ / /	22	NAME AND ADDRESS OF F	ACIL ITY					_
Yack.	1) tru	end	47	ancis Gasch 39 Baltimor	e Ave	e., Hya	attsvi	11e,	MD 207	
23. PANT I. Enter the diseases, ahock, or heert felle in his black of the part	ure. List only one cau	y 6 CQ RC	Do not enter	39 Baltimor	e Ave	e., Hya	attsvi iratory arresi	11e,		o W
ahock, or heart fello	a. DUE TO	ise on each line.	ACE OF):	39 Baltimor	e Ave	e., Hya	attsvi iratory arresi	11e,	MD 207 Approximatinterval Be	w
shock, or heert felling in the second in the	a. DUE TO  DUE TO  DUE TO	OR AS A CONSEQUENCE OR AS	ACE OF):	39 Baltimor the mode of dying, su	e Ave	e., Hya	AUTOPSY	11e,	MD 207 Approximatinterval Be	De
ahock, or heert felicing in the process of condition reaulting in death)  Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent cond	a. DUE TO  d. DUE TO  AL.	OR AS A CONSEQUENCE OR AS	Do not enter  NCE OF):  NCE OF):  NCE OF):	39 Baltimor the mode of dying, su  A Marie of the mode of the mode of dying, su  A Marie of the mode	e Avech as con	24a. WAS AN PERFOR	AUTOPSY	11e,	MD 207 Approxima interval Be Onset and Onset a	De Din O
ahock, or heert felicing in the property of th	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1   Inpatient 2	OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OR AS A CONSEQUENT OF THE PROPERTY OF	DOA OTME	39 Baltimor the mode of dying, su  A Market of the mode of dying, su  A Market of the mode of dying, su  A Market of the mode of dying, su  Baltimor  Baltimor  Baltimor  Baltimor  Baltimor  Baltimor  Baltimor  Baltimor  Baltimor  Baltimor  Baltimor  Baltimor  Baltimor  Baltimor  Baltimor  Baltimor  Baltimor  Baltimor  Baltimor	n Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WA	MD 207 Approxima interval Be Onset and Onset a	Den O MUS
ahock, or heert felicinal and the property of	a. DUE TO b. DUE TO d. DUE TO d. LINDRE CONTRIBUTION TO CONTRI	JOR AS A CONSEQUENT (OR AS A CONSEQUENT)  OR AS A CONSEQUENT (OR AS A CONSEQUENT)  DEBROutpatient 3   1   1   1   1   1   1   1   1   1	Do not enter  NCE OF):  NCE OF):  Iting in the unitary and the	39 Baltimor the mode of dying, su  Miles Anderlying couse given in	n Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WA	MD 207 Approxima interval Be Onset and Onset a	De
ahock, or heert felicing in the property of th	a. DUE TO b. DUE TO c. DUE TO d. HOSPITAL: 1   Inpatient: 280. DATE OF Month, D	JOR AS A CONSEQUENT (OR AS A CONSEQUENT)  OR AS A CONSEQUENT (OR AS A CONSEQUENT)  DEBROutpatient 3   1   1   1   1   1   1   1   1   1	DOA OTME	28. PLACE OF OEATH (C. Re: WORK? 1   VES 2   NO	n Part I.	24a. WAS AN PERFOR	AUTOPSY MED?  NO NUMBER OCCUR	24b. W AM CO	MD 207 Approxima interval Be Onset and Onset a	De
ahock, or heert felicing in the property of th	AL HOSPITAL:  1   Inpetion   2   28e. DIACE Of Month, of be ed   28e. DIACE Of building,	OR AS A CONSEQUENT (OR AS	DOA OTME	28. PLACE OF OEATH (C. Re: WORK? 1   VES 2   NO	Part I.	24a. WAS AN PERFOR 1 VES 2  CATION (Street or Town, Stele)	AUTOPSY RMED?	24b. W AA CC CO I	MD 207 Approximatinterval Be Onset and Onset a	Den O UUSI
ahock, or heert felicing in the property of th	a. DUE TO b. DUE TO c. DUE TO d. DUE	OR AS A CONSEQUENT (OR AS	DOA OTME	28. PLACE OF OEATH (CR: raing Home 8   Rasidence 28c. NHORY AT WORKY 1   YES 2   NO tory, office	e Avech as certification of the control of the cont	24a. WAS AN PERFOR 1 VES 2  CATION (Street or Town, Stele)	AUTOPSY MED?  E NO  NUMBER OF COMMENT  AUTOPSY MED?	24b. WARED  RED  Rural Rou	MD 207 Approximatinterval Be Onset and Onset a	Den Den Den Den Den Den Den Den Den Den

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR		MARYLAND / DEPA CERTIF					WEN I	REG. NO.			
1. DECEDENT'S NAME (First, Middle, La.  JAMES	ADAM	KAMAU	F				MON		, 199	YEAR	3. TIME OF DEATN 3:30 A
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.		E OF BIRTN			3:30 A
214-07-3156	1 🗆 💢 🗆 F	76 YRS.	MONTHS	DAYS	HOURS	MIN.	(Moi	nth, Day, Year)		Country	)
9a. FACILITY NAME (If not institution, give	re street and number)	70	9b. CITY	, TOWN	OR LOCATIO	ON OF DE		08-10-1	915 9c. COUNT	TV OF DE	MD
Memorial Hospi					rland				CHENNE		
RESIDENCE OF DECEDENT									A	lleg	any
10e. STATE 10b. COU	NTY	10c. Cl	TY, TOWN	OR LOCA	ION						10d. INSIDE CITY
MD 2	Allegany		Cres	anto	K4770						LIMITS?
10e. STREET AND NUMBER					ZIP CODE				10g. CITIZ		HAT COUNTRY?
12806 McKay A	Avenue				215	502			F7	SA	
11. MARITAL STATUS	12. WAS DECEOE	T EVER IN U.S. ARMED	13.	WAS DEC	ENDENT O	F HISPAN	IIC ORIG	IN? (Specify Yee	7	4. RACE	- American Indian,
1 Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE	MAR OF DATES			2 XNO			Ricen, etc.)		Black, Specify	While, atc.
		II								ap a con y	white
15. DECEDENT'S E (Specify only highest gro	DUCATION ade completed)	16e. DECEDENT'S	work done	CCUPATIO	ON st of workin	a	16	b. KIND OF BUS	INESS/INDU	STRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+) life. Do NOT L	ise retired.)								
12		owne	er/op	erat	or			Gla	ss Co		
17. FATHER'S NAME (First, Middle, Last)					16. MOTH	IER'S NA	ME (First,	Middle, Maiden	Sumame)		
Edward J.	Kamauf							Alexand			
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRES	S (Street e	nd Number	or Rural F	Route Nur	nber, City or Town	n, State, Zip C	Code)	
Mrs. Vivian F		1280	06 Mc	Kay	Aven	ue C	res	aptown	MD 2	2150	2
20a, METHOD OF DISPOSITION 1 Deuriel 2 Cremation 3 Re	emovel from State	20b. PLACE AND DATE cemetery, crematory or o	OF DISPOS	ITION (Ne	me of				CATION - C		
4 Donation 5 Dother (Specify)		Restlawn	Mem	oria	1 Ga	rden	S 5-	14	LaVal	a. M	D
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	, /	22.	NAME A	D ADDRES	S OF FA	CILITY				
1 (h. 1. )	(Xoon 1)	01//		Sca	rpel	li F	une:	ral Hom	æ		
23. PART I/Enter the diseases, o	or complications to	Caused the death. Do	not enter	Cun	berl	and,	MD	21502			Approximate
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	oue to	(OR AS A CONSEQUENCE O	nn 8	inl	in C	<b>Y</b>	2,	a:/ar	_		Onset end Dee
PART II. Other eignificent conditi	ons contributing to	death but not resulting	In the un	derlying	ceuae g	Iven In	Pert I.	24e. WAS AN PERFOR	MED?		WERE AUTOPSY FINDING MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PL	ACE OF OE	ATN (Che	eck anly a	nne)			
EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 🗆 DOA	OTHER	3:							
27. MANNER OF DEATH	28a. OATE OF	INJURY 28b. TIN	E OF	28c. INJ	JRY AT	nounce		er (Specify) SCRIBE HOW IN	LIURY OCCU	BED	
1 Natural 5 Pending	(Month, D		JURY	WO		NO.	200. 00	YOME HOW IF	womi occo	HEU	
2 Accident Investigation 3 Suicide 8 Could eat b	26e PLACE O	F INJURY — At home, lerm,	atreet lact			NO	281 1 0	CATION (Chart o	and St. auto.	0 10	
4 Nomicide 8 Could not b	building,	etc. (Specify)	/,	o.y, orner			City	CATION (Street en or Town, State)	ru Number or	riural Flo	ute Number,
29a. CERTIFIER 1 CERTIFYING PHY 2 MEDICAL SKAMI	YSICIAN: To the best of e	my knowledge, death occurr xamination end/or investigation	red at the ti	me, date	end place,	and due	to the ca	e end place, end	ner ee stated	ceuse(s)	and manner ee stated,
290 STEMATURE AND TITLE OF GERTIE	P)//	1			29c. LICE	NSE NUM	BER		29d. OATE S	SIGNED (	Month, Day, Year)
Javon	a.				D	071	64		D 14	m	0
30. NAME AND A OORESS OF PERSON V				1	1	D 0	150		, 1	,,,,	71-
Mr. Jack Harve	_			rlan	d, M	υ 2	150	2			
31. DATE FILED (Month, Day, Year) WAY 1 5 19	92 Sephan	P'S SIGNATURE									

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filed within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows eny injury, or other traumatic event, the medical examiner must be notified at once.
10	200	MP

	FOR 1 STATE	STATE OF MARY				MENTAL HYGIEN	E I	40	140
	REGISTRAR			ICATE OF	DEATH	REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)	William Vas		as		2. DATE OF DEATH	AY Y	EAR 3	TIME OF DEATH
	William	Vast	INC	huco	5	May 15			10:20 N
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)		IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			ACE (State or Foreign
	711-07-4743	XX M 2 □ F	74 YRS.	MONTHS DAYS	HOURS MIN.	March 9,1		Vir	ginia
OR	Harford Harford Web	Memorial Ho	ospital	Have Have	or Location of D	EATH	9c. COUNTY	OF DEA	TH
DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  10b. COUNTY	70 1 100 110		TY, TOWN OR LOCA		AACC	/100		6d. INSIDE CITY
H	Maryland C	ecil	787	Perry	ville				LIMITS?
	10e. STREET AND NUMBER			-	M. ZIP CODE		10a CITIZEN		AT COUNTRY?
FUNERAL	541 Cecil Avenue,	P O Boy	215			21903	rog. Gillach		
Z	11. MARITAL STATUS								5.A
BY FL	1 Never Married 2 XXMerried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR W.W.	DATES	If yes, s		NIC ORIGIN? (Specify Ver an, Puerto Rican, etc.) fy:	s or No 14.	Black, Specify:	- American Indian, White, etc. White
	15. DECEDENT'S EDUC				А.				WIIILE
COMPLETED	(Specify only highest grade of Elementary/Secondary (0-12) Ten Years	College (1-4 or 5+)	(Give kind of life. Do NOT	B USUAL OCCUPAT work done during m use retired.)	ion ost of working	Amtrak:			n Delaware
O	17. FATHER'S NAME (First, Middle, Last)		nachi	11100	10 MOTHED S NA	AME (First, Middle, Maiden	0		
	Clay Luc	26				mma Hutch			
BE	19a. INFORMANT'S NAME (Type/Print)	45							
2	Dorothy J. Lucas					Route Number, City or Tow			up 01000
						Box 215, P			
	20a METHOD OF DISPOSITION 1 Aurial 2 Cremation 3 Remo		ob. PLACE AND DATE emetery, cremetory or	other place!		DATE 200. LO			
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE		lest Nott			5/18/92 C	olora,	Mai	cyland
The second	Page 1.	atterpor	.50	Lee	A. Patte yville,	rson & Son	Funer	al H	lome
	23. PART i. Enter the diseases, or co	omplications that caus	ed the deeth, Do	not enter the m	ode of dying, suc	ch as cerdiec or resp	ratory arrest	,	Approximate
	shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition	ist only one cause on	eech line.	PU.	F				Onset and Death
	resulting in death)	bud m on the	A CONSEQUENCE	e City	,	× A			
		00 10 (OR AS	A CONSEQUENCE O	Carl	1	111			
CERTIFICATION	Sequentially list conditions,	- Chick	ann	cara	oung	Tracking			
١	if any, leading to immediate cause. Enter UNDERLYING	DUE 10 (OR AS	A CONSEQUENCE O	OF):	0	0			
2	CAUSE (Disease or Injury	100	enus	und		V			
	that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	OF):					
H 1	d								
	PART II. Other significant conditions	contributing to death	but not resulting	in the underlyin	o ceuse given in	Part I. 24s. WAS AN	Altmoney	T ask W	ERE AUTOPSY FINDINGS
5				uio uiiooiiyii	g couse given in	PERFOR	MED?	A	MILABLE PRIOR TO
						1 _ YES 2	□XNO		OMPLETION OF CAUSE F DEATH?
Σ								1	YES 2 NO
z l									
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. P	LACE OF DEATH (Ch	eck only one)			
PHYSICIAN: MEDICAL	1 YES 2 XNO	HOSPITAL:	tpatient 3 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Specify)			
<b>1</b>	27. MANNER OF DEATH	28e. DATE OF INJURY	28b, TII	AE OF 28c. IN	JURY AT	28d. DESCRIBE HOW I	NJURY OCCUR	ED	
	Natural 5 Pending	(Month, Day, Year)	IN		ORK? YES 2 NO				
B	2 Accident Investigation 3 Suicide & Could get be	28e. PLACE OF INJUF	ty At home, term			201 LOCATION (Plant	and Alexanders are d	Dural Carr	
	4 Homicide 8 Could not be determined	building, atc. (Sp	ecify)	and the second second		281. LOCATION (Street of City or Town, State)	irid IYUMDƏF QF İ	nurer MOU	ю митов,
ш	29e. CERTIFIER								
COMPLET	(Check only   K PCEHTIFYING PHYSIC								
ő I	0700) 2 MEDICAL EXAMINER	On the basis of examinati	on end/or investigati	on, in my opinion,	death occured at the	time, date end place, en	d due to the co	luse(s) a	nd manner es atated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	D C -	- 11		29c. LIÇENSE NUI	MBER	29d. DATE SI	GNSÓ (M	gnth, Oby, Year)
BE		Scan 1	· Upr	(u)	115	150	15	-/11	190
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801 South Union Ave., Havre de Grace, Maryland 21078

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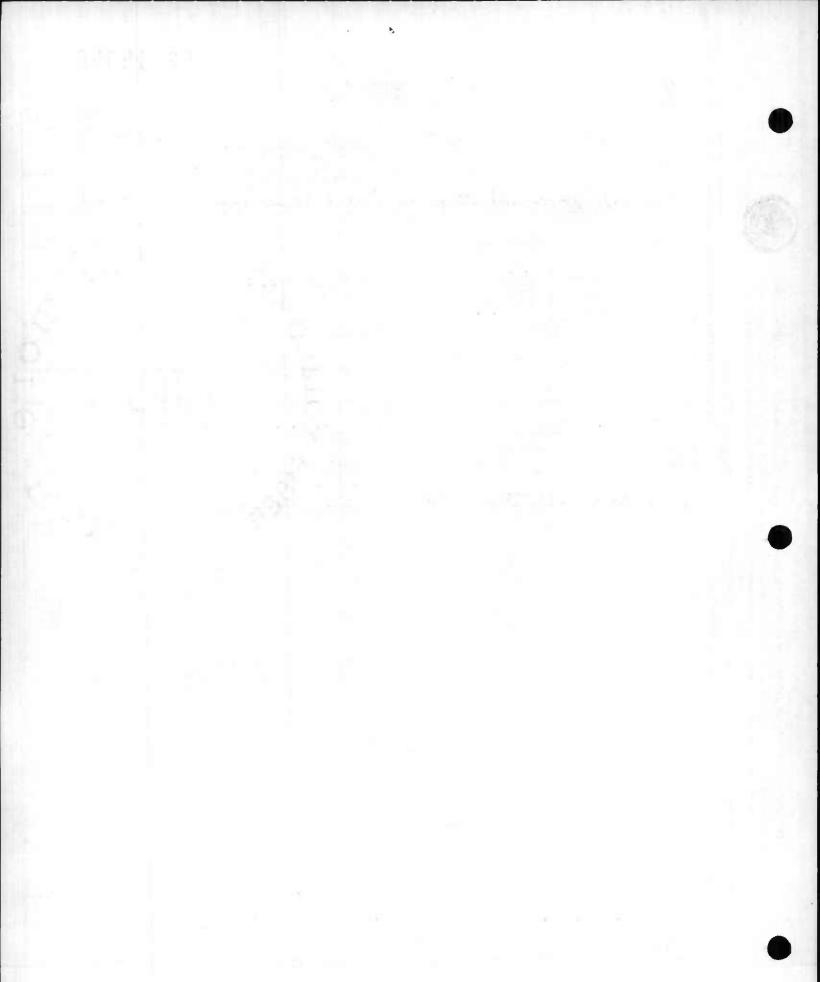
Brian T.

MAY 18 92

Yeo,

MD,

32. REGISTRAR'S SIGNATURE the Day door-Mandale



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AL RECORDS, P.O. BOX 68760,	law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by
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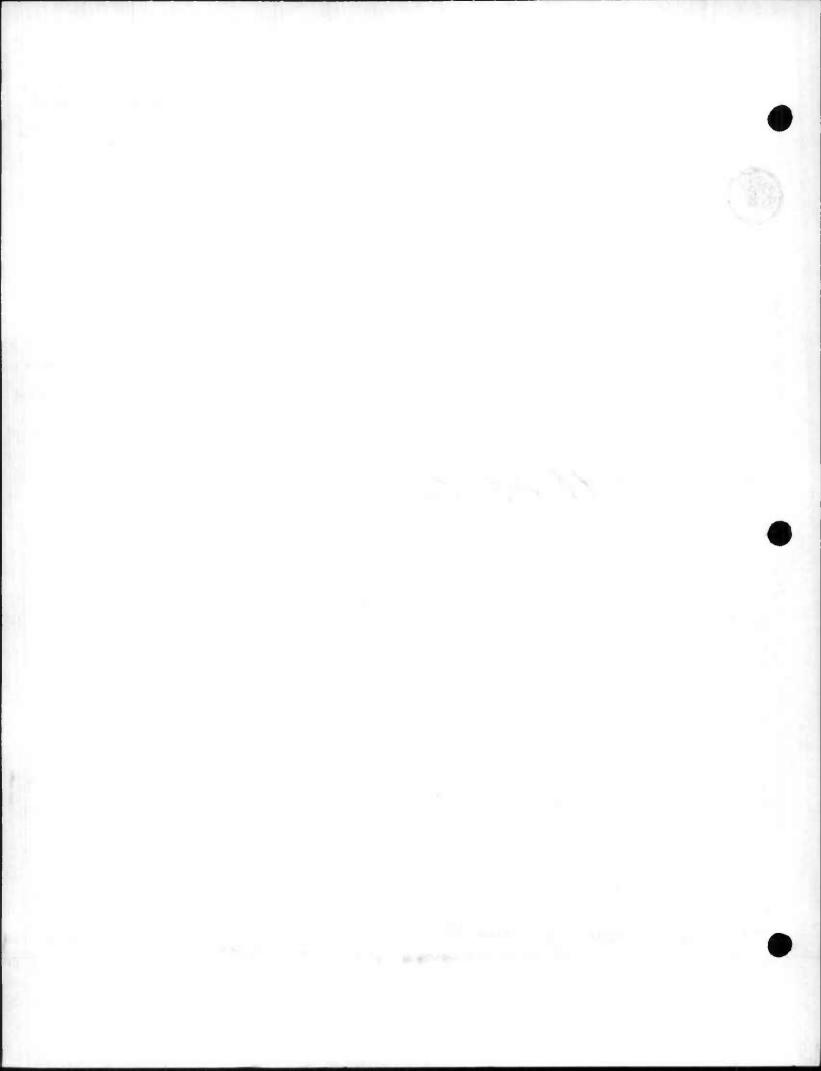
BALTIMORE, MARYLAND 21215-0020	nours after death. Page 6 may be retained by the hospital or attending physician.	d in by the funeral director, page 5 should be detached for use as the burial-transit per or removal.	medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit perm be filed writhin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

I. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ATE OF	DEATH	REG. NO	).	2-/	TIME OF DEATH
Rose	Lind	sey				MY 5	YEAR	14:35
	S. SEX 6. AGE (In yrs	/ /	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPL	ACE (State or Foreign
578-05-1455	□ M XXF 75	YRS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 8-17-1	6	Country)	sh.,D.C.
De. FACILITY NAME (If not institution, give stree	it end number)	9	b. CITY, TOWN	OR LOCATION OF		_	NTY OF DEAT	
Frederick Memo	rial Hospit	tal	Fre	ederick		H	rede	rick
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY, 1	OWN OR LOCA	TION			T <sub>4</sub>	Id. INSIDE CITY
Florida Pas	500		rt Ri					LIMITS?
10e. STREET AND NUMBER	500	1 10		M. ZIP CODE		10g. CIT		T COUNTRY?
7030 Embassy B	lvd.			3466	8		USA	
II. MARITAL STATUS	2. WAS DECEDENT EVER IN U.S.	ARMED		CENDENT OF HISP	PANIC ORIGIN? (Specify Ye	s or No—		American Indien, Thite, atc.
Never Merried 2   Merried	FORCES? 1 TYES 2	X IMO		pecify Cuben, Mexi SXXXX MO Spe	ican, Puerto Rican, atc.) city:		Casalla	White
15. DECEDENT'S EDUCAT (Specify only highest grade col	TION 16a.	. DECEDENT'S US	UAL OCCUPAT	ON ost of working	16b. KIND OF BU	SINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	etired.)	or tronding				
12		Но	memak			n Ho	me	
7. FATHER'S NAME (First, Middle, Last)					NAME (First, Middle, Melden	Sumame)		
James Langley  94. INFORMANT'S NAME (Type/Print)		Fire manage			er West			
					al Route Number, City or Tov			
James Lindsey  00. METHOD OF DISPOSITION	205 81 4				aldorf.Md			
X Burial 2 ☐ Cremation 3 ☐ Remova	Cometary,	, cremetory or other	DIECE/		- 92 DATE 20c. LC			
H. SIGNATURE OF MONEYAL SERVICE LIGEN	THE CO.	TINGE	22. NAME A	ND ADDRESS OF	FACILITY Lee FI	iner	ngtor	me Inc
Mist	196		663	3 Old 2	Alexander			
23. PART I. Entar the diseeses, or con	mplications that caused that	death. Do not	antar tha m	ode of dying, s	1.20735 uch se cardiac or resp	iratory an	rest,	Approximate
shock, or heart failure. Lis IMMEDIATE CAUSE (Final	t only one cause on each	lina.						Interval Between
disesse or condition	Pulmonau	1 ed	ema	-				48hr
reserving in equality	DUE TO (OR AS A CO	SEQUENCE OF):						
Samurable like last account of b.	Preumon							2 when
Sequentially list conditions, if any, laeding to immediata	DUE TO (OR AS A CON	-075		_/.				years years
CAUSE (Disease or injury	Mitral	Regu	ropla	non	4.11			gears
that initiated events resulting in death) LAST	DUE TO (OR AS A CON	ISEQUENCE OF):		1.1	0			1
d	Severe	Coron	ary	AVACY	Lusia	al		years
PART II. Other significent conditions of			the undarlyin	g csuse given	in Pert I. 24s. WAS AN			ERE AUTOPSY FINDING
Esophageal	Perforat	,			PERFO	RMED?	CC	AILABLE PRIOR TO IMPLETION OF CAUSE
						A STORY		DEATH?
5. WAS CASE REFERRED TO MEDICAL EXAMINER?			28. P	LACE OF DEATH (	Check only one)			
YES 2 NO	IOSPITAL: Inpatient 2 - ER/Outpatient		THER:	ne 5 🗆 Residenc	e 6 🗆 Other (Specify)			
7. MANNER OF DEATH	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME C	F 28c. tN	JURY AT ORK?	28d. OESCRIBE HOW	INJURY OC	CUREO	
A		1110011						
Natural 5 Pending Investigation			M 1 🗆	YES 2 NO				

29c. LICENSE NUMBER D 36 7.07 29d. DATE SIGNED (Month, Day, Year)

5-5-92

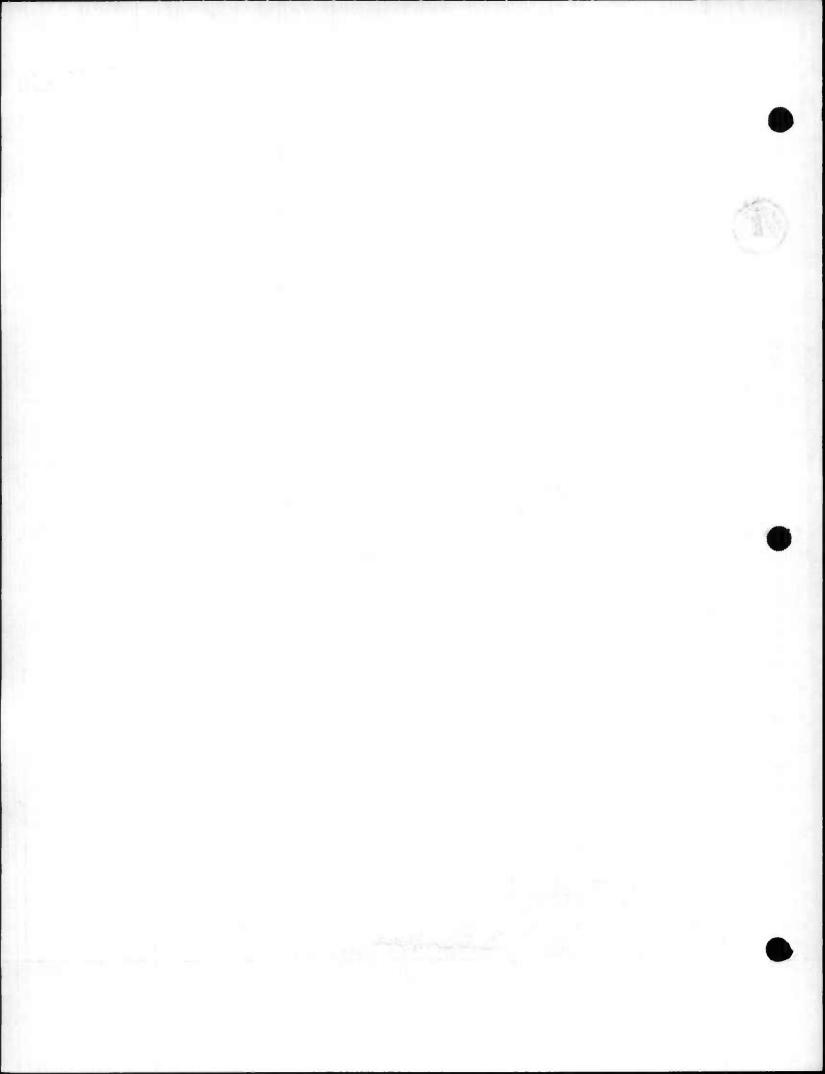
June Fill BABA SAMMERE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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표	THE	Filed	OR
2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Ξ

	t, Middle, Last)			CERTIF	IOAIL		DLAI		REG. NO			3. TIME OF DEATH
WADE	i, middie, Eddy	Mar	tine			Т.	YLES	· ·	MONTH D	9	YEAR	7:40 A
4. SOCIAL SECURITY NUM	BER	5. SEX	8. AGE (In )	yrs. last birthday)	IF UNDER		IF UNDER 2	24 HRS. 7	DATE OF BIRTH		8. BIRTHP	LACE (State or Foreig
NONE		1 X M 2   F		YRS.	MONTHS	14	HOURS	MIN.	(Month, Day, Year) 3/13/92		Country)	ngton, I
96. FACILITY NAME (If not is	nstitution, give st	reet and number)			9b. CITY,		R LOCATIO	N OF DEAT			NTY OF DE	
6309 93rd					Se	eabr	ook			INCE	GEORGES	
RESIDENCE OF DE	10b. COUNTY			10c CIT	Y, TOWN O	01001	ION			10d, INSIDE		
Maryland	Day of Contract Vi	ce Georg	010	100.011	Seal							LIMITS?
10e. STREET AND NUMBER		ce dedig	C 5		Seal	_	ZIP CODE			10a, CIT		AT COUNTRY?
6309 93rd	Place						207	706			SA	
11. MARITAL STATUS		12. WAS DECEDEN					ENDENT OF	HISPANIC	ORIGIN? (Specify Yes		14. RACE -	- American Indian,
1 Never Married 2		FORCES? 1					cify Cuban, 2 X NO		Puerto Rican, atc.)		Black, Specify	White, atc.
3 Wildowed 4 Div												White
15. DEC (Specify on	CEDENT'S EDUC ly highest grade	CATION completed)	16	Sa. DECEDENT'S (Give kind of	work done d			,	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (		College (1-4 or 5	+)	life. Do NOT us	se retired.)							
None-Infant  7. FATHER'S NAME (First, A		None		None-I	ntant	t				ie-In	fant	
Not Availa									(First, Middle, Maiden	Surname)		
NOL AVALLA				19h MAII IMO	ADDRESS	(Street			Lyles te Number, City or Tow	n Ctota T	Code'	
Gwendolyn	. ,	ddick							ville, Ma			782
Qa METHOD OF DISPOSIT			20b.PL	ACE AND DATE		_		4665			City or Town	
■ Donation 5 □ Other	on 3 Ramo	oval from State	cemete	ov cremetony or o	ther place!			tory	5/4/92			
I. SIGNATURE OF FUNERA	L SERVICE LIC	ENSEE //		J. J.	22. N	IAME AN	D ADDRESS	S OF FACIL	ITY			
· Va.	LX	X7.	- 1	/					Sons Fur Ave., Hya			
Sequentially liet condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inju	ilona, idiate iNG ury		(OR AS A CO	DISSEQUENCE OF	<b>ቫ</b> :							
									rt I. 24a. WAS AN			VERE AUTOPSY FINDI
resulting in death) LAS	ent conditions	n contributing to	deeth but	not resulting	n the und	derlying	ceuse gl	ven in Pa	PERFOR	□ NO	0	WAILABLE PRIOR TO
resulting in death) LAS		contributing to	deeth but	not resulting	In the und				PERFOR	□ NO	0	MARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other algnification.  5. WAS CASE REFERRED TEXAMINER?		HOSPITAL:			OTHER	28. PL	ACE OF DEA	ATH (Check	PERFOR	□ NO	0	MARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other algnification.  5. WAS CASE REFERRED TEXAMINER?  1 X YES 2 NO		HOSPITAL:	ER/Outpatia	ent 3 🗆 DOA	OTHER	28. PL	ACE OF DE	ATH (Check	only one)		1	MARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
PART II. Other algnifice  5. WAS CASE REFERRED T EXAMINER?  1 × YES 2 NO  7. MANNER OF DEATH	O MEDICAL Pending	HOSPITAL:	ER/Outpetle	ent 3 🗆 DOA	OTHER	28. PL : Ing Hom 28c. INJ WO	ACE OF DEA	ATH (Check	PERFOR		1	MAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?
S. WAS CASE REFERRED TEXAMINER?  1 1 YES 2 NO  7. MANNER OF DEATH  1 Natural 5 Accident	TO MEDICAL	HOSPITAL: 1   Inpetient 2   28e. DATE OF (Month, D) 28e. PLACE O	ER/Outpetla	ant 3 DOA 28b. TIM INJ At home, farm,	OTHER 4 Nursi	28. PL: : Ing Hom 28c. INJ WO 1 1 1	ACE OF DE.  BY Residence of the control of the cont	ATH (Check	only one)	NJURY OC	CURED	MALABLE PRIOR TO OMPLETION OF CAU IF DEATH?  YES 2 NO
S. WAS CASE REFERRED TEXAMINER?  1 YES 2 NO  7. MANNER OF DEATH  1 Natural 5 2  2 Accident 3  3 Suicide 6  4 Homicide	Pending investigation Could not be determined	HOSPITAL: 1   Inpatient 2   28e. DATE OF (Month, D) 28e. PLACE O building,	ER/Outpatia INJURY ay, Year)  F INJURY — atc. (Specify)	ant 3 DOA 28b. TIM INJ	OTHER 4   Nursi E OF URY M	28. PL: ing Hom 28c. INJ WO 1 1 Y	ACE OF DE.  5 Need	ATH (Check  Idence 8 2  NO 21	only one)  Other (Specify)  Bd. DESCRIBE HOW I  City or Town, State)	NJURY OC	CURED  Tor Rural Rose	MAILABLE PRIOR TO JOMPLETION OF CAU- IF DEATH? YES 2 NO
PART II. Other significations in death) LAS  PART II. Other significations in the signification in the signification in the signification in the signification in the signification in the significant in t	Pending investigation Could not be determined	HOSPITAL: 1   Inpatient 2   28e. DATE OF (Month, D) 28e. PLACE O building.	ER/Outpetla INJURY sy, Ybar)  F INJURY — stc. (Specify)  my knowledg	ant 3 DOA  28b. TIM INJ  At home, farm, s	OTHER 4   Nursi	28. PL: ing Hom 28c. INJ WO 1 1 Yory, office	ACE OF DEA	ATH (Check Idence 8 2 NO 21 and due to	only one)  Other (Specify)  Bd. DESCRIBE HOW I  II. LOCATION (Street City or Town, State)	NJURY OC	CURED  or Rural Root ted.	WAILABLE PRIOR TO OMPLETION OF CAUS OF DEATH?  YES 2 NO
PART II. Other algnification in death) LAS  PART II. Other algnification in the second	Pending Investigation Could not be determined	HOSPITAL: 1   Inpatient 2   28e. DATE OF (Month, D) 28e. PLACE O building.	ER/Outpetla INJURY sy, Ybar)  F INJURY — stc. (Specify)  my knowledg	ant 3 DOA  28b. TIM INJ  At home, farm, s	OTHER 4   Nursi	28. PL: ing Hom 28c. INJ WO 1 1 Yory, office	ACE OF DEA	ATH (Check Idence 8 2 NO 21 and due to	only one)  Other (Specify)  Bit. LOCATION (Street City or Town, State)  the cause(a) and maile, data and place, en	NJURY OC	CURED  CURED  T or Rural Roce ted.	WAILABLE PRIOR TO OMPLETION OF CAUS IF DEATH?  YES 2 NO  Ite Number,
1 X YES 2 NO  27. MANNER OF DEATH  1 Netural 5  2 Accident 3 Suicide 6  4 Homicide  29e. CERTIFIER (Check only 1 CERT	Pending Investigation Could not be determined TIFFING PHYSIC COLOR EXAMINE!	HOSPITAL: 1   Inpatient 2   28e. DATE OF (Month, D) 28e. PLACE O building.	ER/Outpetla INJURY sy, Ybar)  F INJURY — stc. (Specify)  my knowledg	ant 3 DOA  28b. TIM INJ  At home, farm, s	OTHER 4   Nursi	28. PL: ing Hom 28c. INJ WO 1 1 Yory, office	ACE OF DEA	ATH (Check Idence 8 2) NO 21 end due to d at the tim	only one)  Other (Specify)  Bit. LOCATION (Street City or Town, State)  the cause(a) and meile, data and place, en	NJURY OC and Number ther ea stated due to the 29d, DAT	CURED  Tor Rural Root  ted.  Telescope (a) of the cause(a) of the cause(b) of	MAILABLE PRIOR TO OMPLETION OF CAUS IF DEATH?  YES 2 NO  ute Number,  and menner as state  Aonth, Day, Year)
PART II. Other algnification in death) LAS  PART II. Other algnification in the second	Pending Investigation Could not be determined TIFYING PHYSIC IICAL EXAMINE!	HOSPITAL: 1   Inpatient 2   28a. DATE OF (Month, D) 28a. PLACE Of building. CIAN: To the best of a	ER/Outpatls INJURY INJURY— FINJURY— stc. (Specify)  my knowleds camination ar	28b. TIM INJ At home, farm, 1	OTHER 4   Nursi	28. PL	ACE OF DE.  BY Real  RRY  AT RRY  and place, country  29c. LICEN  C. C	ATH (Check Idence 8 [2] NO 21  end due to d at the tim ISE NUMBE	only one)  Other (Specify)  Bit. LOCATION (Street City or Town, State)  the cause(a) and meile, data and place, en	NJURY OC	CURED  CURED  OF RURAL ROOM  THE SIGNED (A	WAILABLE PRIOR TO OMPLETION OF CAUS IF DEATH?  YES 2 NO  Ite Number,





BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

-									-	EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)	101 6	,	1-1	1 11	-0		2. DATE OF	DAI	,	YEAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	IRI S			_		T		5	9	-	92	9 A "
	577-06-9902	5. SEX	6. AGE (In yrs.		MONTHS	DAYS	HOURS	R 24 HRS.	7. DATE OF 8 (Month, De	v. Year)		Country	PLACE (State or Foreign
	9a. FACILITY NAME (If not institution, give si		6	, ma.	a) 0/77/	-				21-3			erlands .
œ	2400 Queens C		Dans.					ION OF DE			-	NTY OF D	
DIRECTOR	RESIDENCE OF DECEDENT	vaper	Roua		110	40	0120	71117			Uri	nce	Georges
<u>₩</u>	10a. STATE 10b. COUNTY				Y, TOWN O	R LOCA	TION						10d. INSIDE CITY LIMITS?
	WD buin	re be	orgers	H	MA	17.	SVi	TLE					1 YES 2 NO
₹ I	10e. STREET AND NUMBER	1	0			10	. ZIP COO	_			10g. CITI	ZEN OF W	HAT COUNTRY?
FUNERAL	2400 Queens	hapel	Road				7	378	2		Uni	ted :	States
2	11. MARITAL, STATUS  1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 27						IIC ORIGIN? (S.		or No-	14. RACE Black	— American Indian, , White, etc.
à l	3 Widowed 4 Divorced	IF YES, GIVE W	MR OR DATES					Specify				Speci	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a.	DECEDENT'S				ina	16b. KIN	D OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5 -	-)	Iffe. Do NOT u	se retired.)								
₽ M		2		Pre	sider	nt				Cons		tion	
	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middl				
BE	Johannes N. Lemme	rs							de S.				
2	Michael Amrine								Route Number, C				
	20a. METHOD OF DISPOSITION		-		-		Rock	ville,		208			
	ts Burlal 2 Cremation 3 Remo	cometery,	cremetory or of Linco	ther place)	emet	ery	5/13	/92	Brei	ntwo	od . 1	Maryland	
	21. SIGNATURE OF FUNERAL SERVICE LIE	ENSEE			22. N	AME A	ND ADORE	SS OF FAC	CHLITY				
	1 fleil E.	Tiner	M0087	77		Fort Lincoln Funeral Ho Bladensburg Rd., Brentw							
NO	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions,	b	(OR AS A CON	SEOUENCE O	F):	ien	y V	Tiru	s (	AII	08)		Onset and Death
FICATION	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	0	(OR AS A CON										
CERTIF	that initiated events resulting in death) LAST	1,											
	PART II. Other algolificent condition	a contributing to	death but no	at resulting	In the uni	derivin	a cause	alven in	Pert I. 24s	. WAS AN	UJTOPSY	245	WERE AUTOPSY FINDINGS
SAL						100	,			PERFORM	MED?	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE
									_   ''	YES 2	N NO		OF DEATH?
2									-				1 TYES 2 NO
Š.	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF E	DEATH (Che	eck only one)				
S	EXAMINER?	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER	i: Ing Hom	. 5 X R	esidence	6 Other (Sp	ecity)			
Y PHYSICIAN:	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF (Month, D	ay. Year)	28b. TIN	IE OF JURY M		URY AT	NO NO	26d. DESCRI	BE HOW IN	JURY OC	CURED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE O	F INJURY — At etc. (Specify)	home, farm,	street, facto	ory, offic	•		261. LOCATIO C/ty or To	N (Street ar wn, State)	nd Number	or Rural R	oute Number,
Ш													
COMPLET	29a. CERTIFIER 1 CERTIFYING PHYSIC (Check only one) 2 CMEDICAL EXAMINE												end menner as ataled.
O BE	296. SIGNATURE AND TITLE OF CERTIFIER  REAL PROPERTY OF CERTIFIER	hu &	NOTY H	redi	cap			ENSE NUN			29d. DAT	SIGNED	(Month, Day, Year)
	PAUL A. DEVOL	E.M.D	403	Quee	ash	JRY	, Ra	M	ia Udi	·lle	n	2	20781
	MAY 15 199	2 32. REGISTRA	a Davidse	n-Aano	402								

Agent Comments and the second of the second

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFI	CATE OF I	DEATH	REG. N	0.		
	1. DECEDENT'S NAME (First, Middle, Last Paul Alderi		Lord			2. DATE OF DEATH 05-11-92	DAY	YEAR	3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 001-34-5985	1 M 2 🗆 F	GE (In yrs. lest birthday) 47 YRS.	7	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-13-	45	Country	PLACE (State or Foreign
TOR	9a FACILITY NAME (# not institution, give Leland Memorial RESIDENCE OF DECEDENT			PL CITY, TOWN OR River			9c. COU	INTY OF DE	
DIRECTOR	10a. STATE 10b. COUN			TOWN OR LOCATIO	- 4				10d. INSIDE CITY LIMITS? 1 X XYES 2 \( \text{NO} \) NO
FUNERAL	4011 Utah	Avenue		10f. 2	2072	2	10g. CIT	USA	HAT COUNTRY?
B≺	11. MARITAL STATUS 1 Never Married 2 🔀 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EYE FORCES? 1XXY: IF YES, GIVE WAR DE	R IN U.S. ARMED ES 2 NO R DATES TIAM	If yes, spec	ECENDENT OF HISPANIC ORIGIN? (Specify Yas or No— pecify Cuben, Maxican, Puerto Rican, etc.)  ES 2 NO Specify:  Specify:  Specify:				
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed)  College (1-4 or S+)	16a. DECEDENT'S U (Give kind of wo life. Do NOT use Glazer	rk done during most	of working	16b. KIND OF B	DUSTRY	- 1110	
WO	17. FATHER'S NAME (First, Middle, Last)	1	Glazel		18. MOTNER'S NAM	ME (First, Middle, Maide	s Com	pany	
BE C	Philip Joseph Lo	ord				M. Lessa			
10	19a. INFORMANT'S NAME (Type/Print)				Number or Rural R	oute Number, City or To	wn, State, Zip		
	Renee Lord					ntwood,Ma			0722
	26a, METNOD OF DISPOSITION  1  Burlai 2 X Cremation 3 Ref 4  Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE OF Cemetery, cremetory or othe Metropolit	an educat			OCATION —		
	21. SIGNATURE OF FUNERAL SERVICE LI	s Sons Fu	neral	Home					
CERTIFICATION	IMMEDIATE CAUSE (Final	c			ocular D	)Jea	K	interval Between Onset and Death Minu Fed	
MEDICAL	PART II. Other algnificent condition	ns contributing to deeth	but not resulting in	the underlying c	ause given in P	Part I. 24a. WAS A PERFO	RMED?	6	WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION DE CAUSE DE DEATH?  1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL								
SIC	EXAMINER?	HOSPITAL:		THER:	E OF DEATH (Chec				
BY PHYSICIAN:	27. MANNER OF DEATN  1 Netural 5 Pending Investigation	28a. OATE OF INJUR (Month, Day, Year	Y 28b, TIME (	RY WORK	Y AT	28d. DESCRIBE NOW	INJURY OCC	CUREO	
	3 Suicide 8 Could not be datermined	28a. PLACE OF INJU building, atc. (S)	RY — At home, term, atre pecify)	eet, factory, office		281. LOCATION (Street City or Town, State	and Number	or Rural Roo	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYS 2 MEDICAL EXAMINE	ICIAN: To the best of my kno	owledge, death occurred tion and/or investigation,	at the time, data and	d place, and due to h occured at the ti	o the cause(a) and mi	nner sa state	ed, e cause(a) :	and manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE  Philadelle Signature and Adoress of Person With the Control of the Contro	Thren O	ארי בלים	edical 25	DO 185	-1-	15	-11-	Month, Day, Year)
	PANIA. DESS.  31. DATE FILED (Month, Day, Year)	ORE MD	42036	versb	vry R	d Hyai	duil	He M	1800281
	MAY 1 4 1992	) Julia Dav	idson-Randell	-					

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LA With Personal Spenson of STATE OF THE STATE 15 my or mules to fago chian Marine Davide Comment Book your Par 2. Nellist mid constituenthum Pol Hy, TE 16 Filler 11.

BALTIMORE, MARYLAND 21215-0020	I hours after death. Page 6 may be retained by the hospital or attending physician.	lled in by the funeral director, page 5 should be detached for use as the burial-transit permin, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permisurer ster death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

L DIRECTOR: After the hours after death w

TO THE HOSPITAL

TO THE FUNERAL I

be filed within 72 h

IMPORTANT: If II HOSPITAL

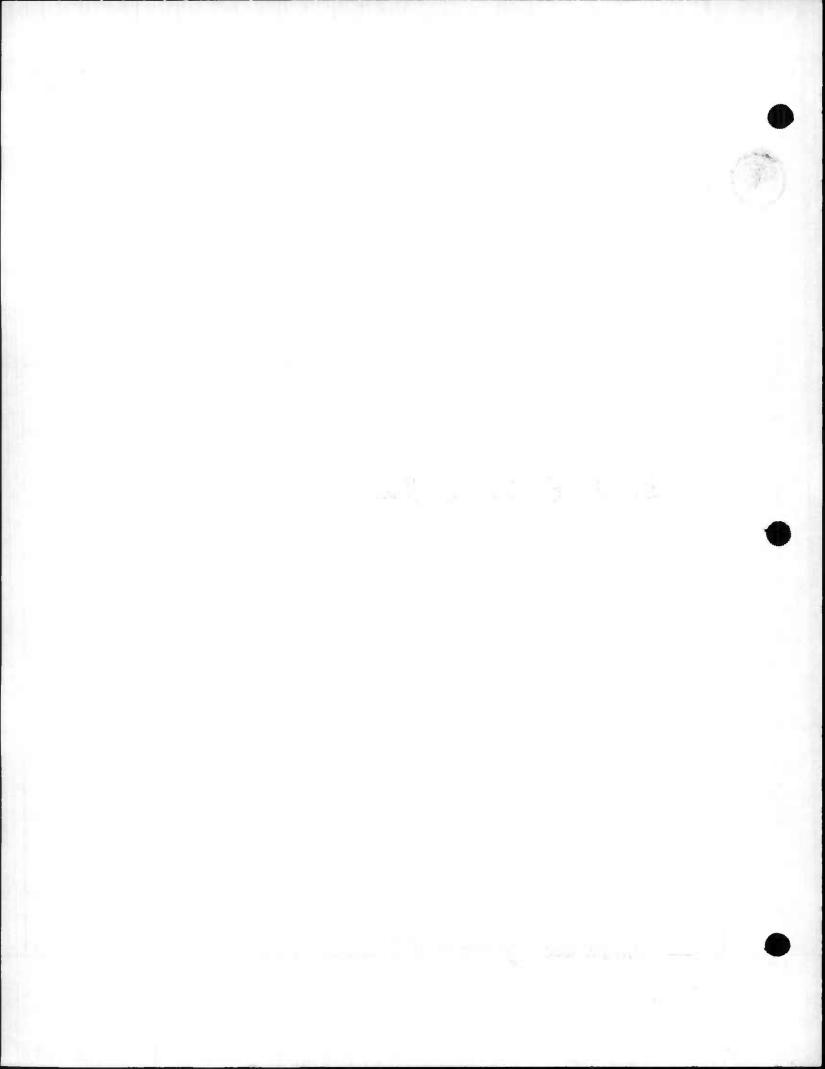
1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH May 5, JANET LONG 1992 Marie 3:30 7. DATE OF BIRTH (Month, Day, Year) 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF IMOER 24 MRS 8. BIRTHPLACE (State or Foreign Country) 579 36 4255 DAYS MONTHS HOURS 1 M 2 F 61 YRS. June 14 1930 Washington D.C. 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Doctors Community Hospital Lanham Prince George's 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY Maryland Prince Georges Bowie THE 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 15609 Powell Lane 20716 United States 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuben, Mexican, Puerto Rican, etc.)

1 □ YES 2 ☒ NO Specify: N 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY Specify: White 3 Widowed 4 Divorced No COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5 +) 12 Homemaker Own Home 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Calvin Clark Edna Zeh 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Dale C. Long 12206 Stanfield Bowie Maryland 20715 20a. METHOD OF DISPOSITION
1 [XBurlal 2 [] Cremation 3 [] Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Fort Lincoln Cemetery 4/7/92 4 Donation 5 Other (Specify) Brentwood Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Robert Beall-Evans Funeral Home, P.A. Mes. bans 16000 Annapolis Rd. Bowie Maryland 20715 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heert fallure. Liet only one cause on each line Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Tetastatic canci DUE TO (OR AS A CONSEQUENCE OF): unknown resulting in death) cancer. CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not reculting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 24a. WAS AN AUTOPSY PERFORMED? Coronary disease 1 TES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 TES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined COMPLETED 4 Homicide 29s. CERTIFIER
(Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE ah MO D35820 1992 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Peter Eck beig mo 14300 Gallant Fox Lane #110 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Lulia Davidson-Randalle

MAY12

1992

OHMH-16 Rev 1/89



IMPORTANT: If item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

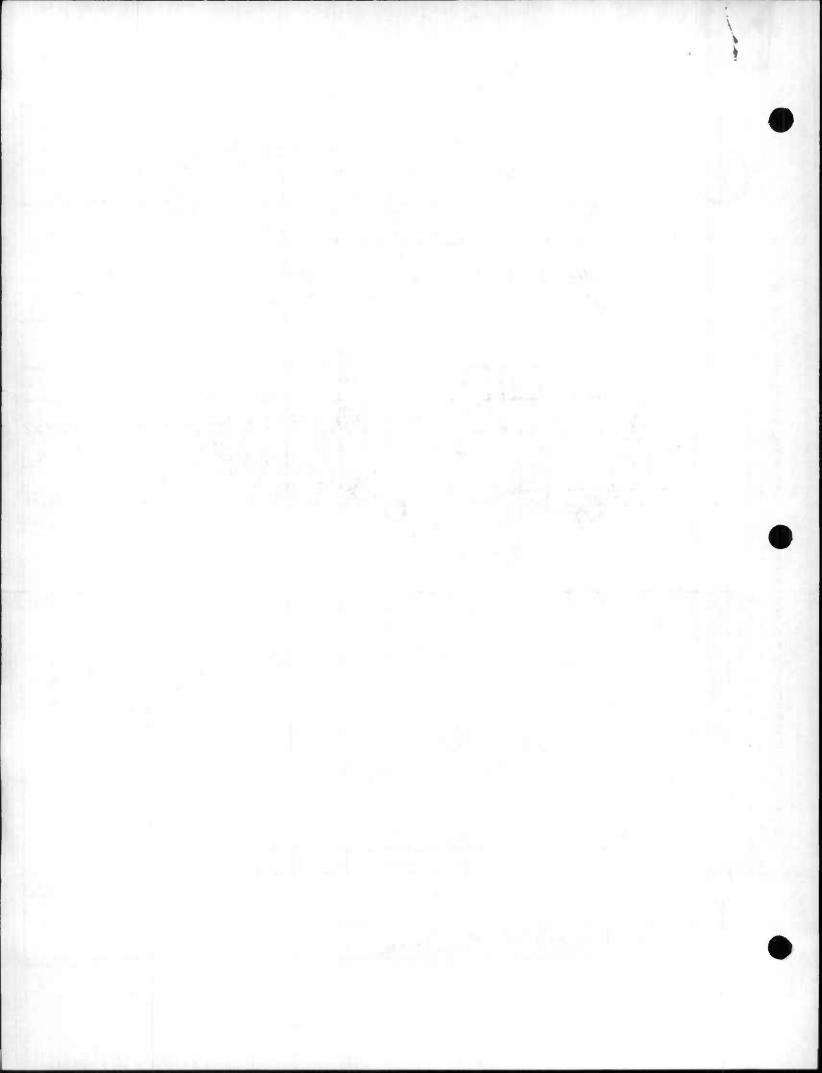
1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTHAR		CERTIF	TOATE	P DEALF	1	REG. NO.					
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	4. SOCIAL SECURITY NUMBER	OMAS EMMET	T LANNON  AGE (In yrs. last birthday)			-						
	705-12-7710		91 YRS.	MONTHS DAY		MIN.	Marth, Day, Year)		Country)	LACE (State or Foreign		
	9a. FACILITY NAME (If not institution, give a	street and number)		9b. CITY, TOV	N OR LOCATION			9c, COUNT				
DIRECTOR	GLADYS SPELLMAN NU	JRSING CENT	ER	CHEVE	RLY		ſ	RINCE				
ᇤ	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	y	10a CV	TY, TOWN OR LO	CATION							
E		nce George								Od. INSIDE CITY LIMITS?		
7	10e. STREET AND NUMBER	ince George	S	Mt. Ra						YES 2 NO		
FUNERAL	3163 Queens Chape	1 Road, #1	03		10f. ZIP CODE 207	12			USA	AT COUNTRY?		
5	11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS	DECENDENT OF N	HISPANIC	ORIGIN? (Specify Yea			- American Indian		
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	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEOENT'S	USUAL OCCUP	ATION		16b. KIND OF BUS	INESS/INDUS	STRY			
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8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER	R'S NAME	(First, Middle, Maiden	Surname)				
BE	Anne de la company de la compa	Lannon					annon					
2	19a. INFORMANT'S NAME (Type/Print)						Number, City or Town					
	Joseph F. Lannon					Rd,				MD 20712		
	20a, METHOD OF DISPOSITION  1	oval from State	cemetery, cremetory or o	OF DISPOSITION other place)	(Name of	F /	DATE 20c. LO	CATION — CH	y or Town	n, State		
	21. SIONATURE OF FUNERAL MINICE LIC	ENSEE	Gate of h	22 NAME	eaven Cemetery 5/9/92 Silver Spring, MD  22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, PA							
	V./home	· Kan	too	Franc	cis Gaso	ch's	Sons Fun			, PA MD 20781		
	23. PART I. Enter the diseases, or o	omplications that cal	sed the deeth. Do	not enter the	mode of dying	, such a	a cerdiac or reapi	ratory arrea	t.	Approximate		
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	3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF INJ building, atc. (	URY — At home, farm, Specify)	street, factory, o	fice	26	F. LOCATION (Street as City or Town, State)	nd Number or	Rural Rou	te Number,		
F .												
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	CIAN: To the best of my k R: On the besis of examin	nowledge, death occum	ed at the time, d	eta and place, and	d dua to it	he cause(a) and men	ner as stated.	auso/o) o	nd manner as stated		
	296. SIGNATURE AND TITLE OF CERTIFIER			7 - 7								
BE C	W-ZWa	100			D I		74	DATE S		onth, Day, Year)		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATN (ITEM 27) (Type	Print)								
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	If FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for used within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
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SICIAN: MEDICAL CERTIFI	Shock, or iMMEDIATE CAUSE (idlesease or condition resulting in death)  Sequentially list cond if sny, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART H. Other significations of the condition of the cond	ditions, nediate LYING nijury  AST  Cant condition  O TO MEDICAL	B. DUE TO  DUE	(OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE	COUENCE OF):  CO	26. PLA ER: ursing Nome 28c. INJUI WOR 1 □ YE	cause given in	Part I.	24a, WAS AN / PERFORM 1 YES 2	AUTOPSY MED?	24b. WER AMALOND FE	Approximation of the control of the
ED BY PHYSICIAN: MEDICAL CERTIFI	Shock, or iMMEDIATE CAUSE (if disease or condition resulting in death)  Sequentially list condition if sny, leading to immicause. Enter UNDERL CAUSE (Disease or in that inflisted events resulting in death) LA  PART II. Other signification in the inflisted events resulting in death) LA  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF DEATN  1 Natural 5 Accident  3 Suicide 6	dittons, nedlate LYING niury AST TO MEDICAL Pending investigation Could not be	B. DUE TO  DUE	(OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE  (OR AS A CONSE	COUENCE OF):  CO	26. PLA ER: ursing Nome 28c. INJUI WOR 1 □ YE	Cause given in  South  Cause given in  CE OF DEATH (Ch.  S - Reeldence  RY AT  KCY	Part I.  Beck only o	24a, WAS AN A PERFORM 1 YES 2	AUTOPSY MED?	24b. WER AMALOND FE	Approximation of Capearine, and Cape
ETED BY PHYSICIAN: MEDICAL CERTIFI	Shock, or iMMEDIATE CAUSE (filesess or condition resulting in death)  Sequentially list cond if sny, leading to immicause. Enter UNDERL CAUSE (Disease or in that infiliated events resulting in death) LA  PART II. Other signification of the condition of the cond	ditions, nedlate LYING plury AST Cant condition	B. DUE TO  DUE	(OR AS A CONSE  (OR AS A CONSE	COUENCE OF):  CO	26. PLA ER: ursing Nome 28c. INJUI WOR 1 □ YE	Cause given in  South  Cause given in  CE OF DEATH (Ch.  S - Reeldence  RY AT  KCY	Part I.  Beck only o	24a. WAS AN / PERFORM 1 YES 2	AUTOPSY MED?	24b. WER AMALOND FE	Approximation of the control of the
PLETED BY PHYSICIAN: MEDICAL CERTIFI	Shock, or iMMEDIATE CAUSE (if disease or condition resulting in death)  Sequentially list condition if sny, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signification in the condition of th	ditions, nedlate LYING nijury AST Cant condition  To MEDICAL  Pending Investigation  Could not be determined	B. DUE TO  DUE	(OR AS A CONSE  (OR AS A CONSE	COUENCE OF):  CO	er the mod  Solution of the mod  26. PLA  ER: ursing Nome  28c. INJUI  1  YE ictory, office	Cause given in  CE OF DEATH (Ch	Part I.  Beck only o  Both  28d. DE  28f. Loc City  to the ce	24a, WAS AN / PERFORI 1 VES 2 2 2 3 3 CATION (Street ar or Town, State)	Tatory stress  AUTOPSY MED?  NO  JURY OCCUR	24b. WERA ANAL CON DF 1	Approximation interval Bet Onset and
PLETED BY PHYSICIAN: MEDICAL CERTIFI	Shock, or iMMEDIATE CAUSE (if disease or condition resulting in death)  Sequentially list condition if sny, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signification in the condition of th	ditions, nedlate LYING nijury AST Cant condition  To MEDICAL  Pending Investigation  Could not be determined	B. DUE TO  DUE	(OR AS A CONSE  (OR AS A CONSE	COUENCE OF):  CO	er the mod  Solution of the mod  26. PLA  ER: ursing Nome  28c. INJUI  1  YE ictory, office	Cause given in  CE OF DEATH (Ch	Part I.  Beck only o  Both  28d. DE  28f. Loc City  to the ce	24a, WAS AN / PERFORI 1 VES 2 2 2 3 3 CATION (Street ar or Town, State)	Tatory stress  AUTOPSY MED?  NO  JURY OCCUR	24b. WERA ANAL CON DF 1	Approximation interval Bet Onset and
PLETED BY PHYSICIAN: MEDICAL CERTIFI	Shock, or iMMEDIATE CAUSE (if disease or condition resulting in death)  Sequentially list condition if sny, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART II. Other signification in the condition of th	ditions, nedlate LYING niury  AST  Cant condition  To MEDICAL  Pending Investigation  Could not be determined  ERTIFYING PNYS  EDICAL EXAMINI	b. DUE TO b. DUE TO c. DUE TO d. DUE TO d. See. DATE OF (Month, D) 28e. PLACE OF building, GCIAN: To the best of ER: On the best of ex.	(OR AS A CONSE  (OR AS A CONSE	COUENCE OF):  CO	underlying  26. PLA  ER: ursing Nome  28c. INJUI WOR  1  YE ectory, office	Cause given in  CE OF DEATH (Ch	Part I.  Beck only of to the cast time, date	24a, WAS AN / PERFORI 1 VES 2 2 2 3 3 CATION (Street ar or Town, State)	Tatory stress  AUTOPSY MED?  NO  JURY OCCUR	24b. WER AMALON OF I	Approximation of the control of the
COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Shock, or iMMEDIATE CAUSE (idlesess or condition resulting in death)  Sequentially list cond if sny, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA  PART H. Other signification of the condit	ditions, nedlate LYING niury  AST  Cant condition  To MEDICAL  Pending Investigation  Could not be determined  ERTIFYING PNYS  EDICAL EXAMINI	b. DUE TO b. DUE TO c. DUE TO d. DUE TO d. See. DATE OF (Month, D) 28e. PLACE OF building, GCIAN: To the best of ER: On the best of ex.	(OR AS A CONSE  (OR AS A CONSE	COUENCE OF):  CO	underlying  26. PLA  ER: ursing Nome  28c. INJUI WOR  1  YE ectory, office	cause given in  CE OF DEATH (Ch.  S   Revidence  RY AT  IK?  ES 2   NO  and piece, end due  ath occured at the	Part I.  Beck only of to the cast time, date	24a, WAS AN / PERFORI 1 VES 2 2 2 3 3 CATION (Street ar or Town, State)	T Ke' atory srrest  MITOPSY MED?  NO  JURY OCCUR  There es stated.	24b. WER AMALON OF I	Approximation interval Bet Onset and



1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC			MENTAL HYG			
1. DECEDENT'S NAME (First, Middle, Last) Craig	Allen	Lew	is		2. DATE OF DEAT MONTH	DAY	YEAR 3. TIM	E OF DEATH
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday) #	UNDER ! YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Yes		8. BIRTNPLACE Country)	
212-04-8286	¹\x M 2 □ F 17	YRS.	HINS DAYS	HOURS MIN.	Dec. 11		Maryla	nd
9a. FACILITY NAME (If not institution, give s	2).000			OR LOCATION OF DEA	ATN	9c. COUN	TY OF DEATH	
Memorial Hospita	L		Cumber	land		Al	leghany	7
10e. STATE 10b. COUNTY	1	10c. CITY, TO	OWN OR LOCA	ATION			10d. IN	SIDE CITY
Maryland Alle	gany	Cu	mberla	and			LI	MITS? (ES 2 NO
10e. STREET AND NUMBER	52			of. ZIP CODE		10g. CITIZ	EN OF WHAT CO	
13422 Pershing St.	reet S.W.		2	21502		1	U.S.A.	- 3
11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 1 YES IF YES, GIVE WAR OR D.	2 NO	If yes, a	CENDENT OF NISPANI pecify Cuban, Maxican S 2 NO Specify:	, Puerto Rican, etc	y Yes or No —	14. RACE — Ame Black, White, Specify:	erican Indian, atc. White
15. DECEDENT'S EDU		16a. DECEDENT'S USL	JAL OCCUPAT	ION	16b. KIND OF	BUSINESS/INDU	JSTRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work life. Do NOT use re	done during m tired.)	lost of working				1
11th		Dish Was	her		Rest	aurant		
17. FATHER'S NAME (First, Middle, Last) Richard Allen La	ewis			18. MOTHER'S NAM Sandra	NE (First, Middle, Me S. Stage			
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street	and Number or Rural R	oute Number, City o	Town, State, Zip	Code)	
Sandra S. Lewis		P.O. BO	X 3202	2 Cumberla	ind, Mar	yland	21.502	
20g. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rame		PLACE AND DATE OF D		lame of	DATE 200	LOCATION — C	ity or Town, Stat	10
4 Donation 6 Other (Specify)		netery, crematory or other Laurel Hil		etery 5/	14/92	Moscow,	Marvla	nd
21. SIGNATURE OF FUNERAL SERVICE LIC Land Land Land Land Land Land Land Land	ean hope	d the deeth. Do not such line.	Markw	IND ADDRESS OF FAC FOOD MCKEY BOX 912 K ode of dying, auch	zie Fun Keyser,	WV 26	726	approximate
IMMEDIATE CAUSE (Finel disease or condition resulting in death)		NJURITA						Onset and Death
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	£	CONSEQUENCE OF):						
PART II. Other algnificant condition	a contributing to deeth b	ut not resulting in ti	ne underlyln	ng ceuse given in F	PEI	S AN AUTOPSY RFORMED? S 2 NO	AWAILAI COMPLI OF GEA	AUTOPSY FINDINGS BLE PRIÔR TO ETION OF CAUSE ITH? ES 2 \( \sum \) NO
								Ĭ
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 🖾 YES 2 🗌 NO	HOSPITAL: 1   Inputient 2   ER/Outp		THER:	NACE OF OEATN (Chec				
27. MANNER OF DEATN	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF		JURY AT ORK?	26d. DESCRIBE H			
1 Natural 5 Pending  2 Accident Investigation	05 10 1992	12:557	_M 1 □	YES 2 NO	perator in moto	of moto	orcycle mailbo	x involve
Suicide 6 Could not be	28s. PLACE OF INJURY building, etc. (Spec	- At home, farm, stree	t, factory, offic	ce .	28f, LOCATION (St City or Town, 5	reet and Number o		nber,
4 Nomicide determined	on str			U			ndustry	Park St.
	CIAN: To the best of my know			a and place, and due t	o the cause(a) and	manner as state	d.	
296. SIGNATURE AND THE BOF GERTIFIER	- 1	- 0		29c. LICENSE NUME				
Mart. 9	John XI	nd		O.C.M.E			SIGNED (Month,	Day, rear)
36 NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Prin	0	LO.C.M.E	•	1.05	10 1992	
MARIO F. GOLL	E JR-MU			eet, Balt	imore Ma	ryland	21201	

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

e also met promet

See S 1 Acres 1865 Person Marketin

	FOR 1 - STATE REGISTRAR	STATE OF MA		DEPAR ERTIF						YGIENI EG. NO.	92	14857
	1. DECEDENT'S NAME (First, Middle, Last)  ELVA	IRENE		LIT	TLE				2. DATE OF D MONTH MAY		19	3. TIME OF DEATH 92 8:55 A M
	4. SOCIAL SECURITY NUMBER  332-30-3765  9a. FACILITY NAME (If not Institution, give a	1 🗆 M 2 💢 F	AGE (In yrs. lesi	t birthday) YRS.	MONTHS MONTHS	DAYS	HOURS OR LOCATION	MIN.	7. DATE OF B (Month, Day JULY	IPTH 12	93	MARYLAND
CTOR	4232 CONOWINGO	ROAD				D	ARLI					RFORD
DIRECTOR	MARYLAND HAF	RFORD			Y, TOWN O	ING						16d. INSIDE CITY LIMITS? 1 YES 2 X NO
BY FUNERAL	4232 CONOWINGO	12 WAS DECEDENT S	VER IN U.S. AR	21034					<u></u>	acity Yes	ED STATES	
	1 X Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1   IF YES, GIVE WAR	YES 2 XIN	NO if yes, specify: Uben, Mexican, Puerto  1 YES 2 NO Specify:					n, Puerto Ricen			14. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)		(Gi	CEDENT'S the kind of v Do NOT us	work done se retired.)	during mo	at of worlds	ng .		C A T	I O N	STRY
BE COM	17. FATHER'S NAME (First, Middle, Last)  ARCHIBALD	ITTLE	, 00	11001		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	18. MOT		ME (First, Middle / E MAI	, Malden		
TO B	19a. INFORMANT'S NAME (Type/Print)  W. SUE DIE	łL	6	005	LAK	E M	ANO		Route Number, C	BAL	TIMO	RE, MD 2121
	20e, METHOD OF DISPOSITION  1 (X Burla) 2   Cremation 3   Removal from State  4   Donation 5   Other (Specify)   DARLINGTON CEMETERY 5/10   DARLINGTON, MD  21. SIGNATURE OF FUNERAL SERVICE LICENSEE   22. NAME AND ADDRESS OF FACILITY   HARKINS FUNERAL HOME, INC. DELTA, P											
	23. PART I. Enter the diseases or complications that ceused the death. Do not enter the mode of dying, such as cardiac or reapiretory sm shock, or heert feiture. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  S. Diff TO (OR AS & CONSEQUENCE OF):											
ERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST											
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given									WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIDR TO COMPLETION OF CAUSE OF DEATH? 1  YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2X NO	HOSPITAL:	R/Outpatient 3	DOA	OTHE 4   Nu	R:			heck only one)  6  Other (Sp	eclfy)		52
BY PHY	27. MANNER OF DEATH  1 X Natural 5 Pending 2 Accident Investigation	28a. DATE OF IN. (Month, Day,	Year)		JURY M	1 🗆	IURY AT ORK? YES 2 [	□ NO	28d. DESCRI			1 177 13
LETED	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF II building, etc	: (Specify)						City or To	wn, State)		or Rural Route Number,
COMPL	(Check only	ER: On the basis of exen					death occu		time, data and		d due to the	o cause(a) and manner as stated.  SIGNED (Month, Day, Year)
TO BE	30. NAME AND ADDRESS OF PERSON WI	Kullon	OF DEATH (ITE	S M 27) (Type	/7/	92						May 1992

MPLETED CAUSE OF DEATH (ITEM 27) (1870), Print S, MD DARLINGT( 32. REGISTRAR'S SIGNATURE Julia Savidson-Randolle

DARLINGTON,

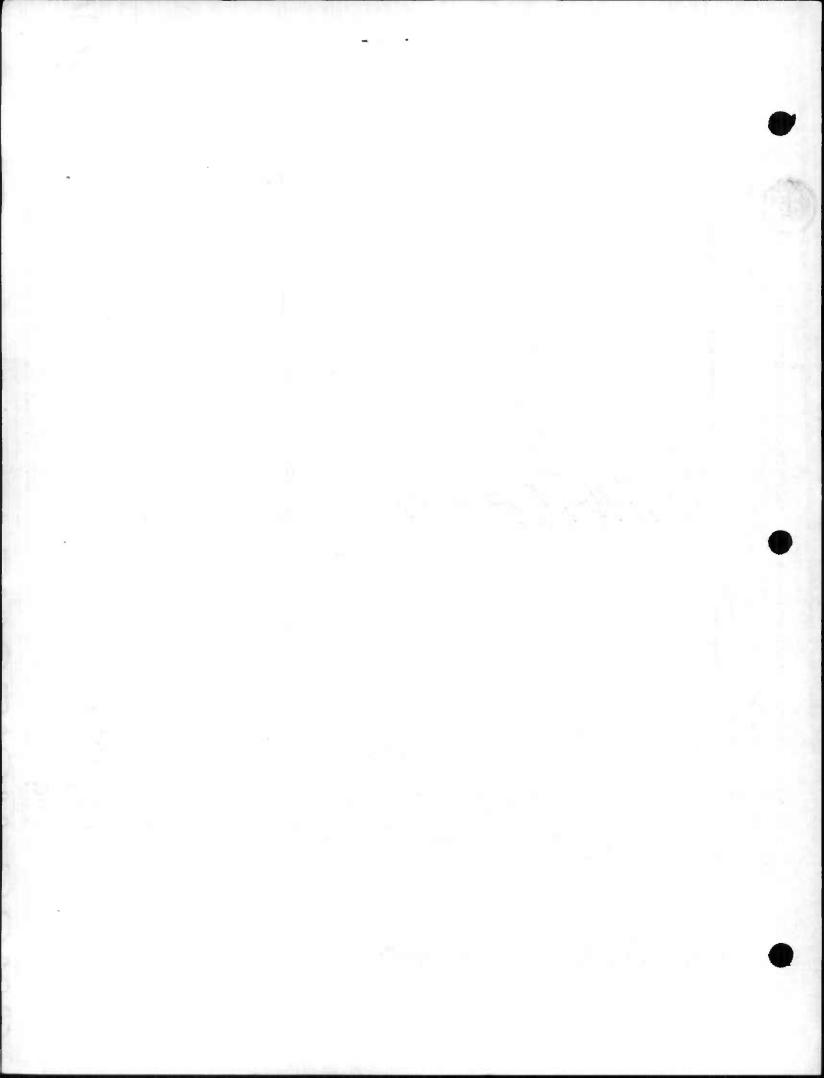
ME AND ADDRESS OF PERSON WHO COMPLET DUDLEY PHILLIPS,

31. DATE FILED (Month, Day, Year)
MAY 08 92

OHMH-16 Rav 1/89

21034

MARYLAND



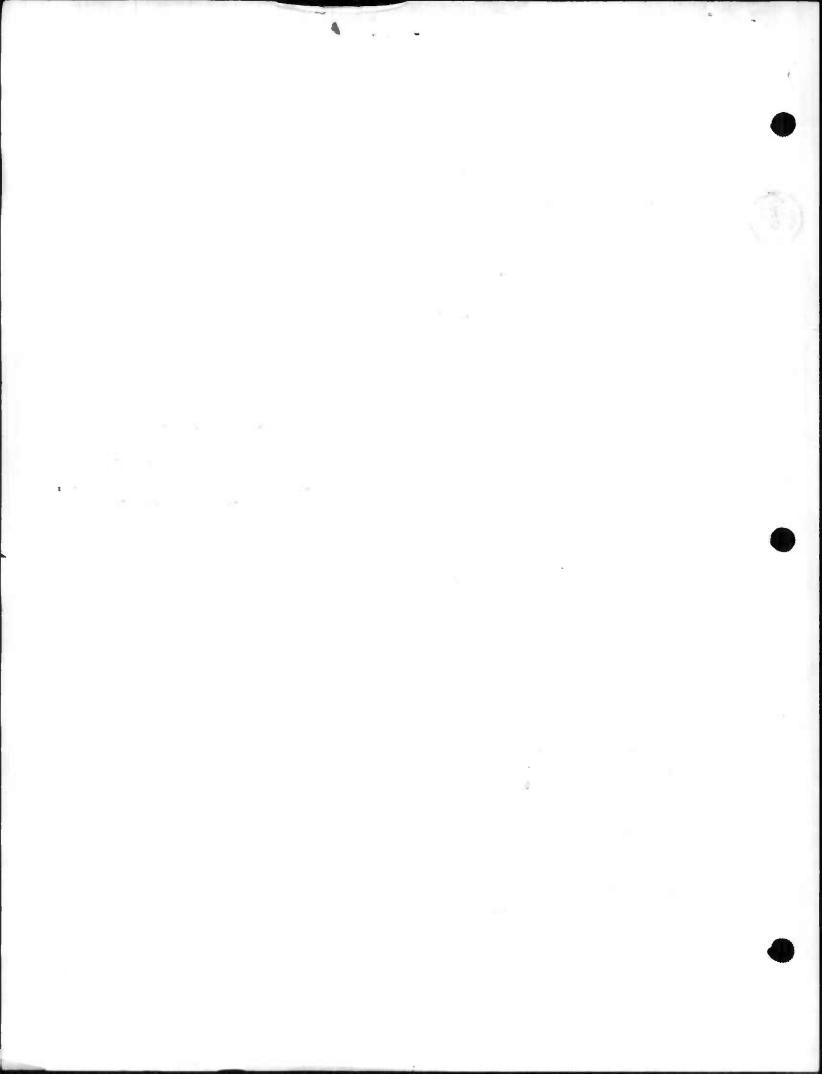
DIVISION OF VITAL RECORDS, P.O. BOX 1314

DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.	mours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiens prior to burial, cremation, or removal.	led in by the funeral director, page 5 should be detached for use as the burial-fransit permit.
IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
AR	CERTIFICATE OF DEATH	REG. NO.

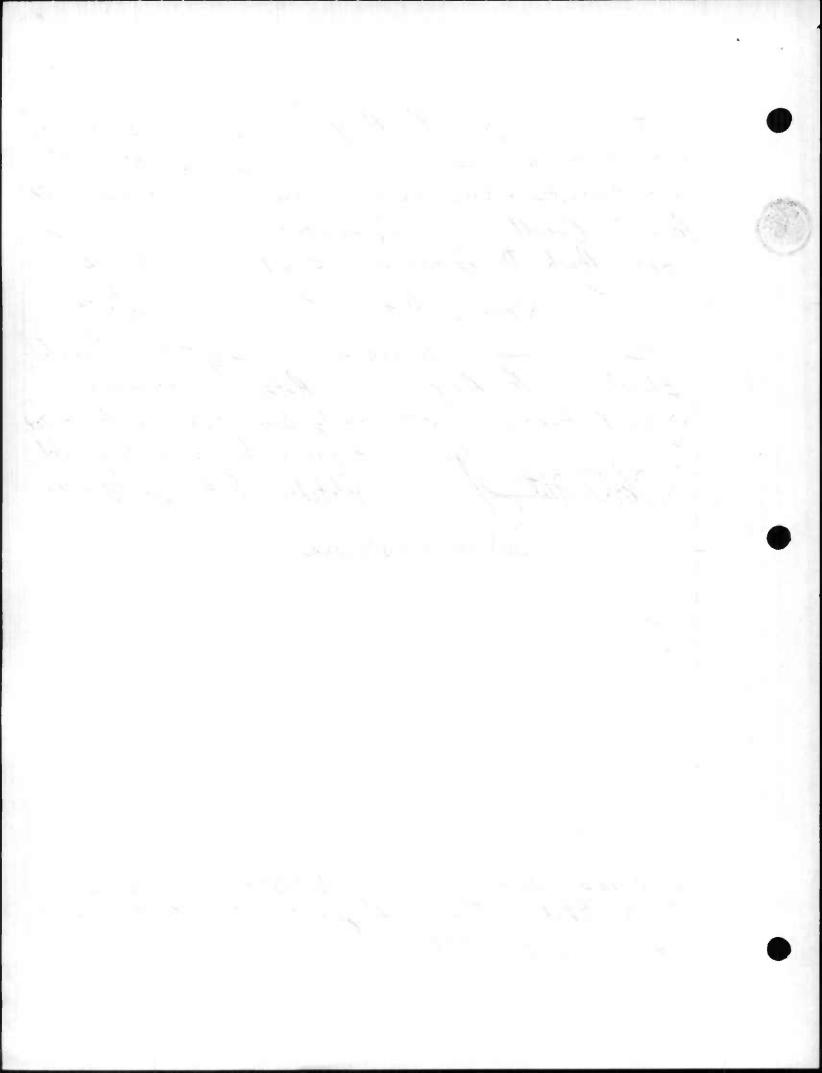
. .

	FOR 1 - STATE REGISTRAR	STATE OF MARYL		MENT OF H		MENTAL HYGIENI REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Last)	RILEY MIS	SKA MCNE			2. DATE OF DEATN		3. TIME OF DEATN	
	Riley Misk		MONTH DA	YEAR	5 46 PM				
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		TNPLACE (State or Foreign	
	415-12-8567	112 M 2 DF 7	YRS.	MONTHS DAYS	HOURS MIN.			th Dakota	
	90. FACILITY NAME (If not institution, give at	reet end number	20	9b. CITY TOWN C	R LOCATION OF DE	ATH	9c. COUNTY OF		
DINECTOR	tallston Ger	reral Hos	petal	tall	ston		Harf	nd	
2	RESIDENCE OF DECEDENT  10a, STATE 10b, COUNTY	(	I 10c, CITY.	TOWN OR LOCAT	TION			I 10d. INSIDE CITY	
	Maryland Hari	ford	J	oppa				LIMITS?	
7	10e. STREET AND NUMBER				. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?	
2	1308 Winding Valley Dr. 21085 USA								
מאפט	11, MARITAL STATUS	12. WAS DECEDENT_EVER I	N U.S. ARMED	13. WAS DEC	ENDENT OF NISPAN	IIC ORIGIN? (Specify Yee	or No.— 14. RA	CE — American Indian.	
	1 Never Merried 2 X Merried	FORCES? 1 X YES IF YES, GIVE WAR OR D	ATES		ecify Cuben, Mexice 2 X NO Specify	n, Puarto Rican, atc.)		eck, White, atc.	
	3 Widowed 4 Divorced	7-11-34 to	7-1-38					White	
ח	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DECEDENT'S U	JSUAL OCCUPATION ork done during monotories.)	ON ist of working	16b. KIND OF BUS	INESS/INDUSTRY		
COMPLE	Elementary/Secondary (0-12)	College (1-4 or 5+)				7 7			
L	12		Owner-	Manager		Auto R			
3	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden			
מכ		McNew				he Harrie		1	
5	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Town		005	
	Jennie Louise Mcl					r., Joppa,			
	20e. METHOD OF DISPOSITION 1 N Burlel 7 Cremellon 3 Rem	oval from State	other place)				CATION — City or		
	4 Donation 5 Other (Specify)		Bel Air M		GALICIENS  ND ADDRESS OF FA		l Air, l	wa.	
1	DAMINIAIN	7/ /000	011			omas III F	uneral H	Home, P.A.	
	MOWILLY Y-	1/c (8/1/1/	10 Ill			y Rd., Abi			
Ш	26. PART I. Enter the discesses, or abook, or heart fellure	complications that cause Liet only one ceuse on a		ot entar the mo	de of dying, auc	h as cardiac or reapi	ratory arrest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Finel	and dring one doubt divi	- 11-	_				Onset and Death	
	disees or condition resulting in death)	a	CATE						
		DUE TO (OR AS	A CONSEQUENCE OF	):	D	unone			
5	Sequentielly list conditions,	h	4-		ne	ilmone	1		
	if any, leading to immediate cause, Enter UNDERLYING	DUE TO (OR AS	A CONSEĞUENCE OF	):					
3	CAUSE (Disease or Injury that initiated eventa	c. OUE TO (OR AS	A CONSEQUENCE OF	):				<u> </u>	
n I I I I I I I I I I I I I I I I I I I	reaulting in death) LAST			,					
		d							
	PART II. Other aignificant condition				g cause given in	Part i. 24a, WAS AN PERFOR		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
2	127	abetes	melli	Tuo		1 YES 2	□ NO	OF DEATH?	
MEDI								1 TES 2 NO	
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOŞPITAL:		26. P	LACE OF DEATH (Ch	eck only one)			
2	1 TYES 2 XNO	16 Inpatient 2 - ER/Out	patient 3 🗆 DOA		ne 5 🗆 Residence	6 🗆 Other (Specify)			
PH TSICIAN:	27. MANNER OF DEATN  1. Natural 5 Pending	26e. DATE OF INJURY (Month, Day, Year)	26b. TIME	URY WO	JURY AT ORK?	28d. DESCRIBE NOW I	NJURY OCCURED		
0	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO				
2	3 Suicide 8 Could not be 4 Nomicide delermined	Duliding, etc. (Specify)							
u									
1	cont only	ICIAN: To the best of my know						1	
COMPLEIED	2 MEDICAL EXAMINE	ER: On the basis of examination	on end/or investigation	n, in my opinion, o	death occured at the	Hme, date end place, en	d due to the ceus	e(s) and menner as stated.	
סב	296. SIGNATURE AND TITLE OF CERTIFIE	R	0. 1.		29c. LICENSE NU	MBER	29d. DATE SIGN	EO (Month, Day, Year)	
2	TREWIVE	Tollows	w w.	か、			3//	1/42	
-	30. NAME AND ADDRESS OF PERSON WH	OWAGEN		Print)	125 1	N. MHIN	ST. BO	c AM, MD	
	31. DATE FILED (Month, Day, Year) 92	32. REGISTRAR'S SIG	ridson-Rando	ee.			-	216/4	



ST	TATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
	CERTIFICATE OF DEATH	REG. NO.

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG.	NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  JOSEPH	tooper V	The .	Avoy		2. DATE OF DEAT		S. TIME OF DEATH			
	4. SOCIAL SECURITY NUMBER 5. SE 2/4-22-6829	M2 0 F 65	YRS.		IF UNDER 24 HRS, HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yea 5-5-	8.	BIRTHPLACE (State or Foreign Country)			
DIRECTOR	90. FACILITY NAME (If not institution, give street end number)  SINA! HOSPITAL OF BALTIMORE BALTIMORE  BESIDENCE OF DECEDENT  190. STATE / 1 100. COUNTY  190. CITY, TOWN OR LOCATION  190. CI										
	Thatyland Carro	//	10c. CITY	estain	ste-			10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	10e. STREET AND NUMBER hark	Dr. Nest	tainste	- 0	7/157		U	of what country?			
8≺	11. MARITAL STATUS  1  Never Married 2  Merried  3  Widowed 4  Divorced  12. WAS DECEDENT EVEN IN U.S. ARMED FORCES? 1  YES 2  NO										
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade comple Elementary/Secondary (0-12) College (0-12)		(Give kind of wor	SUAL OCCUPATION rk done during most retired.)			H-lhye	rs Tobacco Co.			
BE CO	17. FATHER'S NAME (First Middle, Lest)	he Avoy	/		18. MOTHER'S HAM	JE (First, Middle, Ma	iden Surnagley	rmer			
10	190. INFORMANT'S NAME (Type/Print) Hand	non	196. MAILING A	DDRESS (Street end	Number or Rural Re		Toyn, State, Zip Co	co) Ad. 21784			
	20e. METHOD OF DISPOSITION  1 M Burlel 2 Cremation 3 Removal for  4 Donation 6 Other (Specify)	om State	, crematory or othe	DISPOSITION (Name of place)	lerans	5/20 O	LOCATION - City	Mills And.			
	21. NIGHATURE OF FUNERAL DETIVICE LICENSEE	A		Flet	ADDRESS OF FAC	F.H.	We	stainste-			
	23. PART I. Enter the diseases, or compil shock, or heart fellure. List or IMMEDIATE CAUSE (Final disease or condition resulting in death)	citions that caused the	aren	t enter tha mod	e of dylng, such	as cardisc or n	espiretory arreat	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentielly list conditions, if any, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A COM									
Ë	resulting in death) LAST										
MEDICAL O	PART II. Other significant conditions conf	ributing to death but n	ot resulting in	the underlying	ceuse given in F	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH?  1 YES 2 NO			
ä											
CC		IPITAL:		26. PLA	CE OF DEATH (Chec	ck only one)					
Y PHYSICIAN:	27. MANNER OF DEATH  1 Natural 5 Pending	npatient 2 ER/Outpatien 28e. OATE OF INJURY (Month, Day, Year)	28b. TIME (	OF 28c. INJUI	FRESIDENCE 6		W INJURY OCCUR	EO			
DO 2 Accident Investigation 20 PLACE OF IN HIDY. As he as a second of the second of th											
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: T MEDICAL EXAMINER: On to							suse(e) end manner ee stated.			
BE	296. SIGNATURE AND TITLE OF CERTIFIER Sadhara S	rah PC	543		29c. LICENSE NUME 3798	DER Y	29d. DATE SI	GNED (Morth, Day, Year)			
10	30. NAME AND ADDRESS OF PERSON WHO COM	LETED CAUSE OF DEATH	(ITEM 27) (Type, Pr	105p.7	41	· +	Baly	Linose			
	31. DATE FILEO (Month, Day, Year)  NAY 1 9 92	REGISTRAR'S SIGNATUR	Endelle								



detached for use as the burial-transit permit

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- menous or expensive Authorities. The law equipments has executed within where star death Dans & may be retained by	5	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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	FOR STATE REGISTRAR	STATE OF I	MARYLAND / Ce				EALTH AND DEATH	MENT	AL HYGIEN REG. NO				
	1. DECEDENT'S NAME (First, Middle, Lest)  2. DATE MONTH MAY								TE OF DEATH	AY 1	992	6:05	TD M
	4. SOCIAL SECURITY NUMBER 217-07-3346	5. SEX 1	a. AGE (In yrs. les				IF UNDER 24 HRS. HOURS MIN.	7. DAT	E OF BIRTH rith, Day, Year)  5,191		a. BIRTNPLACE (State or Foreign Country)  Maryland		Foreign
FOR	90. FACILITY NAME (If not institution, give Harford Memoria)		1				de Grac	DEATN	, , , , , ,	9c. COUN	ny of be	ATN	
3EC	RESIDENCE OF DECEDENT  10e. STATE  10b. COUN	тү		10c. CIT	Y, TOWN (	OR LOCAT	ION				T	10d. INSIDE CIT	γ
ā	Maryland	Cecil			Pe	rryv	ille					1XXYES 2	] NO
FUNERAL DIRECTOR	802 Concord Driv	re				10f.	. ZIP CODE	1903		10g. CITIZEN OF WHAT COUNTRY?			
BY FUN	11. MARITAL STATUS  1 Never Married 2 Merried  2 West Status 12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 TO THE STATUS 15. WAS DECEDENT EVER IN U.S. A FORCE 15. WAS DECEDENT EVER IN U.S. A FORCE 15. WAS DECEDENT EVER IN U.S. A FORCE 15. WAS DECEDENT EVER IN U.S. A FORCE 15. WAS DECEDENT EVER IN U.S. A FORCE 15. WAS DECEDENT EVER IN U.S. A FORCE 15. WAS DECEDENT EVER IN U.S. A FORCE 15. WAS DECEDED TO THE STATUS 15.					If yes, spe	ENDENT OF NISI ecity Cuben, Mex 2 XXIID Spe	can, Puert	ilN? (Specify Ye o Ricen, etc.)	N2 (Specify Yea or No. 14 BACE — American Indian			
	15. DECEDENT'S ED	UCATION		CEDENT'S				1	6b. KIND OF BU	SINESS/IND	USTRY		
COMPLETED	Specify only highest gred Elementery/Secondery (0-12) Twelve Years	College (1-4 or 5	+) Who.	Sive kind of work done during most of working  . Do NOT use retred.)  Secretary					Aberdee Aberdee			g Groun and	d
0	17. FATNER'S NAME (First, Middle, Last)						18. MOTNER'S	_	t, Middle, Maiden				
BE C	Walter Todd	, Sr.						Alva	Thomas				
TO	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stelle, Zip Code)  C. Kay Lundin  37949 Fairway, Yermo, California 92398												
	20a. METHOD OF DISPOSITION  10 Seuries 2 Cremetton 3 Removal from State  4 Donation 5 Other (Specify)  20b. PLACE OF DISPOSITION (Name of cometery, cremetory or other place)  West Nottingham Cemetery  Colora, Maryland												
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY  Lee A. Patterson & Son Funeral Home  Perryville, Maryland 21903												
	23. PART i. Enter the disesses, or shock, or heart fellure IMMEDIATE CAUSE (Finel disesse or condition resulting in dasth)	complications the	et caused the de	eeth, Do	not enter			_			_	Approxision interval Onset so	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL	PART II. Other significant conditions contributing to death but not featiling in the underlying cause given in Part I.						PERFORMED?		WERE AUTOPSY AMALABLE PRIO COMPLETION OF DEATH?	F CAUSE			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26 DI	LACE OF DEATN	Chack anh	( one)				
SICI	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	B D DOA	OTHE	R:							
¥	27. MANNER OF DEATN 1 X Netural 5 Pending	28e. DATE O (Month,							Other (Specify) DESCRIBE NOW INJURY OCCURED				
		28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LC						LOCATION (Street end Number or Rural Route Number, City or Town, State)					
ВУ	2 Accident Investigation 3 Suicide 6 Could not b 4 Nomicide determined	e building	, etc. (Specify)						,	7)			
	3 Suicide 6 Could not b	/SICIAN: To the best of	i, etc. (Specify)  of my knowledge, d	eath occur				due to the	cause(e) end m	enner as sta		e) and manner a	s stated.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Rene P. Delos Santos, M.D., 2835 Churchville Road, Churchville, Maryland 21028

DNMN-16 Rev 1/89

31. DATE FILED (Month, Day, Year)
MAY 18 92

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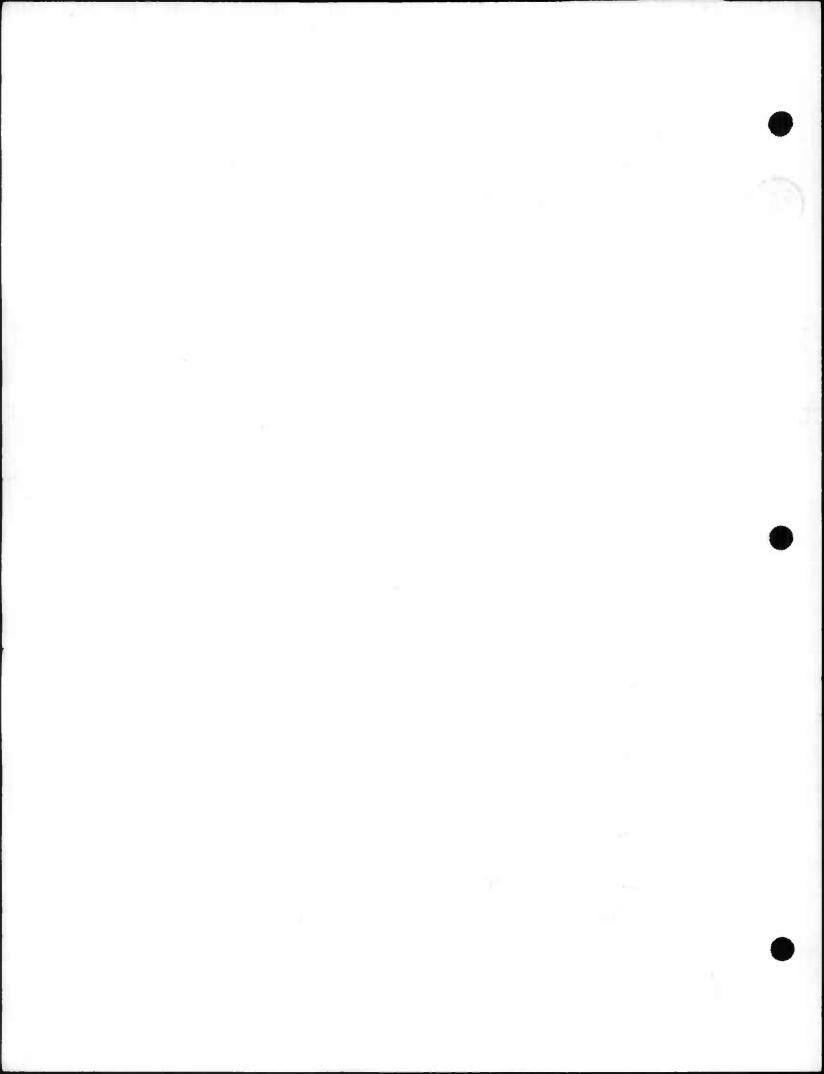
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TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		OIME OF I	Will Erite	CERTIF	ICATE			ID INCI	REC	G. NO.				
	1. DECEDENT'S NAME (First, Midd	4 /	MAT							DATE OF DE	ATH DA	ž	92	3. TIME	1225M
	4. SOCIAL SECURITY NUMBER	-	s. SEX		. last birthday)	IF UNDER 1 Y	YEAR	IF UNDER 24 H		DATE OF BIR			8. BIRTI		State or Foreign
	213-36-514	2	1 🗆 M 2 🏋 F	8	9 YRS.	MONTHS C	DAYS	HOURS M		(Month, Day, 108)		02	Count		Carolina
	9e. FACILITY NAME (If not institution		et and number)			9b. CITY, T	OWN OF	LOCATION (		00 / 2	b /		JNTY OF D		Caronna
DIRECTOR	Greater Laurel		sing Hon	ne		Lau	rel					Pri	nce	Geor	ges
E I		COUNTY			10c. CIT	Y, TOWN OR	LOCATIO	ON						10d. IN	SIDE CITY
	Md P	rince	e George	es	U	oper M	arl	boro							ES 2 NO
FUNERAL	100. STREET AND NUMBER 11802 Wimblet	on Co	ourt					7722					SA	WHAT CO	UNTRY?
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merr 3 XWidowed 4 Divorced	led	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	NO	lf y	S DECE	NDENT OF H					14. RAC Blac	E — Ame ik, White, city: Bla	erican Indian, atc.
ED	15. DECEDEN (Specify only high			18a	DECEDENT'S	USUAL OCC				16b. KIND	OF BUS	SINESS/IN			
H	Elementary/Secondary (0-12)	rest grade co	College (1-4 or 5	+)	life. Do NOT u	se retired.)		or working							- 1
AP.	Unknown				DOM	ESTIC	2				PVI	2.			
COMPLETED	17. FATHER'S NAME (First, Middle,	Last)						18. MOTHER		First, Middle,	Maiden	Surname)			
	UNKNOWN								UNK	NOWN					
TO BE	19e. INFORMANT'S NAME (Type/P					ADDRESS (									
F	IREDELL N	ITTAN	HEWS		1180	2 WIN	IBL:	ETON	CT.	Upp	erN	Marl	bor	o, M	020772
	20s, METHOD OF DISPOSITION 1 Seriel 2 Cremetion 3 4 Donation 5 Other (Spe	Remov	rel from State	20b. PL	ACE OF DISPO OF PIOCE HAR	SITION (Name MONY	of come	etery, cremetoi MORI <i>I</i>	AL P	ARK	20c. LO	cation -	Ver	own, Star	aryland
	21. SIGNATURE OF FUNERAL SE	RVICE LICE		1		22. N/	AME AND	ADDRESS (	OF FACILIT	T D	77-70	TIZE	G TW0		
	Sambe	lly	CB	use	CAL	747	4 L	anodve	er Ro	d. Lar	ndor	ver,	Md Md	207	L HOME 85
	23. PART . Enter the disease shock, or heart		inplicationa the	it cansan tin	deetit. Do	not enter ti	he mod	a of dying,	such sa	cerdiec o	r resp	iratory s	rrest,		pproximate
	IMMEDIATE CAUSE (Final disease or condition resulting in death)		S-c												Onset and Death
	Annesses en secon														
N	Sequentially list conditions	_ b.		< F			25	UKe	US					_	
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING		DUE TO	(OR AS A CO	NSEQUENCE C	OF):								j	
2	CAUSE (Diseese or Injury	<b>c.</b>	OUF TO	(OR AS A CO	NSFOLIENCE C	NE).									
Ē	that initiated events resulting in death) LAST		****	(on no n oo										į	
CEF		d.												-	
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DICAL	anemia	· 50	privatr	ICUlar	- 14	Lycque	les					Sino			ETION OF CAUSE
MEC			V			/				.				1 🗆 Y	ES 2 NO
ä															
PHYSICIAN: ME	25. WAS CASE REFERRED TO ME EXAMINER?	_	HOSPITAL:				26. PL	ACE OF DEAT	TH (Check	only one)					
Sic	1 TYES 2 NO		1 Inputient 2	☐ ER/Outpatie	nt 3 🗆 DOA	OTHER:	ng Home	5 🗆 Resid	ence 6	Other (Spec	clfy)				
PH	27. MANNER OF DEATH		28a. DATE Of (Month, i	F INJURY Day, Year)	26b. TII	ME OF 2	8c. INJU		26	d. DESCRIBI	E HOW	INJURY O	CCURED		
ВУ	1 Netural 5 Pend 2 Accident Inves	ding stigation				М	1 🗌 Y	ES 2 N	10						
COMPLETED	3 Suicide 6 Coul 4 Homicide data	ld not be rmined		OF INJURY — , , atc. (Specify)	At home, ferm,	street, factor	ry, office		28	f. LOCATION City or Tow			er or Rural	Route No	imber,
E	29e. CERTIFIER RTIFY	NG PHYSIC	IAN: To the best o	f my knowledg	e, death occur	red at the tim	on, date	and place, ar	nd due to t	the cause(e)	and me	Oper as s	tated.		
ME	CONSUR UNITY		On the basic of											(s) and m	sanner es stated.
	286. SIGNAPORE AND TITLE OF		7						E NUMBE						, Day, Year)
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2	30. NAMESAND ADDRESS OF PE	Contract Contract	-	SE OF OEATH	(ITEM 27) (Typ	43			1)	A 194 -	,	/	2	1	1206
		1000		433	3 Lau	rel 1	Ru	ve R	V 3	# 307	6	urd	14	())	0108
	31. DATE FILED THOMAS YOU	1992	JZ. HEGISTA	a Payds	on- Jano	معد									



TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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DR AT	DIRECT hours a	Item 2
SPITAL	FERAL Jin 72	11.11
무 모	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the 1 be fled within 72 hours after death with the State Deat; of Health and Mental Hydiene prior to burial, cremation, or removal.	DRITA
10 11	10 m	IMP

$\overline{}$						IOAT	_ 01	DEA	111	HEG. NO	).		
1	1. DECEDENT'S NAME (First,		trick	MURPHY						2. DATE OF DEATH MONTH MAY 2, 199	MY D 2	YEAR	TIME OF DEATH
	4. SOCIAL SECURITY NUMB		5. SEX	6. AGE (In yrs. In	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 MDS	7. DATE OF BIRTH	2		ACE (State or Foreign
	578-18-97		1 X X 2   F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	OCt. 24,	191	Ne W	Brighton
œ	9a. FACILITY NAME (If not in:							OR LOCATI	ON OF DE	ATN		INTY OF DEA	
DIRECTOR	DOCTORS CO	EDENT	TYHOSPITA	AL_		LA	MAHN				PRIN	CE GEO	ORGE'S
Ä	10a. STATE	10b. COUNTY	,		10c, CIT	Y, TOWN	OR LOCAT	TION				10	Od. INSIDE CITY
	Md	Prin	ce Geor	ge	]	Dist				ts	,		LIMITS? YES 2 NO
FUNERAL	2104 Addi	son R	d Apt 2	2			101	207				S.A	AT COUNTRY?
S	11. MARITAL STATUS		12. WAS DECEDEN	TEVER IN U.S. AF	RMED	13.	WAS DEC	ENDENT C	F NISPAN	IC ORIGIN? (Specify Ye		14. RACE -	- American Indian,
BY	1 Never Married 2 XX 3 Wildowed 4 Divor		FORCES?	YES 2 O	NO		If yes, sp 1  YES	ecify Cubs	n, Mexicar Specify	n, Puerto Rican, etc.)		Black, \	White, etc. White
8	15, DECI (Specify only	EDENT'S EDUC	CATION completed)	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON set of workle	·	16b. KIND OF BU	SINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12		College (1-4 or 5	+)	in ar				7	Nava1	Mean	none	Research
NO	17. FATHER'S NAME (First, MI	iddle, Last)		1024		-	пир		MED'S NA	ME (First, Middle, Maiden		enog	Research
BE C	Robert Fra									unter	Somemey		
10	19a. INFORMANT'S NAME (7)	,		19						loute Number, City or Tox			
	Jane G. Mi			004 04 05					Rd.	Apt.2 Di			
	1 Burlet 2 Cremetlo 4 Donallon 6 Other	n 3 🗆 Remo	oval from Stata	206. PLACE cemetery, cre Kesu	matory or o	ther place)	n C	emet	ery	5May C1	int(	on Md	, Stata
-	21 SIGNATURE OF FUNERAL	L SERVICE LIC	EMEE			22,	NAME AN	D ADDRE	S OF FAC	ilhelm I			-
	P	40	/ ne	Band	0	4	308	Sui	tla	nd Rd. S	nit.	land	Md 20746
NOIL	immediate cause feld disease or condition resulting in death)  Sequentially list condition any, leading to immediately	+	DUE TO	Cor As a conse	ouence o	dong	L	an	-				Approximate interval Between Onset end Death
CERTIFICATION	cause. Enter UNDERLYii CAUSE (Disease or injuithet initieted events resulting in death) LAST			OR AS A CONSE		F):	-	dis	m	- dine	mul	tel	
- 14	PART II. Other significes	nt condition	contributing to	deeth but not i	reculting	in the un	derlying	ceuse g	iven in l	Pert I. 24a. WAS AN			ERE AUTOPSY FINDINGS
EDICAL										PERFOI		C	MILABLE PRIOR TO OMPLETION OF CAUSE
MEC						_					<u> </u>		F DEATH?
AN:	25. WAS CASE REFERRED TO	MEDICAL											
SICI	EXAMINER?	MEDICAL	HOSPITAL:	EB/Outpetient 2	. □ DOA	OTHER	₹:			ck only one)			
BY PHYSICIAN:	27. MANNER OF DEATH	Pending	28a. DATE OF (Month, D	INJURY	28b. TIM		28c. INJ			8 Other (Specify) 28d. DESCRIBE NOW	INJURY OC	CURED	
	3 Suicide 6 0	restigation Could not be	28s. PLACE O building,	F INJURY — At ho alc. (Specify)	rme, farm, :	street, fact			NO	201. LOCATION (Street City or Town, State)	and Number	r or Rural Rou	te Number,
E .													
COMPLETED	(Check only									to the cause(a) and me time, dete and plece, ar			nd manner es stated.
BE	296. SIGNATURE AND TITLE	OF CERTIFIER	at	ten hij	Phy	214	-	29c. LICE	NSE NUM	BER		E SIGNED (M	lonth, Day, Year)
٩	30. NAME AND ADDRESS OF	PERSON WHO	COMPLETED CAUS	SE OF DEATH (ITE	М 27) (Туре,	Print)							
	A. B.W. C. C. C. C. C. C. C. C. C. C. C. C. C.	0											
	MAY 0	6 1992	32. REGISTRA	R'S SIGNATURE Davidson-	. Panda	22							



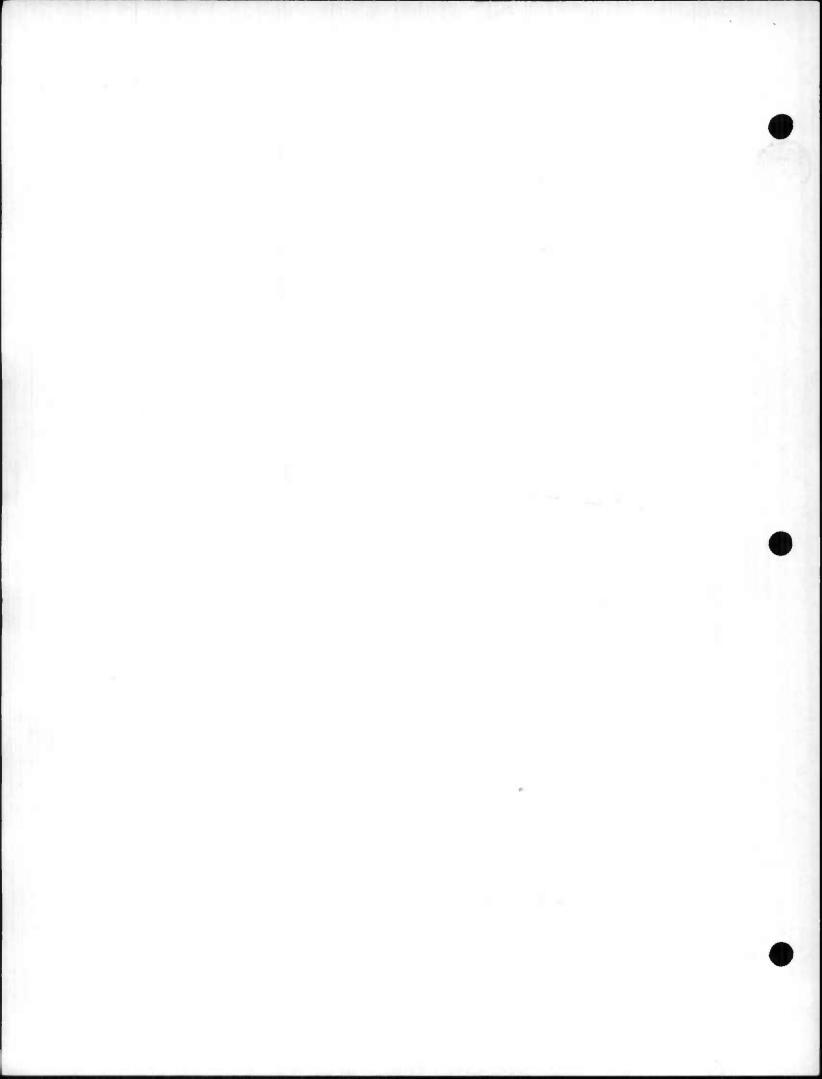
BALTIMORE, MARYLAND 21203-3146

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 in filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

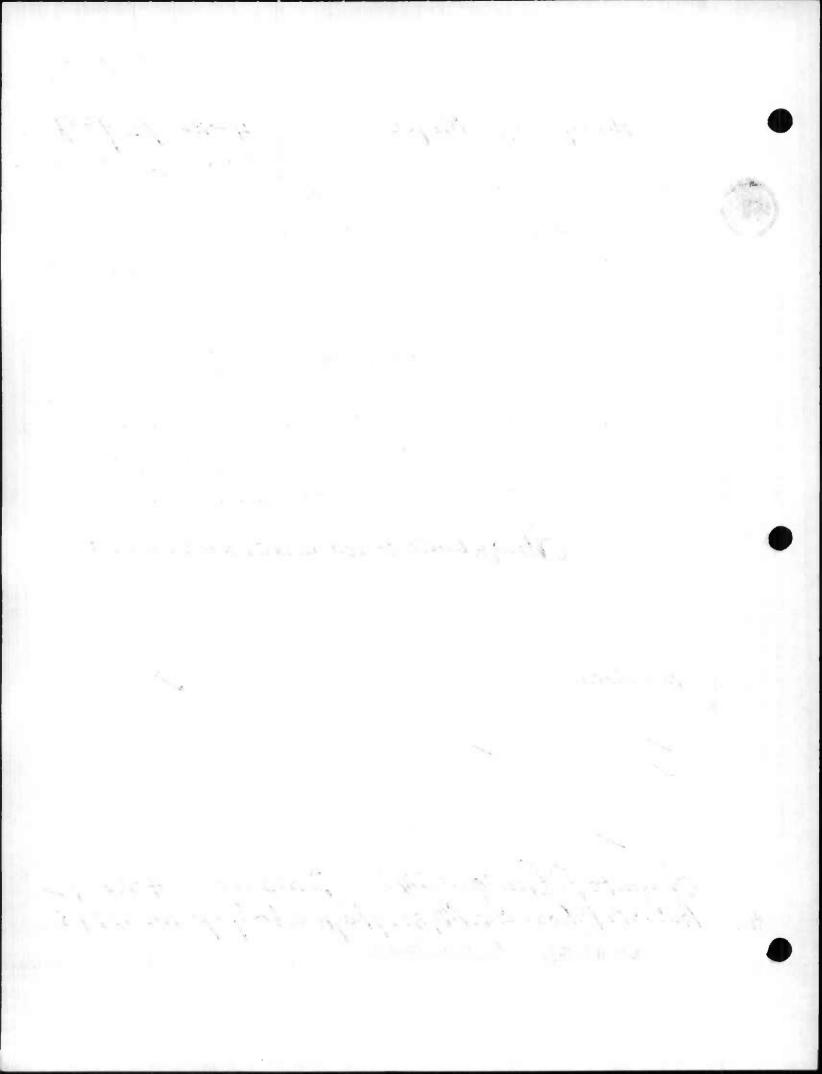
DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First	t, Middle, Last)									OF DEATH	44	VEAR	3. TIME OF DEATH
KEITH FR	ANKLIN	MANNING							MAY	03	19	92	3:30 P
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yra. Is	st birthday)	IF UNDER		IF UNDER		7. DATE C	F BIRTH		8. BIRTH	IPLACE (State or Foreign
508-14-754	6	1 x M 2 □ F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	10-	-7-22	2	Ne	braska
9a. FACILITY NAME (If not it	nstitution, give a	treet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF D	EATH		9c. COL	INTY OF D	EATH
MALCOLM GR		F MEDICA	L CENTE	R	AND	REWS	AFB	MD	2033	1-5300	PF	RINCE	GEORGE'S
10a. STATE	10b. COUNTY	Υ		10c. CIT	Y, TOWN	OR LOCAT	TION						10d. INSIDE CITY
Md.	Pri	nce Geo	orge's	Te	empl	e H	i11:	S					1 TYES AND NO
10e. STREET AND NUMBER			1			101	. ZIP COD	E			10g. CI	IZEN OF	WHAT COUNTRY?
3322 Hur	itlev	Square	Drive	B-1			2	074	8			US	A
11. MARITAL STATUS			NT EVER IN U.S. A						NIC ORIGIN: an, Puerto R	(Specify Yes	n or No—	14. RAC Blac	E — American Indian, k, White, etc.
1 ☐ Never Married ②☐ 3 ☐ Widowed 4 ☐ Div	-	IF YES, GIVE	WAR OR DATES				ZXXNO			, , , , , ,		Spec	White
	CEDENT'S EDU		-1969	ECEDENT'S	1				Lan				MILLE
(Specify on	ly highest grade	completed)		ECEDENT'S Give kind of le. Do NOT u	work done	during mo	ON ast of world	ing	16b.	KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (	0-12)	College (1-4 or 5	+)							11 0	7.		
17. FATHER'S NAME (First, A	Alcidia I not)		Mic	aste	c se	rge	_	uco e N	ME (Elmt. M	liddle, Meiden	. A	LIIIY	***
	200	~					477		10-1	t San	100	n	
Samuel M		Ч	1,	9b, MAILING	ADDRES	S (Street				or, City or Tox			
Margaret	100	ning			me a					.,,	.,	,	
20a. METHOD OF DISPOSI	TION		20b. PLACI	E OF DISPO						20c. LC	CATION -	- City or To	own, State
1 Buriel 2/Cremati		oval from State	other p	ee C:	rema	ator	·V				Clin		
21. SIGNATURE OF FUNER		CEMBEE		<u> </u>				ess of F	ACILITY L				Home, Inc.
> 9/8 Z	5/1	)								der 1			
23. PART / Enter the	Hannan Dr.	namellastians th	et annual the s	lasth Da									Approximate
Sequentially list condi if any, leading to immo cause. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA:	ring ury	PROBAB DUE TO	CO (OR AS A CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONSIDER OF CONS	ARDIA	L IN	FARC	CTION	I					
PART II. Other signific	ant condition	d	o death but not	resulting	in the u	nderlyln	g cause	given in	Part I.	24a, WAS AP		24	b. WERE AUTOPSY FINDING
									_	PERFO			MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED	TO MEDICAL					26. P	LACE OF I	DEATH (C	heck only on	•)			
EXAMINER?		HOSPITAL:	☐ ER/Outpetient	3 🗆 DOA	OTHE 4 Nu		ne 5 🗆 F	lesidence	6 🗆 Other	(Specify)			
	Pending	26s. DATE O (Month,	Day, Year)	28b. TII	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DES	CRIBE HOW	INJURY O	CCURED	
	Could not be determined		OF INJURY — At I	nome, farm,	street, fac	ctory, offic	20			ATION (Street or Town, State		er or Rural	Route Number,
Consideration of the Constitution of the Const		ICIAN: To the best of											
		1	esamination and/o	r envestigeti	un, in my	opinion,	oeath occi	ured at the	e time, date	and place, a	nd due to	The Cause	a) and manner as stated
MB. SIGNATURE AND TITL	E OF CENTRE	5					29c. LK	CENSE NU	MBER		29d, D/	TE SIGNE	D (Month, Day, Year)
30. NAME AND ADDRESS	OF PERSON WI	IO COMPLETED CA	USE OF DEATH (IT	EM 27) (Typ	a, Print)		1		AT COT	( CDC	1 776	A TI 207	
CHADIEC E													
CHARLES L.	MORRI	S, CAPT,	USAF, N	4C									EDICAL CENT
1 Netural 6 2 Accident 3 Suicide 6 4 Homicide 20e. CERTIFIER Cheat and 1 CERTIFIER 2 ME	Investigation Could not be determined TITFYING PHYS DICAL EXAMINE	(Month,	Dey, Year)  OF INJURY — At II, g, etc. (Specify)  of my knowledge, assumination and/o	nome, farm,	etreet, fac	1	PRK? YES 2	e, and du ured at the CENSE NU	26f. LOC City of the to the cau the time, date	ATION (Street or Town, State se(a) and ma and place, a	and Numb ) inner as st nd due to  29d, Da	er or Rural ated. the cause	e) and manner as :  D (Month, Day, Year)



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permitten within 72 hours after death with the State Dept. of Health and Memtal Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Hem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
--

KEV. Menry	m.	Magae			2. DATE OF DEATH	2-9	SEAR 3	TIME OF DEATH
238-56-5309	X M 2 D F 5	GE (In yrs. last birthday)  YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH	938	Country	sburg,
Prince Georges RESIDENCE OF DECEDENT			chev	erly	DEATH	111111111111111111111111111111111111111	nce (	H George
Maryland Prin	ce Georg		y, town or Local					d. INSIDE CITY LIMITS?
6200 Addison Ro	ad		10	20743			U.S.	T COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	2. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If yes, ap	CENDENT OF HISP ecity Cuban, Maxi 2 NO Spec	ANIC ORIGIN? (Specify can, Puarto Rican, atc.) city:	Yes or No—	Black, W	American Indian, hite, atc.
15. DECEDENT'S EDUCAT (Specify only highest grade co Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of the Do NOT us	USUAL OCCUPATI work done during me retired.)	ist of working		d Car	USTRY	
17. FATHER'S NAME (First, Middle, Last)	- T	Admini	strato		AME (First, Middle, Maid		е	
James B	. Magee				Louven		Nalde	en
Bettye A. Magee	wife	19b. MAILING 6200	Addiso	nd Number or Rura	eat Plea	fown, State, Zip	code) VId . 2.0	743
20a, METHOD OF DISPOSITION    Description	il from State	20b. PLACE AND DATE	OF DISPOSITION /N	ame of	DATE 20c.	rentwo	ity or Town,	State
21. SIGNATURE OF FUNERAL SERVICE LICEN	Him	+			t.N.E.Wa			
23. PART I. Enter the diseases, or con shock, or heart failure. Lis	tonly one cause of	n each iina.			ID Was earlied or res			Approximate interval Bette Onset and I
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF	P): P):	Lava				
disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE OF	F): -): -j:		n Part I. 24a. WAS	AN AUTOPSY ORMED?	24b. WE	RE AUTOPSY FINI BLABLE PRIOR TO MPLETION DE CAI DEATH?
disease or condition resulting in death)  Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the con	DUE TO (OR A	S A CONSEQUENCE OF	P): F): In the underlyin 26. P(	g cause given in	n Part I. 24a. WAS PERF 1 VES	AN AUTOPSY ORMED?	24b. WE	RE AUTOPSY FINI JILABLE PRIOR TO MPLETION DE CAI
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of the condition	DUE TO (OR A	S A CONSEQUENCE OF	26. PI OTHER: 4   Nursing Horr UNY   28c. INJ WY   WC	g cause given in  ACE DF DEATH (C	n Part I. 24a. WAS PERF 1 \( \text{YES}	AN AUTOPSY ORMED? 2 PNO	24b. WE AMM COO OF	RE AUTOPSY FINI BLABLE PRIOR TO MPLETION DE CAI DEATH?
Sequentisity list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions of DESILVACION  S. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 PES 2 ND 1  1 MANNED OF DEATH	DUE TO (OR A  DUE TO (OR A  Contributing to death  COSPITAL:  Inpetient 2 DER/O  28a. DATE OF INJUF (Month, Day, Yea	S A CONSEQUENCE OF S A CONSEQUEN	26. PI OTHER: 4   Nursing Hom URY   WC 1	g cause given in  ACE DF DEATH (Co. 5   Randonce URY AT RK? (ES 2   NO	n Part I. 24a. WAS / PERF 1 YES	AN AUTOPSY ORMED?  2 NO  V INJURY OCCU	24b. WE AWARD COING OF 1 [	RE AUTOPSY FINI IILABLE PRIOR TO MPLETION DE CAI DEATH?  YES 2 NO

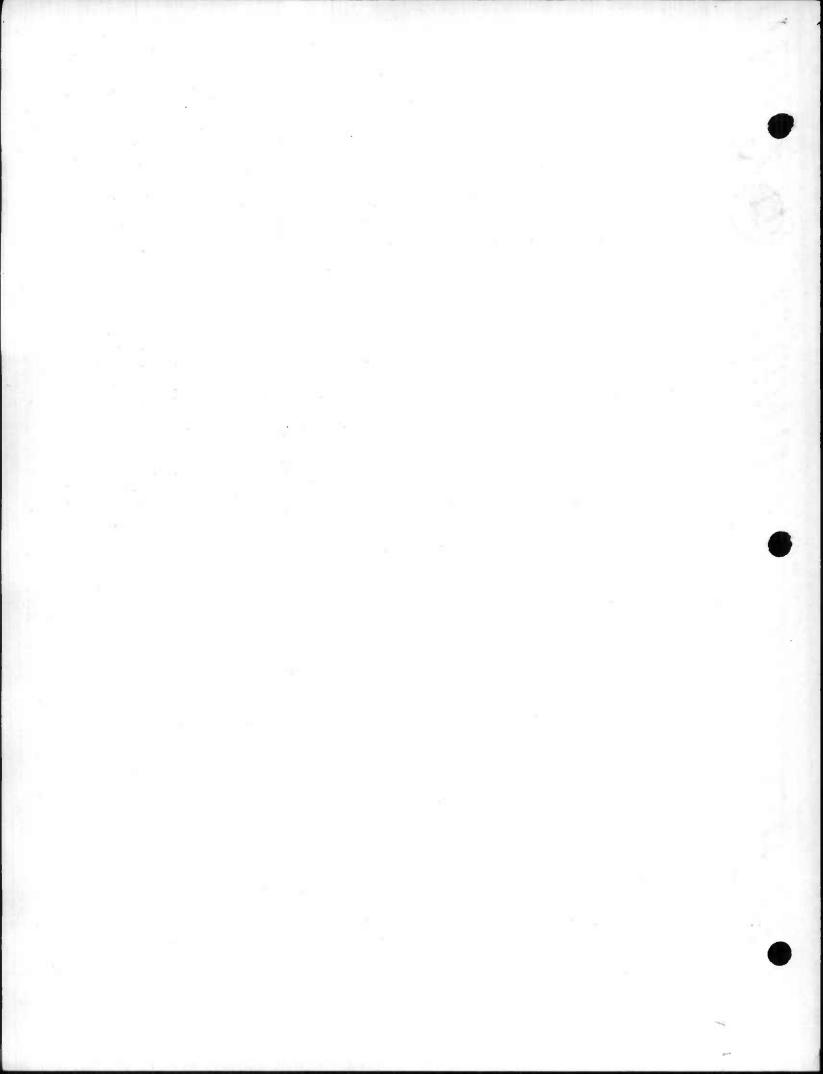


TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

10

FOR STATE REGISTRAR		STATE OF MA					EALTH AND DEATH	MENT	AL HYGIEN REG. NO		12	11	865
1. DECEDENT'S NAME (First, BARRING	TON	T.			ES ,	SR.			3, 19	92	YEAR	6	:08P.M. m
4. SOCIAL SECURITY NUMBER 578 22 8626		1 🖾 M 2 🗆 F	AGE (In yrs. 68	YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	Jan	E OF BIRTH oth, Day, Year)  14,1		Wash	1.,I	(State or Foreign
PRINCE GEOR	RGES GE		PITAL	1		HEVE	RLY	EATH			NCE		RGES
Maryland	10b. COUNTY	ce Georges	5	-	y, town o							1	NSIDE CITY LIMITS? YES 2 NO
729 Carring	ton Pla	ace				101	20743			3	ed S		OUNTRY?
11. MARITAL STATUS  1 Never Married 2 X 3 Widowed 4 Divor	Married	12. WAS DECEDENT E FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YES 2 OR DATES	ARMED NO		If yes, sp	ENDENT OF HISPA scifty Cuban, Mexico 2 NO Specifi	nn, Puerte	IN? (Specify Ye Pilcan, etc.)		14. RAC	E — An	erican Indian,
15. DECI (Specify only Elementary/Secondary (0-	EDENT'S EDUCA highest grade of	ATION ompleted)  College (1-4 or 5+)		DECEDENT'S (Give kind of life. Do NOT u	work done se retired.)	during mo	st of working	10	b. KIND OF BU	JSINESS/IN	DUSTRY		
12 17. FATHER'S NAME (First, Mi WILLIAM J.		4	St	aff A	ssis	tant	18. MOTHER'S NA		U.S. (	Surname)	nmen	ıt	
19a. INFORMANT'S NAME (7) GERTRUDE MI	rpe/Print)	(WIFE)					n Place	Route Nu	mber, City or To	vn, State, Zi		074	3
20a. METHOD OF DISPOSITION XXBuriel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other	n 3 🗆 Remov	vel from State	other	CE OF DISPO	SITION (N	ame of cer	netery, crematory or Cemeter		20c. L0	elten	City or To	own, St	rio
21. SIGNATURE OF FUNERAL	SERVICE LICE	Pope (	7.			ALEX	ANDER S. PA. AVE	P01	PE FUNI	ERAL SH, D	HOME C. 2	002	0
23. PART I. Enter the dishock, or he iMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart fallure. L.	Cord	on each li	death. Do	7	r the mo	da of dying, suc	ch sa ca	rdiac or reap	piretory a	rrest,		Approximate interval Batweer Onset and Deati
Sequentially list conditi if any, leading to immed cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate NG ry c.	DUE TO (OI	R AS A CONS	SEOUENCE OF	5P1:	four.	ć t						
PART II. Other significa	nt conditiona	contributing to de	eath but no	t resulting	in the u	nderlyin	g cause given in	Part i.	24a. WAS AI PERFO 1 VES	RMED?	24	COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO LETION OF CAUSE EATH? YES 2 \( \square\) NO
25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:	R/Outpatient	3 🗆 004	OTHE	R:	LACE OF DEATH (C						
27. MANNER OF DEATH 1 X Netural 5	Pending Investigation	26a. DATE OF IN (Month, Day,	JURY	26b. TII		28c. INJ	PURY AT DRK?	_	ESCRIBE HOW	INJURY O	CCURED		
3 Suicide 6	Could not be determined	28e. PLACE OF I building, atd	NJURY — At L. (Specify)	home, farm,	atreet, fac	otory, offic	e	28f. LC	OCATION (Street ty or Town, State	and Number	er or Rural	Route N	lumber,
const only		IAN: To the best of m										(s) and	menner as stated.
296. BIGHATURE AND TITLE	Sol	elba					BG C		0769			D (Monte	h, Day, Year)
DR. THOMAS	S. GOI	DBAUM, M. D	553	0 Wis		in A	ve.,Suit	e 5	15,Che	vy Ch	ase,	Md.	20815
MAY 0 7 195		Julia Davidso											

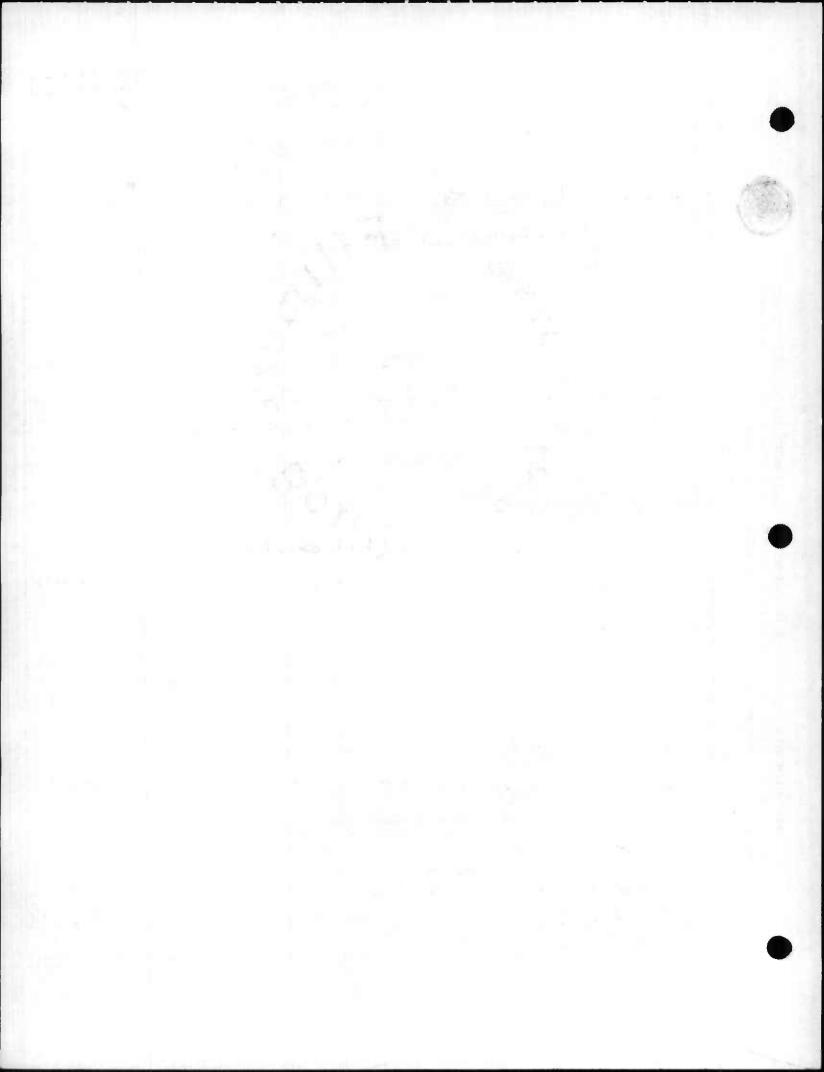


BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL, DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL OHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

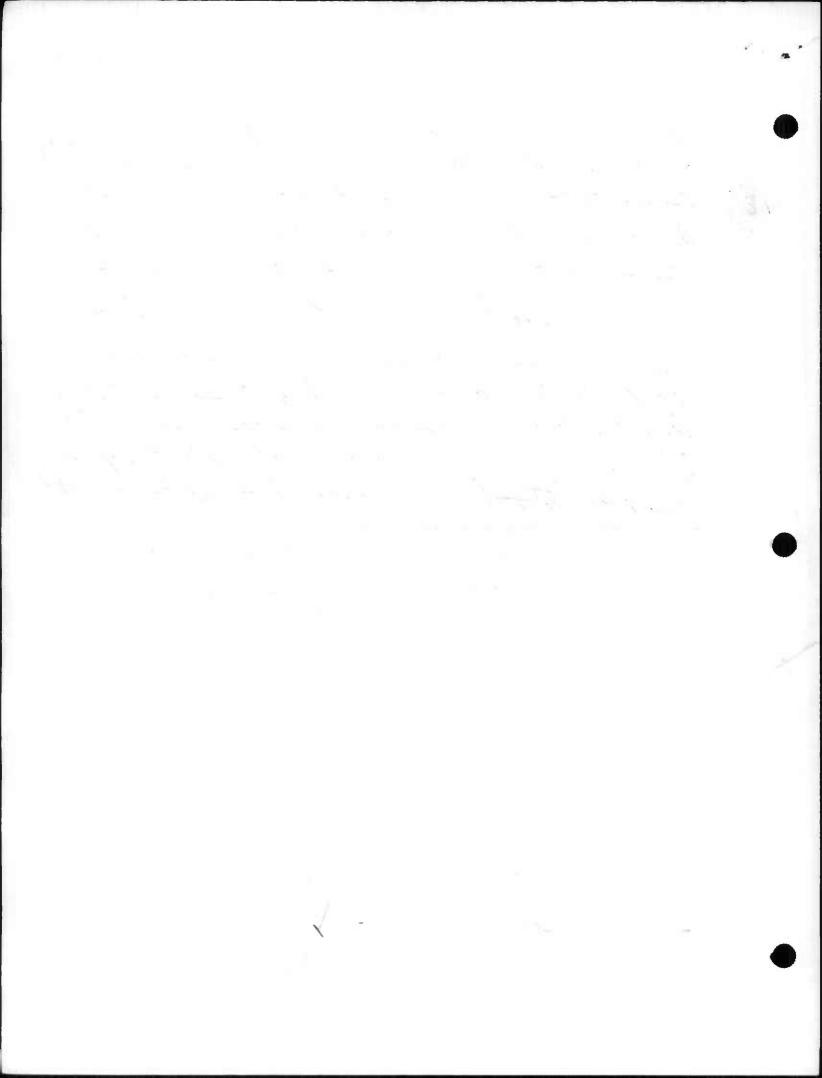
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1. DECEDENT'S NAME (First, Middle, Last)			,					2. DATE OF OEATH			3. TIME OF DEATH
	KATI	HRYN	E. M	1	.ER				MONTH	DAY	YEAR	8-30A M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les				IF UNDER	24 HRS.	7. DATE OF BIRTH		8. BIRTH	PLACE (State or Foreign
	212-20-1451	1 🗆 M 2 🗗 🖡	74	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Year)	18	Mar	yland
	Se. FACILITY NAME (If not institution, give si	reet and number)			9b. CITY	r, TOWN 0	OR LOCATION	ON OF DE	ATH	9c. CO	INTY OF D	-
8	PRINCE GUERRIS Ha	10 171 ( B	enter		(")	hor	0-1	1.		- An		Georges)
5	RESIDENCE OF DECEDENT	37-75-11 -	271 07					7		117	1716	vier
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN	-						10d. INSIDE CITY XX LIMITS?
ā	MD KUN	ce (source	785	156	AS	- PL	FA	TAI	12			YX YES 2 NO
AL	10e. STREET AND NUMBER	Α .				101	. ZIP CODI		_	10g. CF	TIZEN OF W	HAT COUNTRY?
FUNERAL	207 ZELMA	MEN	200				20	74	3	U.	S.A.	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.AR	MED	13.	WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Specify Y	es or No-	14. RACE	- American Indian, White, atc.
BY	1 Never Married XX Married 3 Wildowed 4 Divorced	IF YES, GIVE W	YES TO	••			2 NO		n, Puerto Rican, etc.)			White
											1	24, 56
凹	15. DECEDENT'S EOUC (Specify only highest grade		(G	CEDENT'S	work done	CCUPATIO	ON st of workin	g	16b. KIND OF B	USINESS/IN	OUSTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 5 +	) Ho.	Do NOT u	se retired.)							
COMPLETED	10			Cafet	eria	Coc	k	_	Hote	1 Inc	lustr	у
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	IER'S NAI	ME (First, Middle, Meide	n Sumame)		
BE	Lloyd Beach						Sa	die	Ul	KNOW	N	
2	19e. INFORMANT'S NAME (Type/Print)		191	b. MAILING	ADORES	S (Street e	nd Number	or Rural R	loute Number, City or To	wn, State, Z	p Code)	
-	Ethel Mae Pumphre	У	5	628	Whit	fiel	d Ch	ape1	Rd., T-2,	Lanha	m Ma	ryland 20706
	20a. METHOD OF DISPOSITION  United 2 Commetter 3 Removements (Specify)	wal from State	20b. PLACE	AND DATE	OF DISPOS	SITION (No			DATE 20c. L			
	Car and and the control (option)		cemetery, cre	inco	1n C	em.	(5-1)	4-92	) Bre	ntwoo	d Ma	ryland
	21. BISMATURE OF FUNERAL SERVICE LIC	ENSEY )	25.00	10///			D ADORES		YTUE	-		
	· that	1/air							nham Fune			
	23. PART I Enter the diseases, or o			ath Do r	190	the mo	nnap	OI15	Road La	nham.	Mary.	
	ahock, or heart failure.	List only one cau	se on each line		iot enter	the mo	oe or uyi	ng, auci	i as caldiac of rea	piratory as	reat,	Approximate interval Between
	iMMEDIATE CAUSE (Final disease or condition	C.	1		. 11	0.11						Onset and Death
	reaulting in death)	DUE TO	CINACH	VALC	17	711	MOEN	The	Tape			Sweeks
												0
ŏ l	Sequentielly list conditions,	DUE TO	OR AS A CONSE	DUENCE O	FI:	100	7					2 marin
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	Fall										
F	CAUSE (Disease or injury that initiated events		(OR AS A CONSEC	DUENCE O	F):							
FF	resulting in death) LAST											
뜅												
AL	PART il. Other significent condition	s contributing to	deeth but not r	esulting	in the ur	nderlyln	Cense 6	iven in l	Part I. 24a. WAS A PERFO	N AUTOPSY	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
MEDICAL									1 TYES	2. NO		COMPLETION OF CAUSE OF DEATH?
뿔												1 TYES 2 NO
ż												
동	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000171					ACE OF O	EATH (Che	ck only one)			
ğ	1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHE!		• 5 □ Re	sidence	8 Other (Specify)			
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF (Month, Da		26b. TIM	E OF	28c. INJ	URY AT		26d. DESCRIBE HOW	INJURY OC	CURED	
BY	1 Natural 5 Pending 2 Accident Investigation	3/-	22/92		4 m	1 🗆 1		NO	Fell at h	Me I	n 5	edroom
	3 Suicide 6 Could not be	28e. PLACE Of	F INJURY - At ho	me, farm, s	street, teci	tory, office			28f. LOCATION (Street	and Numbe	r or Rural R	
2	4 Homicide determined	Ho							City or Town, Stell	")		
ן ב	29a. CERTIFIER 1 CERTIFYING PHYSIC			eth occum	ed at the t	ime date	end place	and due	to the cause(s) end m	nnor en etr	ted	
COMPLETED	(Check only one) 2 MEDICAL EXAMINE											and manner so stated
	29b. SIGNATURE AND TITLE OF CERTIFIER		A	40.4	/:	-						
8	290 SIGNATURE AND TITLE OF CENTIFIER	010	Repute	y M.	edi	-ag/	29c. LICE	NSE NUM	200		- 17	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUS	Deg	104	7		2)	0/0	1 1 2	5	- 12	72
	PAUL A DEVI	URE M	D 40		)	ens	bun	4 /	Zel Mu	ath	1:11+	2081 m
	MAY 1 3 1992		R'SSIGNATURE Davidson	Pande			,					



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 10 page, of Health and Mental Hypping prior to burial, cermation, or newcon.  The property of the page 10 page
INFORMATION OF THE SECOND OF T

	FOR STATE REGISTRAR	STATE OF MARYLAN		T OF HEALTH AND I	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Leet)	aldson,	Miller		2. DATE OF DEATH	92	3. TIME OF DEATH
	0 1 1/2 // 10	SEX 6. AGE (In yr	S. last birthday) IF UNDE YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3 - 20 - / 74	42 %	Jay land
OR	9e. FACILITY NAME (If not institution, give street 52 Liberty 54	and number)	9b. CIT	TOWN OR LOCATION OF D	EATH C	9c. COUNTY OF	DEATH /
DIRECTOR	RESIDENCE OF DECEMENT  106. COUNTY	·ol/	10c. CITY TOWN	on Location Thin Ster			10d. INSIDE CITY LIMITE?  1  See 2 No
FUNERAL C	SZ LISE-XY	54.		101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Merried  3 Widowed 4 Divorced	E. WAS DECEDENT EVER IN U.S. FORCES? 1 PYES 2 IF YES, GIVE WAR OR DATES	□NO	WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexico 1 YES 2 NO Specifi	in, Puerto Rican, etc.)	or No— 14. RA Bla	CE — American Indian, los, White, etc.
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)	ION 16	Give kind of work done life. Do NOT use retired.	during most of working	16b, KIND OF BUS	HUGH,	ion
BE COM		les hil	0	1	AME (First, Middle, Meiden S	Surname)	Tipton
TO	19a. INFORMANT'S NAME (Typorprint) Phil	1/2/	52 Life	S (Stypes and Number of Furth	Route Number, City or Town	, State, Zio Code)	21157
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remova 4 Donation 6 Other (Specify)	from State	ACE OF DISPOSITION (Not place)	tame of cometeny, crometoxy or CLA	etery El	LEST C	Town, State
	25 SIGNATURE OF FUNDAL SERVICE LICENS	T T	22	NAME AND ADDRESS OF F	-14 W	Stain.	ste- Ad.
	23. PART I. Enter the disease, or come shock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Saugua	León des	r the mode of dying, suc LSofty	ch ss cardiac or reapi	veces	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	Abeces	2 - €1	Hand	7	
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions of	ontributing to death but	not resulting in the u	inderlying cause given in	Part I. 24s. WAS AN PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 VES 2 NO.
ICIAN		IOSPITAL:	ОТН		setting the equity one in t		
PHYS	1 VKS 2 NO 1  27, MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF INJURY (Worth, Day, Year)	280. TIME OF INJURY	28c. INJUITY AT WORK?	28d. DESCRIBE HOW IS	HURY OCCURED	
red BY	2 Accident Investigation 3 Suitride 6 Could not the 4 Homicide determined	26e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street, to	1 YES 2 NO	28f. LOCATION (Street a City or Times, State)	nd Number or Run	sf Route Number
COMPLETED	Torridon Dirty	on: To the best of my knowleds					e(s) and manner as stated.
BE	256. SIGNATURE AND TITLE OF CHATTER	Leve	M	Des 9	05	► 15	May 92
5	DI RICKEN	MAR S	(IXEM 27) (Type, Print)	County	Redical	Ex	adine-
	31. DATE FILED (Month, Day, Year) MAY 1 8 99	132. REGISTRAR'S SIGNATU	Pande BL	7			



1 17	1. DECEDENT'S NAME (First, Middle, La		YLAND / DEPA CERTIF	FICATE OF	DEATH	REG. NO	D		
	CLARA	C. MORA	RIS			2. DATE OF DEATH	DAY 9	YEAR 3. TIME	OF DEATH
	4. SOCIAL SECURITY NUMBER 2/8-22-355	7 1 0 M 2 DE 0	GE (In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	_	BIRTHPLACE (S	State or Fore
HOH	98. FACILITY NAME (If not institution, gh	e Street and number)	TB		OR LOCATION OF I		9c. COUNT	Y OF OEATH	
星	10e. STATE 10b. COU	rford		TY, TOWN OR LOCA	ITION				SIDE CITY
ERAL (	10e. STREET AND NUMBER	.1014	AL		of, ZIP CODE		10g. CITIZE	1 🗌 YI	ES 2XX
NER	121 Hanover Stre				21001		US	SA	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 NO	If yes, s	CENDENT OF HISP/ pecify Cuben, Mexic S 2 NO Spec	ANIC ORIGIN? (Specify Yearn, Puerlo Rican, etc.)	es or No- 14	4. RACE — Amer Black, White, i Specify:	ite
LETED	15. DECEDENT'S E (Specify only highest gro Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life. Do NOT u	S USUAL OCCUPATI work done during muse retired.)	ION ost of working	16b. KIND OF BU			ice
COMPL	17. FATHER'S NAME (First, Middle, Last)	0	House	e wife	Tes MOTHER'S M	In  AME (First, Middle, Maider	Home		
BE	Dewey Cuffley  19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street	Clara	Rosenburg  Houte Number, City or Tox			
2	Anna Pectelidis			Sassafra		illington,			
	20a. METHOD OF DISPOSITION  1 Burlel 2 Cremation 3 Re  4 Donation 5 Other (Specify)	emovel from State	20b. PLACE AND DATE cemetery, crematory or ROCK Run	OF DISPOSITION (N	eme of			y or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE		ROCK RUIT	22. NAME A	NO ADDRESS OF F			Grace,	MD
	23. PART i. Enter the disesses, or heart failur	r complications that card							
	anock, or heart failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	arterior	i sacri ina.	not enter the mo		ch as cardisc or resp	iretory arres	et, Ap	srval Bs
ERTIFICATION	IMMEDIATE CAUSE (Final disease or condition	a. Arturos  DUE TO (OR A:	elevote	not enter the mo	ods of dying, au	ch as cardisc or resp	Pretory arres	et, Ap	srval Bst
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediats cause. Entar UNDERLYING CAUSE (Disease or Injury that initisted events resulting in desth) LAST	a. Arturos  DUE TO (OR A:	S A CONSEQUENCE O	not enter the mo	t LOW	ch as cardisc or resp	AUTOPSY RMEO7	24b. WERE AU AVAILABLE COMPLET DF DEATI	TOPSY FIN E PRIOR TI
AN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediats cause. Entar UNDERLYING CAUSE (Disease or Injury that initisted events resulting in desth) LAST	a. Arturos  DUE TO (OR A:  DUE TO (OR A:  DUE TO (OR A:  d	S A CONSEQUENCE O	not enter the mo	t LOW	Part I. 24a. WAS AN PERFOI	AUTOPSY RMEO7	24b. WERE AU AVAILABLE COMPLET DF DEATI	E PRIOR TO
AN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted eventa resulting in desth) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE O	Input enter the model.  Fig. (F):  Fig. (F):  26. Pi  OTHER: 4   Nursing Hom	g causa given in	Part I. 24a. WAS AN PERFOI	AUTOPSY RMEO7	24b. WERE AU AVAILABLE COMPLET DF DEATI	TOPSY FIN E PRIOR TI
YSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	a. Arturos  DUE TO (OR A:  DUE TO (O	S A CONSEQUENCE O	in the underlyin  26. Pl  OTHER: 4   Nursing Horn  EE OF   28c. INV  M   1   1	g causa given in  LACE OF DEATH (C)  TO S PASSIDENCE  TO	Part I. 24a. WAS AN PERFO	AUTOPSY BMEO?	24b. WERE AU AVAILABL COMPLET DF DEATT 1  YES	TOPSY FIN E PRIOR TI
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted eventa resulting in death) LAST  PART II. Other algnificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	DUE TO (OR AS  DUE TO	S A CONSEQUENCE O	in the underlyin  26. Pl  OTHER: 4   Nursing Horn  EE OF   28c. INV  M   1   1	g causa given in  LACE OF DEATH (C)  The S Pasidence  USF AT  PRK?	Part I. 24a. WAS AN PERFOI 1 YES 2	AUTOPSY IMEO? NO NURY OCCUR	24b. WERE AU AMAILABLE COMPLET DE DEATH	STOPSY FIN. E. PRIOR TIFION OF CA
ETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted eventa resulting in desth) LAST  PART II. Other algnificant conditions in desth) LAST  PART II. Other algnificant conditions in desth) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation determined  29 accident 6 Could not be determined  29a. CERTIFIER (Check only)	DUE TO (OR AS  DUE TO	S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  The but not resulting  Culture  Try  28b. Tim  1NV  28	in the underlyin  26. Pl  OTHER: 4   Nursing Hom  E OF   28c. IN)  UNITY   M  street, factory, office	g causa givsn in  LACE OF DEATH (C)  The 5 Residence URY AT  YES 2 NO  a  and place, and due	Part I. 24a. WAS AN PERFO 1 YES :	AUTOPSY RMEO?  NUMBER OCCUPANT	24b. WERE AU AMAILABL COMPLET DF DEAT1 1 YES	TOPSY FIN EPRIOR TITON OF CARP
O BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST  PART II. Other algnificant conditions in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 1 CERTIFYING PHY 2 MEDICAL EXAMINERS	DUE TO (OR A:  DUE TO	S A CONSEQUENCE OF S A CONSEQUEN	In the underlying the factory, office at the time, date on, in my opinion, discussions and the second secon	g causa givsn in  LACE OF DEATH (C)  The 5 Residence URY AT  YES 2 NO  a  and place, and due	Part I. 24a. WAS AN PERFOI 1 YES 2  1 Other (Specify)  28d. OESCRIBE HOW 2  28t. LOCATION (Street City or Town, State)  1 to the cause(a) and mentime, date and place, en	AUTOPSY RMEO?  NURY OCCUP  INJURY OCCUP  Index of settled.  Index of the company	24b. WERE AU AMAILABL COMPLET DF DEAT1 1 YES	TOPSY FIN EPRIOR TIFON OF CAR?
TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediats cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINERS IN CERTIFIER (Check only one) 2 MEDICAL EXAMINERS IN CERTIFIER (Check only one) 2 MEDICAL EXAMINERS IN CERTIFIER IN	a. ALULION DUE TO (OR AL  b. DUE TO (OR AL  c. DUE TO (OR AL  d  d  HOSPITAL: 1   Inpatient 2   ER/O.  28a. DATE OF INJUR (Month, Day, Year  28a. PLACE OF INJUR building, stc. (S)	S A CONSEQUENCE O  S A CONSEQUENCE O  S A CONSEQUENCE O  The but not resulting of the consequence of the con	In the underlying the factory, office at the time, date on, in my opinion, discussion and the control of the co	g causa given in  LACE OF DEATH (C)  The 5 Residence  HURY AT  PKS 2 NO  a  and place, and due  centh occurred at the  29c, LICENSE NU	Part I. 24a. WAS AN PERFOI 1 YES 2  1 Other (Specify)  28d. OESCRIBE HOW 2  28t. LOCATION (Street City or Town, State)  1 to the cause(a) and mentime, date and place, en	AUTOPSY RMEO?  NURY OCCUP  INJURY OCCUP  Index of settled.  Index of the company	24b. WERE AU ANRIABL COMPLET DF DEATI 1 YES	TOPSY FINEE PRIOR TITION OF CAR?

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pay	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must b
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		FOR STATE OF MARYLAN  - STATE REGISTRAR	D / DEPARTM CERTIFICA				GIENE	W 1000	1 4000
	ļ	1. DECEMBER First, Middle, Last) Lam T. Ngu	NGUY	EN		2. DATE OF DI	OH	92	TIME OF DEATH
		55677 2307 10M2 XF	G YRS. MOI	UNDER 1 YEAR	HOURS MIN.	7. DATE OF BII (Month, Day,	Year)	V (E	THE Control of Foreign
TOR		Pa. FACILITY NAME (If not institution, give street and number)  HOWARD COMTY GENORAL  RESIDENCE OF DECEDENT	Patiquo	ospital Columbia Mr				OW IND	TH .
DIRECTOR		Maryland Howard	10c. CITY, TOWN OR LOCATION Columbia				10d. INSIDE CITY LIMITS? 1 ☐ YES 2 🛣 NO		
FUNERAL		10e. STREET AND NUMBER 8444 Braddock Way	101. ZIP CODE 21046				10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
BY FIIN	- 11	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. Wildowed 1 VES 2  IF YES, GIVE WAR OR DATE:	NO A	ARMED  13. WAS OECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—H yes, specify Cuben, Mexican, Puerto Rican, etc.)  1 YES 2 NO Specify:  1 Specify:					White, etc.
COMPLETED		15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  Coflege (1-4 or 5+)	e. DECEDENT'S USL (Give kind of work life. Do NOT use rel Hom	done during mo	ON st of working	16b. KIND	OF BUSINESS	VINDUSTRY	
BF COM	- 11	17. FATHER'S NAME (First, Middle, Last) UNKNOWN			18. MOTHER'S NAME (First, Middle, Maiden Surname) unknown				
TO B		19a. INFORMANT'S NAME (Type/Print) Chinh Tran			Way, Co.				
		1 to Burial 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)	her place) Mea	dowrid	ge Cemet	ery		dge, M	
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Harry H. Witzke			y H. WIT ld Colum				ity,Md.2104
		23. PART I. Enter the diseases, or complications that caused the shock, or heart fellure. List only one cause on each immediate CAUSE (Fine) disease or condition resulting in deeth)  DUE TO (OR AS A CO.	ne death. Do not	enter the mo	de of dying, suc				Approximate interval Between Onset and Death
CERTIFICATION		Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ONSEQUENCE OF):						10+ years
MEDICAL		PART II. Other significant conditions contributing to death but Chronic Penal Failure Per STAPH Avers SEPS 12	not resulting in the quirty b	Di Di	g cause given in 755 Death		WAS AN AUTOP PERFORMED? YES 2 NO		UNERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 THO
PHYSICIAN.		25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 JNO 1 Comparison 2 PR/Outpatter  1 Comparison 2 PR/Outpatter		THER:	ACE OF DEATH (Ch		octty)		
BY PH	- 14	27. MANNER OF DEATH  1 Natural 5 Pending (Month, Day, Year)  2 Accident Pending (Newstigation)	28b. TIME O	M 1 🗆	PRK? YES 2 NO		E HOW INJURY		
ETED		3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — building, stc. (Specify)				City or Tov			ore restricted,
COMPLET		(Check only one)  2 MEDICAL EXAMINER: On the besis of axamination at			leath occured at the	time, data and	place, and due	to the cause(s)	
H		296 SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NUI	MBER	29d.	DATE SIGNED	Month, Day, Year)

WHO COMPLETES CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
Julia Davidson- Randell

11085 LITTLE

MA

Greenwell

TO BE

PUBERT C.

31. DATE FILED (Month, Day, Year)
MAY 0 7 '92

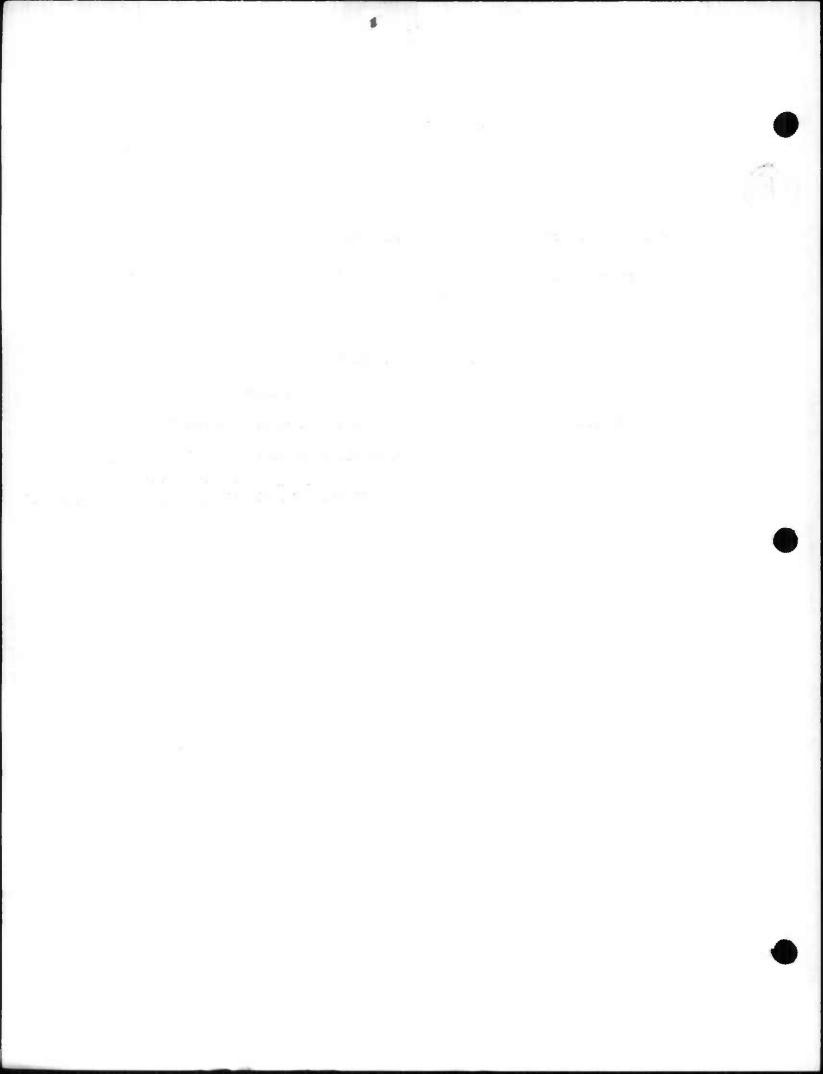
29d. DATE SIGNED (Month, Day, Year)

5 4-92

SVIN OD

( oumbin, M)

29c. LICENSE NUMBER

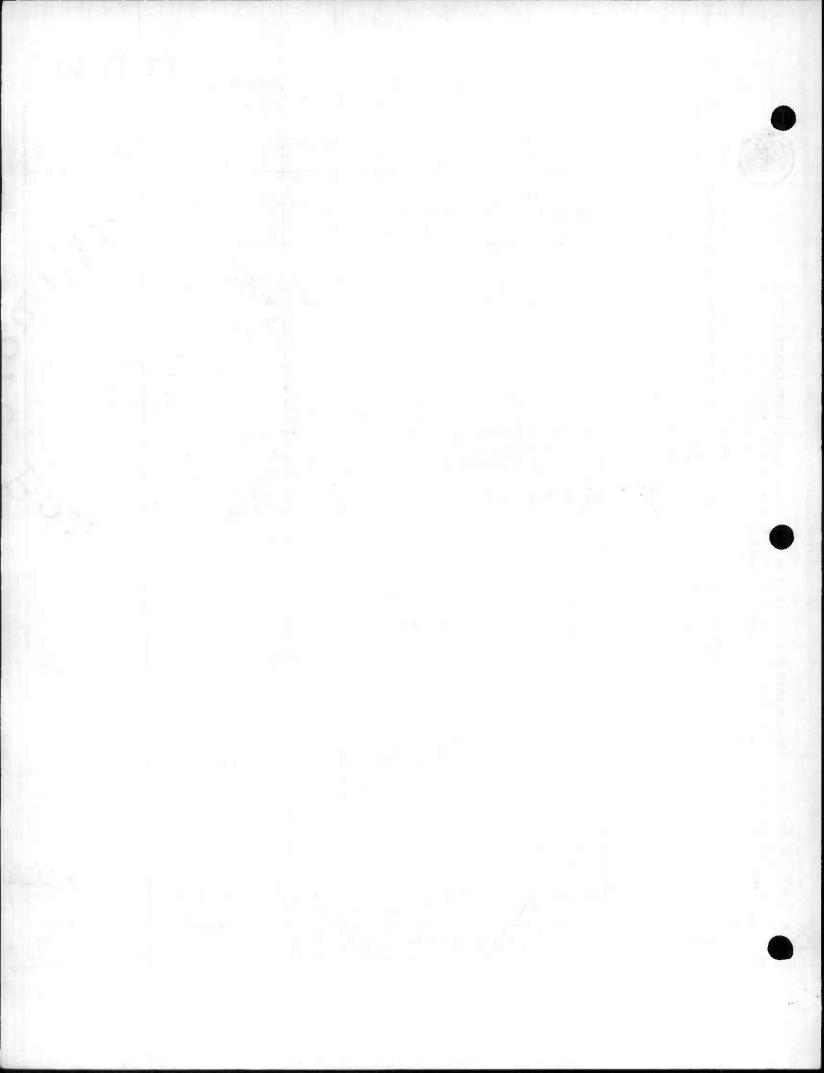


TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

			OFILLI	CATE OF DEATH		REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Las				2. DATE	E OF DEATH	3. TIME OF DEATH
	VIVIAN	NEWTO			15	- 11	92 1540
	4. SOCIAL SECURITY NUMBER 231-24-3905	1 M 2 0 F	(In yrs. lest birthday)	F UNDER 1 YEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN.		th, Day, Year)	BIRTHPLACE (State or For Country) Virginia
TOR	•a. FACILITY NAME (If not institution, give Washington Adversed to Residence of Decement			Takoma Park,			ontgomery
DIRECTOR	10a. STATE 10b. COUR	ntgomery		town or Location lver Spring			10d. INSIDE CITY LIMITS? 1 V YES 2
ERAL	100. STREET AND NUMBER 735 Sligo Av	venue		10f. ZIP CODE 20910			EN OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4X Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S ZYNO	13. WAS DECENDENT OF HISP. If yes, specify Cuban, Mexic  1 YES 2 NO Spec	cen, Puerto		4. RACE — American India Black, White, etc. Specify: Black
8	15. DECEDENT'S El (Specify only highest gra	DUCATION	16e. DECEDENT'S U	JSUAL OCCUPATION	160	b. KIND OF BUSINESS/INDU	
COMPLETE	Elementary/Secondary (0-12) 12th	College (1-4 or 5+) 2 yrs		ork done during most of working retired.) Technologist		Federal Go	vernment
_	17. FATHER'S NAME (First, Middle, Last)	n 1111-111		The second secon	0	Middle, Maiden Sumame) Delaney	
BE	Rev. Fred Doug	las Williams	Lane Mariano	Earie			
2	Dr. Nathaniel F.	Williams	735	Sligo Avenue er Spring, Md.	I Route Num	iber, City or Town, State, Zip C )910	code)
	20a. METHOD OF DISPOSITION	20	0b. PLACE AND DATE OF		DAT	7	ty or Town State
	1 Burial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	moval from State	emetery crematory or oth		1		
	21. SIGNATURE OF FUNERAL SERVICE		anital -our c	22. NAME AND ADDRESS OF F	ACILITY (	rshall's Fu	neral Home.
	M. P. m.	rshall	,			9th Stree ington, D.	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	S. DUE TO (OR AS	A CONSEQUENCE OF	CARCIN CO DEL THE	OMA UTEF	ma	
TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events	bDUE TO (OR AS	astal	ce Can	OMA  CIN C  UT EF	ma	
AL CERTIFICATION	disease or condition resulting in death)  Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	b	A CONSEQUENCE OF:	le Can	UTEF	24a. WAS AN AUTOPSY DEDICTORIES	Onset and
: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	b	A CONSEQUENCE OF:	le Can	UTEF	24a. WAS AN AUTOPSY PERFORMED?  1  YES 2 NO	24b. WERE AUTOPSY FIN AMILABLE PRIOR I COMPLETION OF COF DEATH?
AN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	b	A CONSEQUENCE OF:	CE AN  FITHE  The  the underlying cause given in	UTEF	PERFORMED?	24b. WERE AUTOPSY FIN AMAILABLE PRIOR T COMPLETION OF CO OF DEATH?
CIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	b. DUE TO (OR AS  c. DUE TO (OR AS  d. One contributing to deeth	A CONSEQUENCE OF:	: OF THE :  I the underlying cause given in  26. PLACE OF DEATH (COTHER:	UTEL OTTER	PERFORMED?  1 YES 2 NO	24b. WERE AUTOPSY FIN AVAILABLE PRIOR T COMPLETION OF CA
HYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in death) LAST  PART II. Other significant conditions.	DUE TO (OR AS  DUE TO (OR AS  d	A CONSEQUENCE OF):  A CONSEQUENCE OF):  A CONSEQUENCE OF):  but not resulting in	26. PLACE OF DEATH (COTHER:	In (UTE)	PERFORMED?  1 YES 2 NO	1   YES 2   No
BY PHYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural Pending investigation.	DUE TO (OR AS  C. DUE TO (OR AS  d	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  but not resulting in	26. PLACE OF DEATH (COTHER: 4 OF NUMBER AND AND ATTEMPT ATTEMP	UT EF	PERFORMED?  1 YES 2 NO  PROPOSITION NO PROPOSITION	24b. WERE AUTOPSY FIN ANALABLE PRIOR TO COMPLETION OF COOP DEATH?  1 YES 2 N
PHYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initieted events resulting in death) LAST  PART II. Other significant conditions are conditionally leading to the condition of the cause of	DUE TO (OR AS  C. DUE TO (OR AS  d	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  but not resulting in	26. PLACE OF DEATH (COTHER: 4 OF NUMBER AND AND ATTEMPT ATTEMP	UT FF	PERFORMED?  1 YES 2 NO  ne)  Per (Specify)	24b. WERE AUTOPSY FIN ANALABLE PRIOR TO COMPLETION OF COOP DEATH?  1 YES 2 N
ETED BY PHYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant conditions and the condition of the conditio	DUE TO (OR AS  C. DUE TO (OR AS  d. One contributing to deeth  HOSPITAL:  TYE Inputer 2 ERVOU  28s. PLACE OF INJURY (More), Day, War)  28s. PLACE OF INJURY (More), Day, War)	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  Dut not resulting in	26. PLACE OF DEATH (COTHER: 4   Nursing Home 6   Residence OF 28c. PLAUTY AT WORKY A	UT F. C. Chy or a set of the care	PERFORMED?  1 YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	Onset and ONTH  24b. WERE AUTOPSY FINANALABLE PRIOR TO COMPLETION OF COOF DEATH?  1 YES 2 N
COMPLETED BY PHYSICIAN: MEDICAL	Sequentisity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  PART II. Other significant conditions and the condition of the conditio	DUE TO (OR AS  C. DUE TO (OR AS  d	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  Dut not resulting in	26. PLACE OF DEATH (COTHER: 4   Nursing Home 6   Residence OF 28E. INJURY AT WORKT IN YES 2   NO	UT EF	PERFORMED?  1 YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b. WERE AUTOPSY FINANALABLE PRIOR TO COMPLETION OF CO OF DEATH?  1 YES 2 N
BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitieted events resulting in death) LAST  PART II. Other significant conditions and the cause of the conditions of the cause	DUE TO (OR AS  C. DUE TO (OR AS  d. ONS CONTributing to deeth  HOSPITAL: TY Inputer 2 ER/OU  28s. DATE OF INJUR  MARTIN. Det. Martin  building, etc. (Sp.  PLACE OF INJUR  DER: On the best of examination  IER	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  Dut not resulting in  stepetion 3 DOA THE  RECENT AT home, farm, with  the analysis death occurred the analysis investigation,	26. PLACE OF DEATH (COTTHER: 4   Nursing Home 6   Residence OF 28c. MJURY AT WORKT 1   YES 2   NO Nest, factory, office	UT EF	PERFORMED?  1 YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b. WERE AUTOPSY FINANALABLE PRIOR TO COMPLETION OF COOP DEATH?  1 YES 2 N
E COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that inlitieted events resulting in death) LAST  PART II. Other significant conditions and the cause of the conditions of the cause	DUE TO (OR AS  C. DUE TO (OR AS  d	A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  Dut not resulting in  streetlent 3 DOA THE INJURY  TY — At home, farm, since of the control of and/or investigation,	26. PLACE OF DEATH (COTTHER: 4   Nursing Home 6   Residence OF 28c. MJURY AT WORKT 1   YES 2   NO Nest, factory, office	In Part I.  Theck only or the Cally set to the care to the care to the care time, date	PERFORMED?  1 YES 2 NO  NO  NO  NO  NO  NO  NO  NO  NO  NO	24b. WERE AUTOPSY FINANALABLE PRIOR TO COMPLETION OF CO OF DEATH?  1 YES 2 N



6

73	1. DECEDENT'S NAME (	ELL	WAYNE		NACI	N			2. DA	TE OF DEATH	992	YEAR	3. TIME OF DEATH 11:15
	4. SOCIAL SECURITY N	22	5. SEX	6. AGE (In yrs. Is	est birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS	(Me	TE OF BIRTH onth, Day, Year)	955	Countr	PLACE (State or Foreign)
CTOR	90. FACILITY NAME (# 7) Memorial F					9ь. сіту, т Cumb		R LOCATION OF		2 007	9c. COUNTY OF DEATH Allegany		
DIRECT	RESIDENCE OF D	10b. COUNT	shire			, TOWN OR							10d, INSIDE CITY LIMITS?
FUNERAL (	100. STREET AND NUME Deer Ridg	ER		. Box 42		<u>JIII</u>	101.	ZIP CODE 26763					1 XYES 2 X NO
BY FUNE	11. MARITAL STATUS  1 Never Merried 2 3 Wildowed 4 1	Married	12. WAS OECEDER FORCES? IF YES, GIVE Y	T EVER IN U.S. A	RMED	17	AS OECE	ENDENT OF HIS scify Cuben, Men 2 XNO Spi	ican, Puerl	GIN? (Specify Ye o Ricen, etc.)		S.A.  14. RACE Black Specific While	— American Indian, , White, atc.
PLETED	15. (Specify Elementary/Secondar N/A	DECEDENT'S EDU only highest grade y (0-12)	CATION	16e, D	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working like. Do NOT use retired)  Electronic Technician  Electronic Fi					USTRY			
E COMF	17. FATHER'S NAME (First Vincent		cin		18. MOTHER'S NAME (First, Middle, Meiden Surname) Dale Groff								
TO B					pb. MAILING Deer I	ADDRESS (	Street en				420 Zip	Code) Spri	2676 ingfield,
	20s. METHOD OF DISPO 1 Durtal 2 X Crem 4 Donation 5 On	etion 3 🗆 Ram	ovel from State	20b. PLACE	ANDDATED	F DISPOSIT	ON (Nan	ne of	7	TE 20c. LO	CATION -	City or Tox	vn, State
	Denation & Other (See 1) Other (See 2) Other												
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cerdiac or reapiratory errest, about, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition reaulting in death)  Onset and Deeth Constant Consequence of:												
ERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSCOUENCE OF):  DUE TO (OR AS A CONSCOUENCE OF):												
AL CE	PART II. Other eignificent conditions contributing to deeth but not re					the unde	erlying	ceuse given	n Pert I.	24e. WAS AN PERFOR	RMED?		WERE AUTOPSY FINO AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 PMO
MEDIC	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)												
AN: MEDIC	EXAMINER?	TO MEDICAL	HOSPITAL:	EDIO 4-14		OTHER:							
PHYSICIAN: MEDIC	EXAMINER?  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5	Pending	HOSPITAL: 1 Pinpatient 2 28e, DATE OF (Month, D	/NJURY		OTHER: 4 Nursin	g Home	5 Residenc	_		NJURY OCC	URED	
TED BY PHYSICIAN: MEDIC	EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5   2 Accident	Pending	28e. DATE OF (Month, D	/NJURY	28b. TIME	OTHER: 4   Nursin OF 20 IRY	Home Ic. INJU WOR 1   YE	5 Residenc	28d. Di	ner (Specify)			pute Number,
D BY PHYSICIAN: MEDIC	EXAMINER?  1 VES 2 VIO  27. MANNER OF DEATH  1 Vesturel  2 Accident  3 Suicide  4 Homicide  29e. CERTIFIER (Check only	Pending Investigation Could not be determined	28e. DATE OF (Month, D building,	INJURY my, Year)  FINJURY — All ho etc. (Specify)  my knowledge, de	28b. TIME INJU Dime, farm, st	OTHER: 4 Nursin OF 26 PRY M	g Home  Ic. INJU  WOR  1  YE	5 Residenc RY AT IK? ES 2 NO	28f. LC Cit	ner (Specify) ESCRIBE HOW I PCATION (Street of yor Town, State) Buse(e) end mer	and Number	or Rural Ro	oute Number,

, Pinto, MD 21556

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PO Box 131
32. registran's signature

Dr. Dinesh Shah

31. DATE FILED (MORT) Ppy, Your)

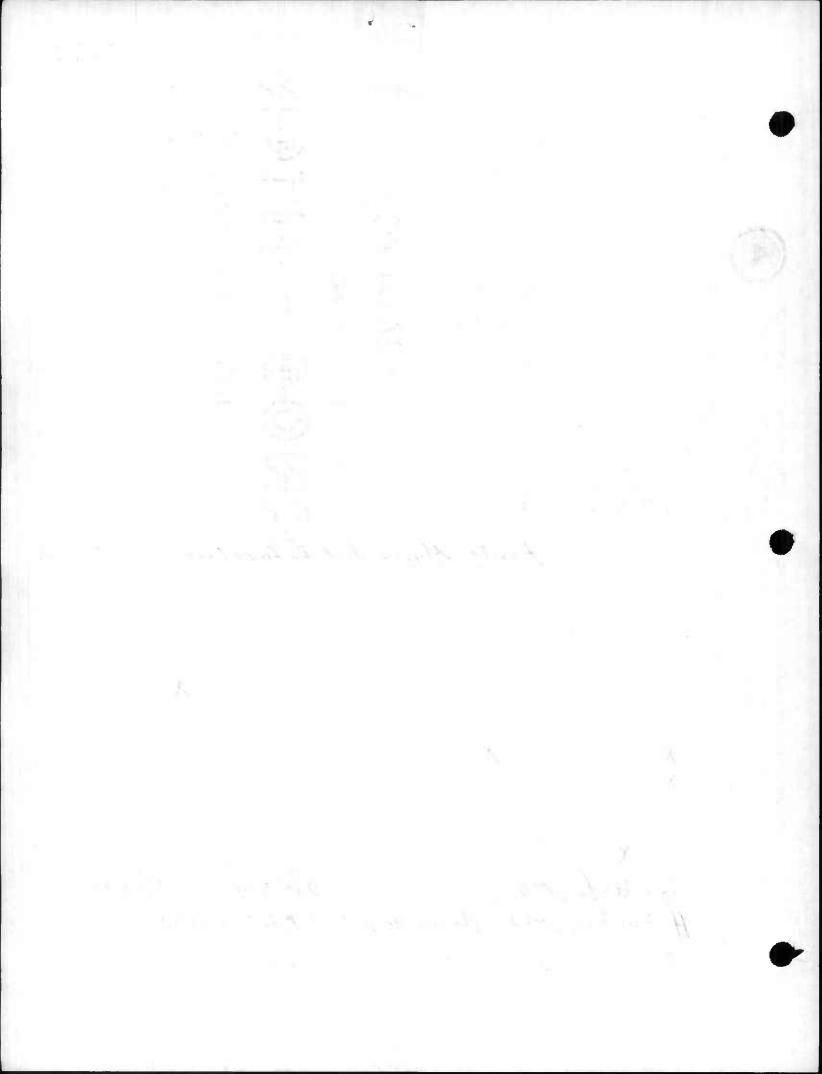
MAY 1 2 1992

ALLER STATE OF STATE

BALTIMORE, MARYLAND 21215-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending phy: ely filled in by the funeral director, page 5 should be detached for use as the buri	nation, or removal. the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death, Page 6 may be retained by the hospital or attending physici may be retained by the hospital or use as the burial-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF M	MARYLAND /	DEPAR	RTMENT	OF H	EALTH DEA	AND I		REG. NO			
	1. DECEDENT'S NAME (First, Middle, Lest)  Vaughn Harris	on Olive:	r						2. DATE O	- 1 14	1/6	YEAR	3. TIME OF DEATH  OOLO Ly M
	4. SOCIAL SECURITY NUMBER 216-28-2451	5. SEX 1 💢 M 2 🗌 F	6. AGE (In yrs. les	t birthday)	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, 12/3	F BIRTH (1926)	,	Count	HPLACE (State or Foreign try) ensville, NC
NO.	9a. FACILITY NAME (If not institution, give st Union Hospital o		County			TOWN C	on Locati	ON OF DE		X	9c. COU	NTY OF D	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  10e. STATE  W. Virginia  Mon	nroe		10c. CIT	y, town o		TION	7		VE I			10d, INSIDE CITY LIMITS? 1 YES 2 NO
ERAL	HC 76 Box 418	86.4				101	249	_			10g. CIT	U.S	what country?
B	11. MARITAL STATUS  1  Never Merried 2 M Merried  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN U.S. AR FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES  WW II U.S. Navy			Ю	If yes, specify Cuben, Mexican, Puerto Rican, etc.) Black, White, etc.								
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2	Elementary/Secondary (0-12) College (1-4 or 5+) Ille. Do NOT use retired.)				one during most of working							
BE CON	17. FATHER'S NAME (First, Middle, Last)  Jessie Oliver						18. MOT		ME (First, Mi Ly Jo		Sumame)		
TO B	19e. INFORMANT'S NAME (Type/Print) Marjorie B. O.	HC 7	NO ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 76 Box 418 Union, W VA 24983										
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE of correction		ceme	eter	у		5/18	Zen	cation —		
	21. SIGNATURE OF FINEBAL SERVICE LIC	Vire	2	2					T Hom		East	, MD	21901
	23. PART I. Enter the diseases, or ahock, or heart feiture.  IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)		use on each line	n.			1					reat,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):												
CERTI	resulting in death) LAST	d											
PHYSICIAN: MEDICAL	PART II. Other significant condition	e contributing to	o death but not	reaulting	in the u	nderlyln	g cause	given in	Part I,	24s. WAS AP PERFO 1 TYES	N AUTOPSY PRMED? 2 NO	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			Lozus		LACE OF	DEATH (C)	neck only one	)			
YSI	1 YES 2 NO	1 - inpatient 2	ER/Outpatient		_	rsing Hor		lesidence	6 🗆 Other				
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation		Day, Year)	28b. Til	М	1 🗀	JURY AT ORK? YES 2	□ NO	28d. DE\$6	CRIBE HOW	INJURY OC	CURED	
	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At he building, etc. (Specify)				me, ferm, street, factory, office 2			281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				Route Number,	
COMPLETED	cont only	ICIAN: To the best of											(a) and manner as stated.
BE	H Tarker.	MD					29c. LIC	ENSE NU	MBER 3 /4		29d. DA	TE SIGNE	ED (Morith, Day, Year)
TO	30. NAME AND ADDRESS OF PERSON WH	mp.	Muje	EM 27) (Typ	Print)	,4	1.	El	kto	2	n		
	MAY 15 92	32. HEGISTA	doon-Rong	late	,					/			

DHMH-16 Rev 1/89



TO THE MORPHAN OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 bours after that have 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely flied in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, premaring or minoral.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examinar must be notified at once.
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五日	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and compared, thed in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, memanion, or removal.	MPO
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM	MENT OF HEALTH AI	ND MENTAL HYGIEN	IE	2 148/3			
	1. DECEOENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	MY YEAR	3. TIME OF OEATH			
	NANCY	ONEAL				27 92				
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 I			RTHPLACE (State or Foreign untry)			
	190-09-5988-D	1 🗆 M 2 💢 F 9	2 YRS.		(Month, Day, Year) 8-3-99		seland, VA			
l or	Sa. FACILITY NAME (If not institution, give	atreet and number)	91	L CITY, TOWN OR LOCATION	OF DEATH	9c. COUNTY O	F DEATH			
5	PRINCE GEORGE'S	HOSPITAL CHNT	FR (	HEVERLY		PRINCE	GEORGE 1 S			
DIRECTOR	10e. STATE 10b. COUNT	Y		OWN OR LOCATION			10d. INSIDE CITY			
ā			Was	hington, D	). C.		1 X YES 2 NO			
FUNERAL	100. STREET AND NUMBER 1158 Abbey P1	ace, N. E.		101. ZIP CODE 200	002		F WHAT COUNTRY?			
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U		13. WAS DECENDENT OF H	IISPANIC ORIGIN? (Specify Yes		ACE — American Indian, lack, White, etc.			
BY F	1 Never Married 2 Merried	FORCES? 1 YES		Il yes, specify Cuben, N	fexicen, Puerto Rican, etc.) Specify:	8				
DB	27-AWIdowed 4 Divorced						Black			
三	15. DECEDENT'S EDI (Specify only highest grad	UCATION 10 completed)	Give kind of work	JAL OCCUPATION done during most of working tired.)	16b. KIND OF BU	SINESS/INDUSTRY	1			
12	Elementary/Secondary (0-12)	maker		-						
COMPLETE	12th 17. FATHER'S NAME (First, Middle, Leat)									
	Stuart Gile	S			's NAME (First, Middle, Melden Ligon	Surname)				
BE	19s. INFORMANT'S NAME (Type/Print)	.0	Table MANUNIC AD		Rural Route Number, City or Tow		^			
5	Evelyn G. S	praggins	1165	Abby Pl.,	N. E Was	n, Stem, 210 Code) hingto:	n. D.C.2000			
	Evelyn G. Spraggins 1165 Abby P1., N. E., Washington, D.C.200  20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION 20e. December of the page of t									
	12 Surfal 2 ☐ Cremation 3 ☐ Ren 4 ☐ Donation 6 ☐ Other (Specify)	noval from State	crematory or other		4/30/92		wood, MD			
	21. SIGNATURE OF PUNETIAL BERVICE L		1	22. NAME AND ADDRESS (	OF FACILITY					
	* 10 1	An		E. M. Dud	ley Funera Ave., Mt.	1 Home				
$\vdash$	23. PART /. Enter the diseeses, of	complications that caused ti	he death. Do not	anter the mode of duing	Ave., Mt.	Rainie:	r, MD 20712			
	ahock, or heart fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	Possible Ace.  Due to (or as a ce	h line.				Interval Between Onset and Death			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	CANDID	TASIS							
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C								
	that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST									
핑		d								
MEDICAL	PART II. Other algnificant condition	na contributing to death but	not reaulting in t	he underlying cause give	n in Part I. 24a. WAS AN PERFOR	RMED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
							1 YES 2 NO			
AN	25. WAS CASE REFERRED TO MEDICAL									
S	EXAMINER?	HOSPITAL:		26. PLACE OF DEATH						
PHYSICIAN:	27. MANNER OF DEATH	1 Inpatient 2 ER/Outpatk 28e. DATE OF INJURY	28b. TIME O	Nursing Home 5 Reside	7					
BY PI	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		26d. DEŞCRIBE HOW II	NJURY OCCURED				
	3 Suicide 8 Could not be 4 Homicide	26a. PLACE OF INJURY — building, atc. (Specify)	At home, lerm, stree	t, factory, office	281. LOCATION (Street a City or Town, State)	and Number or Rura	al Route Number,			
COMPLETED		ICIAN: To the best of my knowleds					e(e) end manner sa atated,			
	29b. SIGNATURE AND TITLE OF CERTIFIE			29c. LICENSI			ED (Mogth, Day, Year)			
) BE	M-52	rayer		Di	7874	D 4/2	8/92			
2	30. NAME AND ADDRESS OF PERSON WI						- 11-			
	S. M. NAYAR.	MD. 3717	-38"AN	BREWM	loop, mo	20	722			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATU								
	MAY 0 4 1992	Julia Davidson-Ran	dell							

XX

12th

Stuart Giles

Evelyn G. Spraggins

Homemaker

Sarak Ligon

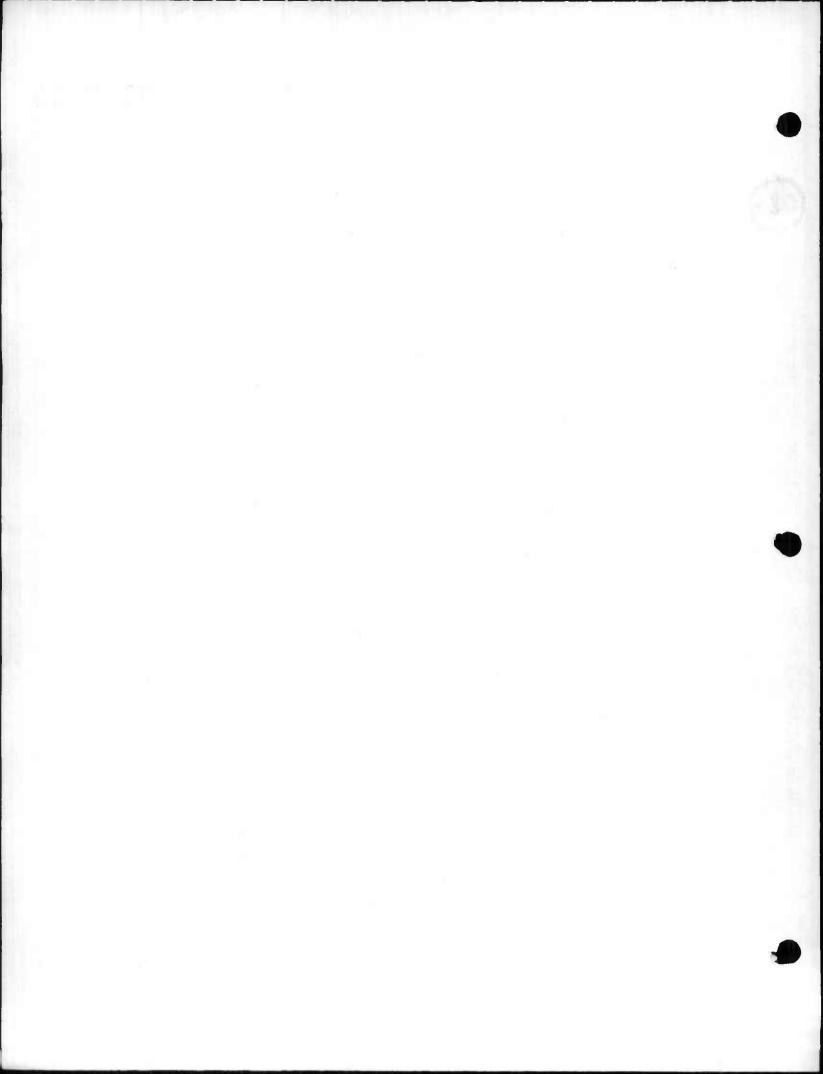
1165 Abby Pl., N. E., Washingto

Fort Lincoln 4/30/92 Brent

E. M. Dudley Funeral Hom 3200 R.I.Ave., Mt. Raini

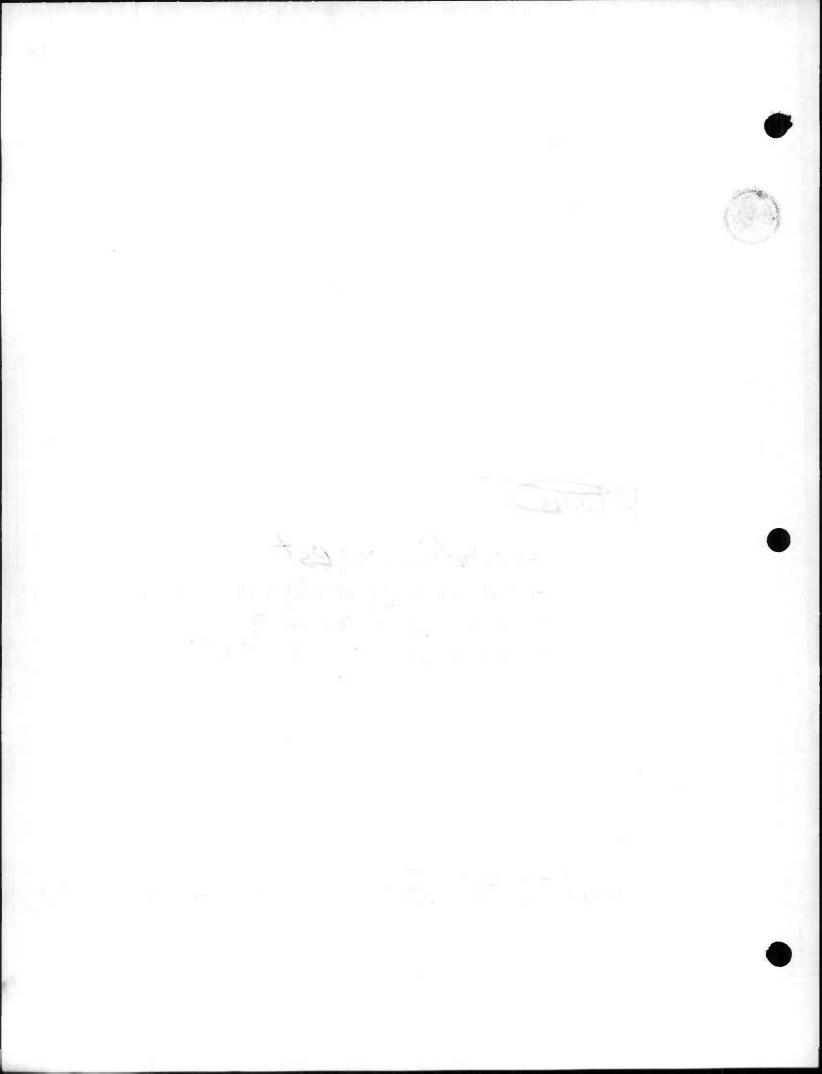
hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the flow within 72 hours after death with the State Dect. of Health and Mental Horiene orion burial, cremation, or removal.	Ce.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Cours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fire within 22 hours after death with the Shar Dent of Health and Mental Hodiene prior to burlal, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
JSPIL	INER.	NT.
五五	市民	MIA
10	10	MPC

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTME CERTIFICA			NTAL HYGIENE REG. NO.	9	2 14874	
	1. DECEDENT'S NAME (First, Middle, Last)  FRANKLIN	Franklin Oel			2.	parte of DEATH DAY	1992 YEAR	3. TIME OF DEATN 9:30 a.m. M	
	4. SOCIAL SECURITY NUMBER 159-14-0101	1 M 2 G F	78 YRS. MONT	HS DAYS F	oura Min.	DATE OF BIRTH (Month, Day, Year)	13 Mon	essen, Pa.	
TOR	9a. FACILITY NAME (If not institution, give str 5701 Forest Road	set and number)	96. (	Chever	LOCATION OF DEATH	Prince George's			
DIRECTOR	10a. STATE 10b. COUNTY	George's		wn or Locatio Marlbo		H	10d. INSIDE CITY LIMITS? 1 YES 2XX NO		
FUNERAL	100. STREET AND NUMBER 11110 Webbwood Cou	irt			1P CODE 20772		10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	I IF YES GIVE WAR OR DATES			WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea if yea, specify Cuben, Mexican, Puerto Rican, etc.)     YES 2 NO Specify:			CE — American Indian, ck, White, etc. cdly: White	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  prepriary/Secondary (0-12)  4  16a. DECEDENT'S USUAL OCCUPY (Give kind of work done during life. Do NOT use retired.) Director				during most of working			
BE COM	17. FATHER'S NAME (First, Middle, Last) Frank Oelschlager		(First, Middle, Meiden Setschneide						
10	19a. INFORMANT'S NAME (Type/Print) Franklin R. Oelschlager (Son) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 5701 Forest Road, Cheverly, Maryland 20785								
	2012 METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Ramo 4 Donation 5 Other (Specify)	Fort Efficient Cemetery				Bren	ation — city or	Town, State Maryland	
	22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 4739 Baltimore Ave. Hyattsville, Md. 20781								
		List only one couse on se	sch ilne.					Approximats interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if eny, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  c. DUE TO (OR AS A CONSEQUENCE OF):  d. COLOMON AND A CONSEQUENCE OF):								
MEDICAL C	PART II. Other significant condition	e contributing to death b	ut not resulting in the	o underlying des	cause given in Pa	24a. WAS AN / PERFORI	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	oma	26. PLA	CE OF DEATN (Check	only one)			
PHYSICIAN:	1 VES 2 NO  27. MANNER OF DEATN  1 Netural 5 Pending Investigation	1 Inpetient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)		Nursing Nome 28c. INJUI WOR		Other (Specify)  Bd. DESCRIBE HOW IN	JURY OCCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	— At home, farm, street	, factory, office	2	ef. LOCATION (Street a City or Town, State)	nd Number or Rura	al Route Number,	
COMPLETED	One)	CIAN: To the best of my known						e(a) and manner as stated.	
BE	296. SIGNATURE AND TUBLE OF CERTIFIER	meron M	120		DOIS	08	≥ H	ED (Month, Dey, Year)	
10	DON B.CA	O COMPLETED CAUSE OF DE	43 600	5 4A	MDOUB	r Ro	CHEUR	20785	
	MAY 0 4 199	2 32. REGISTRAN'S ISTAN	Agunt Handell	•					



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	permin	
physician.	lending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit of all Hygiene prior to burial, cremation, or removal.	
attending	se as the	
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in certincate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician	detached %	
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аде 6 п	director,	
Jeath. P	funeral	
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OU.	5 5	
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WITHIN	npietely	
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Timeat	g phy	**
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	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	ENT OF HEALTH	AND MENTAL	HYGIENE REG. NO.			
	1. OECEDENT'S NAME (First, Middle, LI WILLIAM	J. DERTLY		•	2. DATE O MONTH	F DEATH DAY	YEAR 11:20 M		
	4. SOCIAL SECURITY NUMBER  577-03-4567	1⊠ M 2 □ F 7 !	5 YRS. MOI	THE DAYS HOURS	12-	F BIRTH Day, Year) - 14 – 16	a. BIRTHPLACE (State or Foreign Country) Wash., D.C.		
TOR	90. FACILITY NAME (If not institution, git SOUTHERN MA). RESIDENCE OF DECEDENT	KYLAND HOSP,		LINTON	TION OF DEATH		NCE GEIRGES		
DIRECTOR	10e. STATE 10b. COU	rince George		www.or.Location	LIMITS				
FUNERAL	100. STREET AND NUMBER 7700 Kiplin			10f. ZIP COI		10g. CIT	10g. CITIZEN OF WNAT COUNTRY? USA		
BY FUN	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Olvorced	12. WAS DECEDENT EVER IN U FORCES? 17 KYES IF YES, GIVE WAR OR DATE	2 NO	13. WAS DECENDENT  If yes, specify Cub  1 YES 2X NO	OF HISPANIC ORIGIN?	(Specify Yes or No-	14. RACE — American Indian, Black, White, atc.		
	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	1942-194 EDUCATION ade completed) 1 College (1-4 or 5+)	6a. DECEDENT'S USU	AL OCCUPATION done during most of work red.)	ing 16b. K	IND OF BUSINESS/IN	White		
COMPLETED	7 17. FATHER'S NAME (First, Middle, Last)	Mecl	nanic 18. Mor	THER'S NAME (First, Mid		Air Force			
TO BE	Ulrich Oert 19s. INFORMANT'S NAME (Type/Print)	19b. MAILING ADD		Camilla I		p Code)			
T	Louise Oertl 20m. METHOD OF DISPOSITION 1交叉urial 2 □ Cremation 3 □ R	20h Pl	San	ne as 10a	a10f.		City or Town, Stata		
	4 Donation 6 Other (Specify)	Mo	ery, cremetory or other p	Veterar	s Cem.	Chel+	enham Md		
Н	23. PARTU Enter the diseases	22. NAME AND ADDRESS OF FACILITY Lee Funeral Home, Inc. 6633 Old Alexander Ferry Road Clinton, Md. 20735  23. PARTU Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory strest, Approximate							
	immediate Cause (Fine) disease or condition reculting in death)	a Card	h line.	ARES	/ing, such as cardle	c or respiratory sn	Test, Approximate Interval Between Onset and Daath		
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST								
AL	PART II. Other significant condition	one contributing to deeth but	not resulting in th	e underlying cause		Ie. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
N: MEDIC							OF DEATH?  1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		HER:	DEATH (Check only one)	ipecify)			
ву рн	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation		26b. TIME OF INJURY	28c. INJURY AT WORK?  1 YES 2		IBE HOW INJURY OC	CUREO		
	3 Suicide 6 Could not b 4 Homicide determined	28e. PLACE OF INJURY — building, stc. (Specify)	At home, farm, atreet	factory, office	28f. LOCATI	ON (Street and Number lown, State)	r or Rural Route Number,		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY	YSICIAN: To the best of my knowledge NER: On the basis of examination ar	ge, death occurred at ind/or investigation, in	the time, date end place my opinion, death occu	, and due to the cause( red at the time, data an	a) end manner as stat d place, and due to th	led. ne cause(a) end manner as stated.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIC	Self	du	1 0	ENSE NUMBER	7 4 29d. DAT	E SIGNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON V	allewi 1	4300 (	Palla	ent To	Lune	Nowie M		
	MAY 1 4 199	32. REGISTRAR'S SIGNATU  Gulia Davidson	n-Mandall						
1	5) I VA						DHMH-16 Rev 1/89		



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the aftending physician and completely filled in by the funeral director, page 5 should be detain he filed within 72 bound after death with the State Bent, of Health and Mental Hodines prior to heard or removal	IMPORTANT: if ilem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
400	J. C. N.	ANT
포	HE	E
101	2	F

30. NAME AND ADDRESS OF PERIODS

ATRICI

31. DATE FILED (Month, Day Mar)

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	DBV AURUN 1	LEXANDER	OCLESBY			2. DATE OF DEATH	ny .	3. TIME OF DEATH			
	DIAYION		162.04			57-81	942	7:45 PM			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	89 YRS.	MONTHS DAYS H	F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTH/ (Month, Day, Year)	10-03 3	BIRTHPLACE (State or Foreign Country)			
TOR	98. FACILITY NAME (If not institution, give street and number at HOLY CROSS HUSEITAL STAUM SPATIATION PRESIDENCE OF DECEMENT										
DIRECTOR	10a. STATE 10b. COUNTY	UNION	10c. CITY,								
FUNERAL	100. STREET AND NUMBER 207 BRANCH	STREET		101, 21	P CODE	28112	10g. CITIZE	N OF WHAT COUNTRY? USA			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 E NO	If yes, specif	DENT OF HISPA y Cuban, Maxic NO Speci	NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) fiy:	or No 14	Black, White, etc.  Specify: BLACK			
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12th	ATION sompleted) Coffege (1-4 or 5+) 4 YIS	life. Do NOT use	ork done during most o	l working	North		School na Public			
ш	17. FATHER'S NAME (First, Middle, Last) WILLIAM HENRY	OGLESBY		10		AME (First, Middle, Melden OLET GRII					
TO B	Wendell S. Plair  19a. MANUNG ADDRESS Street and Number or formal Bryate Number, City or Town, State, Zip Code)  Hyattsville, Md. 20782										
	20a. METHOD OF DISPOSITION  1										
	Grier Funeral Service Inc   5-11   Monroe, N. C.										
	23. PART I. Enter the diseases, or consider the constant of th	Acute C	ardiopulmo	onary A	rrest	ch an cardiac or reapi	ratory arrea	t, Approximate Interval Between Onset and Death			
NO	Sequentially list conditions, if any, leading to immediate  Avenue of Aspiration Pneumonitis  Acute & Recurrent Aspiration Pneumonitis  July 100 As A consequence of Courte  Acute & Recurrent Aspiration Pneumonitis  July 100 As A consequence of Courte										
CATI	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	ALJTC			5/92						
CERTIFICATION	that initiated eventa resulting in death) LAST  Detailed in the control of the co										
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I.  CUF, CVA, UBP, ASIVD  246. WAS AN AUTOPSY PERFORMED?  1 VES 250 NO  1 VES 250 NO  1 VES 250 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  MOSPITAL:  OTHER										
	1  YES 2 NO  27. MANNER OF DEATH  1-X Natural 5  Pending	1 Inpatient 2 ER/Out 26e. DATE OF INJURY (Month, Day, Year)									
ETED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	261. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
COMPLE	29e. CERTIFIER (Check only one)  2   MEDICAL EXAMINER: On the best of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and manner as stated.										



WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

TIT MP 322 (51 64 4 1 4 8 P)

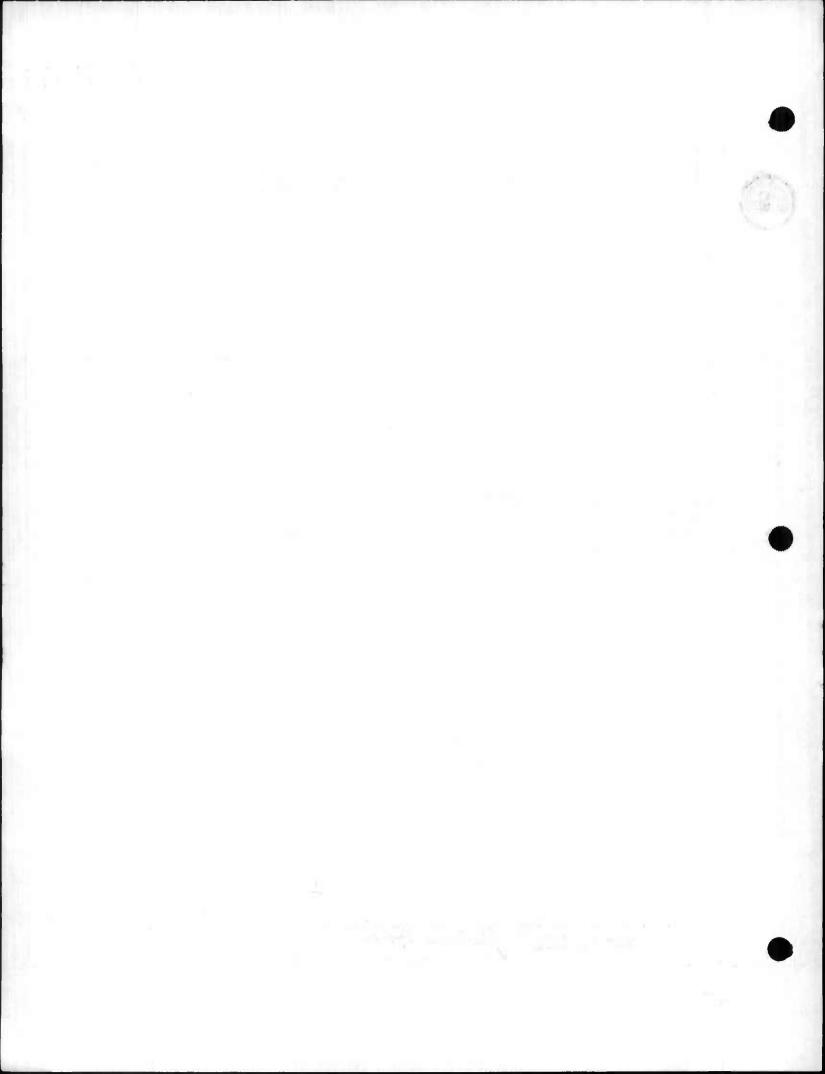
1992 32. REGISTRARYS SIGNATURE

JUNE DAVIDSON—Randall

DHMH-16 Rev 1/89

SS. Md

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10

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-mours after death. Page 6 may be retained by the inversion physician.

TO THE RUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

REGISTRAR		CER	TIFICAT	E OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last	)				-	2. DATE OF		v	YEAR	3. TIME OF DEA	тH
FRANCES	ANTOINETTE	PANIAN				May	18		1992	3:55	P
4. SOCIAL SECURITY NUMBER		AGE (In yrs. lest birth	MONTHE	R 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, E	BIRTN Day, Year)		8. BIRTH Country	PLACE (State or F	
215-28-8677	1 🗆 M 2 💢 F	75 Y	RS.	-	HOURS MIN.			1917		sachuse	ett
9a. FACILITY NAME (If not institution, give			9b. CIT	Y, TOWN	OR LOCATION OF D	EATN		9c. COU	NTY OF D	EATH	
2903 Old Joppa I	₹d.				Joppa	-		F	Harfo	ord	
10a. STATE 10b. COUN		100	c. CITY, TOWN	OR LOCAT	TION					10d. INSIDE CIT	Υ
Maryland Ha	Jop	pa				LIM 1 D YE			NO		
10e. STREET AND NUMBER				10g. CITIZEN OF WI							
2903 Old Joppa	Rd.				21085			USA			
11. MARITAL STATUS	12. WAS DECEDENT ET		13.	WAS DEC	ENOENT OF HISPA	NIC ORIGIN? (	Specify Yes	Yes or No. 14. RACE — American India:			lan,
1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WAR				2 № NO Specif		art, artes,	Specify:			
15. DECEDENT'S ED	UCATION	18a DECEDE	I ENT'S USUAL C	CCUPATIO	NI .	Tash Ki	ND OF BUS	INCCC (INC	MICTON	White	-
(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kir	nd of work done NOT use retired.)	during mo	st of working	100. K	IND OF BUS	ME33/INL	7031HT		
12	oolings (1-4 of 5 +)	1	Homemal	ker							
17. FATHER'S NAME (First, Middle, Last)					18. MOTNER'S NA	AME (First, Mid	dle, Maiden S	Surnama)			
James H.	Keed	well			France	s Ant	coinet	tte	Bent	lev	
19a, INFORMANT'S NAME (Type/Print)		19b. MA	ILING ADDRES	S (Street a	nd Number or Rural	Route Number,	City or Town	, State, Zip	Code)		
Patricia A. Bart	:h	290:	3 Old (	Jopp	a Rd., J	oppa,	Md. 2	21085	5		
20a. METNOD OF DISPOSITION 1 XBuriel 2 Cremation 3 Re	moval from State	20b. PLACE AND D	ne or other place			DATE	100				
4 Donation 5 Other (Specify)		Sacred 1	Heart (	of Je	esus Cem	. 15-27	-92	Balt	imor	e, Md.	
21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE				D ADDRESS OF FA		TT ES	more	al uc	vm D 7	١
Sleplen /	· Hugh		113	317	d K. McC Cokesbur	y Rd.	Abir	ndgor	1, Mo	21009	)
IMMEDIATE CAUSE (Final disease or condition reaulting in death)  Due to (or as a consequence of):  Sequentially list conditions, if sny, leading to immediate cause, Enter UNDERLYING  Due to (or as a consequence of):											
that initiated events resulting in deeth) LAST											
	0.										
PERFORMED?  1 VES 2 NO OF								WERE AUTOPSY F AWAILABLE PRIOF COMPLETION OF OF DEATH? 1 YES 2	CAUSE		
25. WAS CASE REFERRED TO MEDICAL				28. PL	ACE OF DEATH (C)	neck only one)					_
EXAMINER?	HOSPITAL:	VOutpetient 3 🗆 D	OA 4 Nu		. 1		Specify)				
27. MANNER OF DEATH	28e. DATE OF INJ (Month, Day, )	URY 288	b. TIME OF	28c. INJ		28d. DESCR		JURY OC	CURED		
1 Natural 5 Pending 2 Accident Investigation		lour)	M		ES 2 NO						
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF IN building, etc.	IJURY — Al home, t (Specify)	arm, street, fac	tory, offic		281. LOCATI City or	ON (Street at Town, State)	nd Number	or Rural R	loute Number,	
one) 2 MEDICAL EXAMIN	SICIAN: To the best of my									and manner as	stated
29b. SIGNATURE AND TITLE OF CERTIFI	ER	001	11.11	1/1	29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
		rru	1	4/				5		14-4	1
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE C	OF DEATH (ITEM 27)	(Type, Print)								
31. DATE FILED (Month, Day, Year)	22 DEGISTRAD'S										





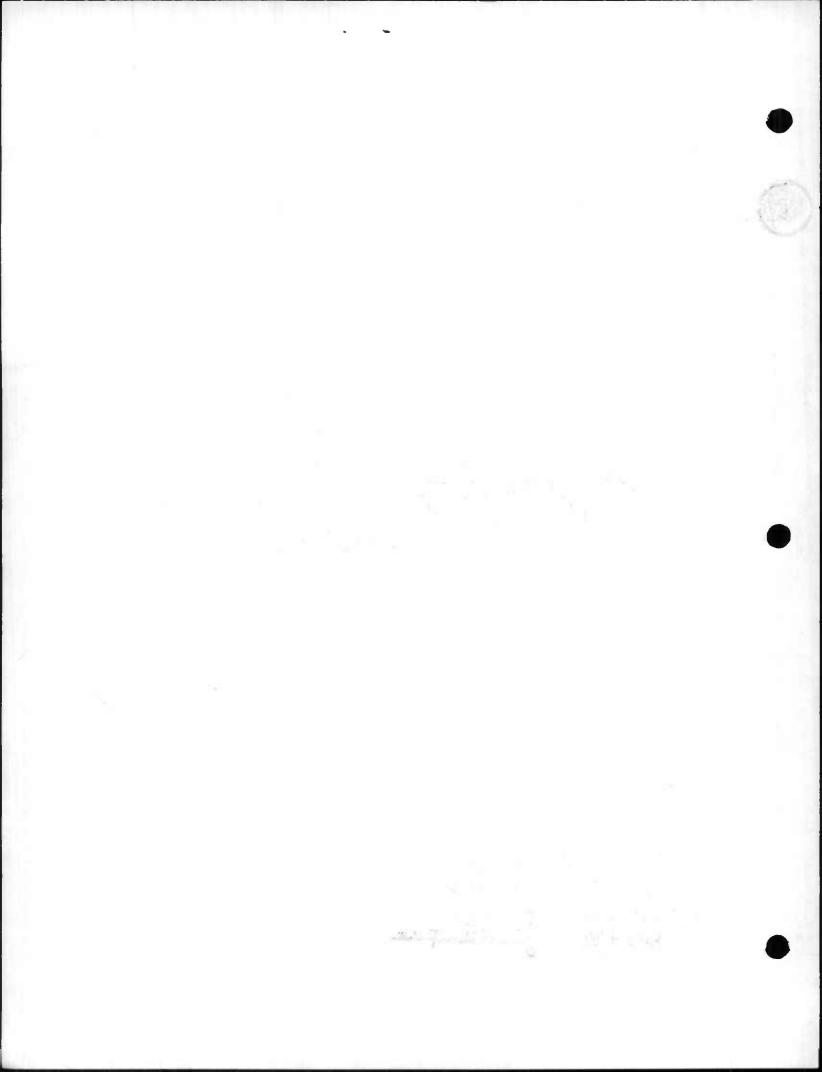
	3	permit. Pages 1, 2, 3 should	
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hyglens prior to buriat, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND C	DEPAR					MENTA	L HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)  JOHN	LEV	T TEST C TOTATION						2. DATE OF DEATH DAY 05 12 1			3. TIME OF DEAT	АТН Әм	
	4. SOCIAL SECURITY NUMBER  9e. FACILITY NAME (If not institution, give si	5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 Y  1 X X M 2   F 2 9 YRS. MONTHS D						MIN.	7. DATE OF BIRTH (Month, Dey, Year) 8. BIRTHPLACE Country) 1/12/ 63 Marvla					
티	P.O. BOX 323 BELALTON CHARLES											<u> </u>		
FUNERAL DIRECTOR	Maryland Cha 106. STREET AND NUMBER P. O. Box 323								10d. INSIDE CIT LIMITS? 1 VILYES 2 VHAT COUNTRY?					
B	11. MARITAL STATUS  1)\( \sum_{Never Married} 2 \sum_{Merried} \) 3 \( \sum_{Vidowed} 4 \sum_{Olivorced} \)	STATUS  12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES? 1 YES 2 FORCES?				MED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—  14. If yee, specify Cuben, Mexican, Puerto Rican, stc.)  1 □ YES 2 □ NO Specify:					14. RACE Black	RACE — American Indian, Black, White, atc. Specify:		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12) 1 2 † h		(0	ECEDENT'S Give kind of e. Do NOT u	work done		st of worki			b. KIND OF BU		JSTRY		
BE CC	Robert Pinkn	е у					16. MOT	HER'S NA	ME (First,	Middle, Malden	Surneme)			
10	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)  Delores Pinkney  4007 Clay Pl Washionton, DC 20019  20b. PLACEAND DATE Of DISPOSITION (Name of Commandation													
	23. PART I. Enter the diseases, or complications that caused the feath. Do not enter the mode of dying, such as cerdisc or reapiratory arrest, interval Betwoen the disease or condition resulting in death)										nate Between			
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
PHYSICIAN: MEDICAL C	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  24b. WERE AUTOPSY FINDS  24h. WAS AN AUTOPSY FINDS  AMILIABLE PRIOR TO COMPLETION OF CAUS  OF DEATH?  1 YES 2 NO									CAUSE				
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE	R:		EATH (Che						
BY PHYS	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1   Inpetient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)												
288. PLACE OF INJURY — All home form etreet feeton; office 281 LOCATION /C								or towe Grade) VIOWN F	BOXD.	7237 CHA	RLES CO	ON- UNTY		
COMPLETED	29e. CERTIFIER (Check only  1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.													
296. SCHAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF PERSON WHO CAUSE OF											,			

DHMH-18 Rev 1/89

21201

PENN STREET BALTIMORE, MARYLAND



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

use as the burial-transit permit, Pages

BALTIMORE, MARYLAND 21215-0020

_	FOR STATE REGISTRAR	STATE OF MARYL	CERTIF	ICATE OF		REG. NO	E -	2 14879
	1. OECEDENT'S NAME (First, Middle, Last) PAGNELLA	ROCCO P	PAGNE	LLA		2. DATE OF DEATH		3. TIME OF DEATH
		_	n yrs. lest birthday) 82 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 11/19/09	8.	BIRTNPLACE (State or Foreign Country) PENNSYLVANIA
TOR	98. FACILITY NAME (If not institution, give street GREATER LAUREL BEL RESIDENCE OF DECEDENT		PITAL	96. CITY, TOWN	OR LOCATION OF D	EATN	9c. COUNTY	OF GEORGE
DIRECTOR	MARYLAND PRINC	E GEORGE	10c. CIT					10d. INSIDE CITY LIMITS? 1 □ YES 2 (X)X+0
FUNERAL	100. STREET AND NUMBER			10	1. ZIP COOE			N OF WHAT COUNTRY?
3	10101 SNOWDEN ROAD  11. MARITAL STATUS	2. WAS DECEDENT EVER IN	U.S.ARMED	13. WAS DE	20708 CENDENT OF NISPA	NIC ORIGIN? (Specify Yes	USA or No- 14	. RACE — American Indian,
B≼	1 Never Merried XX Merried 3 Widowed 4 Divorced	FORCES? 1 YES		If yes, sp	ecity Cuben, Mexico A A NO Specific	in, Puerto Rican, atc.) y:		Specify: WHITE
COMPLETED	15. DECEDENT'S EDUCA' (Specify only highest grade co	College (1-4 or 6+)	(Give kind of life, Do NOT u	USUAL OCCUPATION Work done during more retired.)  IRECTOR	ON ost of working	NATION		
BE CON	17. FATNER'S NAME (First, Middle, Lest) ANTHONY PAGNELLA				ROSA AI			
5	190. INFORMANT'S NAME (Type/Print) MARYE E. PAGNELLA	15-61-61		SNOWDEI		AUREL, MAI	YLAND	20708
	20e. METNOD OF DISPOSITION 1 Burlel A D Cremation 3 Remove 4 Donation 5 Other (Specify)	BA	LTIMORE	WASHING	TON CREMA	ATORY LAL		y or Town, State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICES	e loade	4	FLECK		HOME, INC.		L. MD 20707
	22. PART / Enter the diseases, or conshock, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Gener	the daeth. Do	1 Ca	N .	th aa cardiac or reap	ratory arres	t, Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		CONSEQUENCE O		flie	Stomac	lı	Ü
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions Electrolyte Emacraticy	contributing to deeth b	eath but not resulting in the underlying cause given in Part I.				AUTOPSY RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIAN		HOSPITAL:	etlent 3 🗆 DOA	OTHER:	LACE OF DEATH (C	heck only one)  6  Other (Specify)		
ВУ РНУ	27. MANNER OF DEATN  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIR	AE OF 28c. IN	JURY AT ORK? YES 2 NO	28d. OESCRIBE HOW	NJURY OCCU	REO
	3 Suicide 6 Could not be 4 Nomicide datarmined	28s. PLACE OF INJURY building, etc. (Spec	— At home, farm,	etreet, factory, offi	Ce	261. LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	enel	AN: To the best of my know On the basis of examination						cause(a) and manner as stated.
EC	296. SIGNATURE AND TIME OF CERTIFIER	- akel			29c, LICENSE NU	1307	29d. DATE S	SIGNED (Month, Day, Year)

3450

Fort Meade Pd

HO COMPLETED CAUSE OF OEATN (ITEM 27) (Type, Print)

MOURTZANAKIS

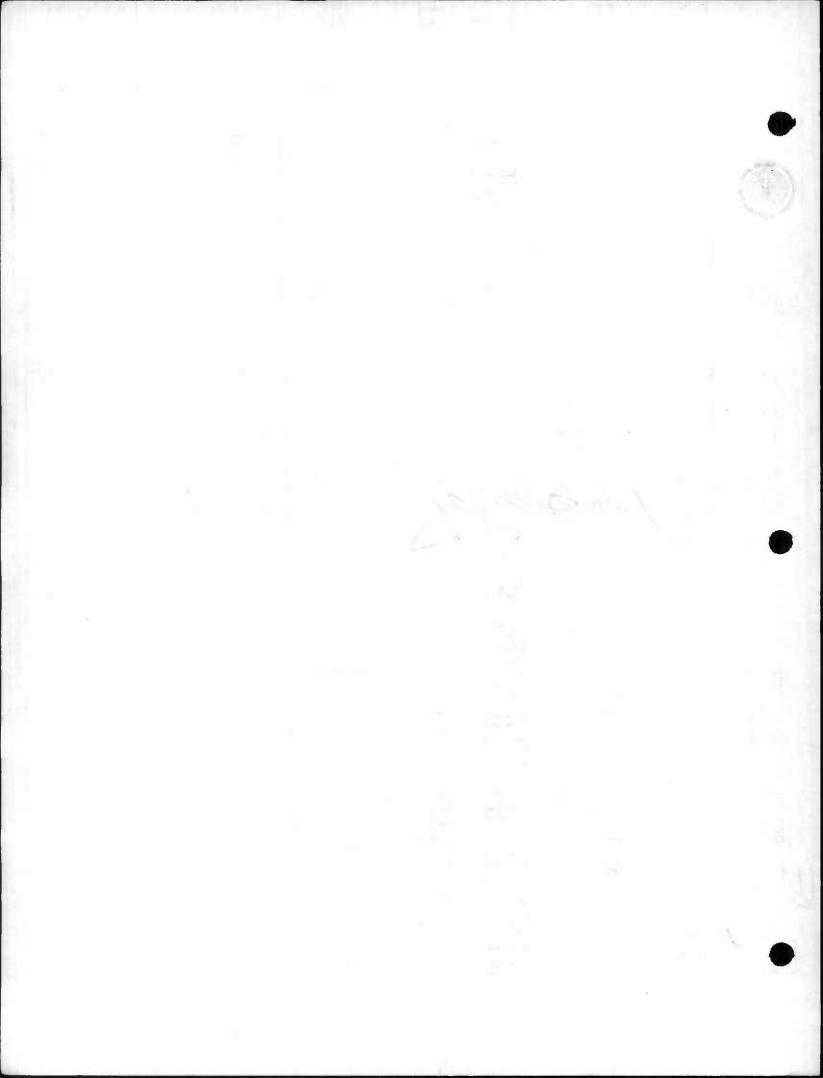
, 32. REGISTRAR'S SIGNATURE DE LA DANGSON-MANGALLE

7

MAY 0 4 1992

MD20724

Laurel



TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	IEALTH AND ME	NTAL HYGIEN!	E	
	1. DECEDENT'S NAME (First, Middle/has	Reno	Darby I	Penn	2.	DATE OF DEATH	- dear	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 217-46-5875	1 □ M 2X F 85		UNDER 1 YEAR	HOURS MIN.	DATE OF BIRTH (Month, Day, Ybar)	Cou	THPLACE (State or Foreign ritry)  Maryland
DIRECTOR	99. FACILITY NAME (If not Institution, given the property of t	MARYCAND	Hosp.	CL, TOWN	OR LOCATION OF DEATH	md.	9c COUNTY OF	
		nce George's		own or Locat nton	ION			10d. INSIDE CITY LIMITS? 1 YES 2 7 NO
FUNERAL	8800 Dangerfie			101	20735	5		WHAT COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DATE	2/1/10	If yes, sp	ENDENT OF NISPANIC Cocify Cuban, Mexican, Po 2 NO Specify:	ORIGIN? (Specify Yes ouerto Rican, atc.)	Spe	CE — American Indian, lick, White, etc. echy: Casian
COMPLETED	15. DECEDENT'S ED (Specify only highest gra- Elementary/Secondary (0-12) 12th	College (1-4 or 5+)	18e. DECEDENT'S USI (Give kind of work life. Do NOT use re Homemaker	done during mo tired.)	DN st of working	166. KIND OF BUSI	NESS/INDUSTRY	SASIAII
OM	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NAME (			
BE C	Joseph New	ton Darby				Chiswel		
TO B	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e.	nd Number or Rural Route			
F	Joan Revis			s 10 A			,	
	20s METHOD OF DISPOSITION  1 W Burlel 2 Cremetion 3 Re 4 Donetion 6 Other (Specify)	moval from State ceme	PLACE AND DATE OF D tery, cremetory or other shington	place)	5 0	92 Suit	ATION - City or I	
	21. SIGNATURE OF FUNCTION SERVICE L	JOENSEE		22. NAME AN	D ADDRESS OF FACILIT	r Lee Fune		me, Inc. Clinton, Md
CERTIFICATION	23. PART I Enter the diseases, or shock, or heart fellure IMMEDIATE CAUSE (Finsi disease or condition resulting in desth)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in desth) LAST	a. METABO  DUE TO (OR AS A C	CONSEQUENCE OF):	CIDO			story street,	Approximate Interval Between Onset and Death
AL	PART II. Other algnificent condition	one contributing to death but	not resulting in the	ne underlying	ceuse given in Part	I. 24a. WAS AN AN PERFORM	ED?	b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL	USIC MEN	VIA VI	JUYJ	28			1   YES 2   NO
SIC	EXAMINER? 1 VES 2 NO	HOSPITAL:		HER:	ACE OF DEATN (Check of			
호	27. MANNER OF DEATH	28e. DATE OF INJURY	28b. TIME OF		6 Residence 8 IRY AT 28d	Other (Specify)  DESCRIBE HOW INJ	URY OCCURED	
BY F	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 V	RK? ES 2 NO		on occord	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — building, atc. (Specify	At home, ferm, street	, factory, office	281.	LOCATION (Street end City or Town, Stete)	d Number or Rural	Route Number,
COMPLETE	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYS	SICIAN: To the best of my knowled IER: On the basis of examination s	ige, death occurred at	the time, date of	and place, and due to the	e cause(e) end manne	or se stated,	e) and manner as stated
TO BE C	296 CHARTURY AND TITLE OF CERTIFIE	John &			29c. LICENSE NUMBER			D (Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WI	BANGOS	N (ITEM 27) (Type, Print	mo.	FAC	1173	Stones	Md 21044
	MAY 0 7 1992	gulle Business sugar	mall				e III ST VI.	110000



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

				CALEO	PEAIII		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last)		Paln	ner	Sr.		2. DATE	OF DEATH	9:	YEAR 3.	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 244-44-3722	5. SEX	6. AGE (In yrs. In		IF UNDER 1 YEAR		7. DATE	OF BIRTH	4	Country)	N.C.
9a. FACILITY NAME (If not inetitution, give Prince George			,		on Location of D	EATH			P .	н
RESIDENCE OF DECEDENT				,		ا - عن	, , ,			0.
Prince George RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT MD  10c. STREET AND NUMBER 201 Pepper 11. MARITAL STATUS 1 Never Married 27 Married	P.G.		10c. CITY,	Cap	ital He	ight	s, MD			d. INSIDE CITY LIMITS? YES 2 NO
10e. STREET AND NUMBER 201 Pepper	Court				20743	}			EN OF WHAT	T COUNTRY?
11. MARITAL STATUS 1 Never Married Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 25		If yes,	ECENDENT OF HISPA specify Cuban, Mexico ES X NO Specifi	an, Puarto	N? (Specify Yes of Rican, etc.)		4. RACE — Black, W	American Indian, hita, atc.
		(0	ECEDENT'S US	rk done during i	TION most of working	161	. KIND OF BUSI	NESS/INDU		DIACK
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12th	College (1-4 or 5+	,	vernme	- Inch	mployee			Gove	rnme	nt
17. FATHER'S NAME (First, Middle, Last) Fred	Palmer				18. MOTHER'S NA		Middle, Meiden S y Skin			
19a. INFORMANT'S NAME (Type/Print) Rachael G.	Palmer	2	01 Pe	DORESS (Stree	Crt., C	Route Num	ber, City or Town,	State, Zip C	Code)	20743
20a, METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Ren		20b. PLACE	AND DATE OF	DISPOSITION		DAT	E 20c. LOC		ty or Town,	
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE (		. Sometray, on	Har	Mony	AND ADDRESS OF FA	5-1	8-92			lover,MD
John of	anuel	20			R.I.Av			udle nier	y Fu	neral Ho
resulting in death)	a. / W . Due m.	me	-	-	NI DU		and	cas	e	
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bOUE TO (	OR AS A CONSE	OUENCE OF):							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSE	OUENCE OF):  OUENCE OF):							
Sequentially list conditions, it any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	OR AS A CONSE	OUENCE OF):  OUENCE OF):				24a. WAS AN AI PERFORM 1 YES 2	ED?	24b. WEI	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 \( \) NO
PART II. Other significant condition	b. DUE TO ( c. DUE TO ( d	OR AS A CONSE	OUENCE OF):  OUENCE OF):	the yndertyi		Part I.	PERFORM 1 TYES 2	ED?	24b. WEI	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PART II. Other significant condition	b. DUE TO ( c. DUE TO ( d	OR AS A CONSE	OUENCE OF):  OUENCE OF):  resulting in	the underlying the state of the	ng cause given in	Part I.	PERFORM 1 YES 2	ED?	24b. WEI	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINENT  1 Ves 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	b. DUE TO ( c. DUE TO ( d. DUE TO ( HOSPITAL:	OR AS A CONSE	OUENCE OF):  OUENCE OF):  resulting in	DTHER: Nursing Ho	ing cause given, er	Part I.	PERFORM 1 YES 2	ED?	24b. WEI AMA COI OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINENT  1 YES 2 NO  27. MANNER OP DEATH	b. DUE TO ( c. DUE TO ( d. DUE	OR AS A CONSE	OUENCE OF):  OUENCE OF):  OUENCE OF):  OUENCE OF):  Country of the country of the	DTHER: Nursing Ho NY M 1	PLACE OF DEATH (Ch	Part I.  8 Other  28d. DES	PERFORM  1  YES 2	URY OCCU	24b, WEI	ILABLE PRIOR TO MPHETION DF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINATION 1 PYES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFIANS PHYS	b. DUE TO ( c. DUE TO ( d. DUE	OR AS A CONSE	OUENCE OF):  OUENC	THER: Nursing Ho  or, tactory, off	PLACE OF DEATH (Ch. W. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch	Part I.  8 Othe  28d. DEs  26f. LOC  City	PERFORM  1 YES 2  If (Specify)  SCRIBE HOW INJ  ATION (Street and or Town, State)	URY OCCUM	24b. WET AMA COI OF 1 [	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant condition  25. VAS CASE REPERRED TO MEDICAL EXAMINATE  1 Yes 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined  29a. CERTIFIER CHARC PHYS	b. DUE TO ( c. DUE TO ( d. DUE	OR AS A CONSE	OUENCE OF):  OUENC	THER: Nursing Ho  or, tactory, off	PLACE OF DEATH (Ch. W. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch. Ch	Part I.  8 Othe 28d. Des	PERFORM  1 YES 2 In (Specify)  SCRIBE HOW INJ  ATION (Street and or Town, Stafe)  see(a) and manneard place, and	URY OCCUMAN A STATE OF THE STAT	24b. WEI AMM CON OF 1 [ ]	ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 \( \sum \text{NO} \)  Number,
25. WAS CASE REFERRED TO MEDICAL EXAMINATI  1   YES 2   NO  27. MANNER OF DEATH  1   Netural 5   Pending Investigation 3   Suicide 8   Could not be determined  29a. CERTIFIER (Check only one) 2   MEDICAL EXAMINI  29b. SIGNATURE AND TITLE OF CERTIFIER	b. DUE TO ( c. DUE TO ( d. DUE	OR AS A CONSE  OR AS A CONSE  Seath but not if the consense of	OUENCE OF):  OUENC	THER:  Nursing Ho  Prival State of the time, date in my opinion,	PLACE OF DEATH (Cheme 5   Rasidence HJURY AT // ORK?  YES 2   NO ice  te and place, and dua death occured at the	Part I.  8 Othe 28d. Des	PERFORM  1 YES 2 In (Specify)  SCRIBE HOW INJ  ATION (Street and or Town, Stafe)  see(a) and manneard place, and	URY OCCUMAN A STATE OF THE STAT	24b. WEI AMM CON OF 1 [ ]	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  YES 2 NO  Number,



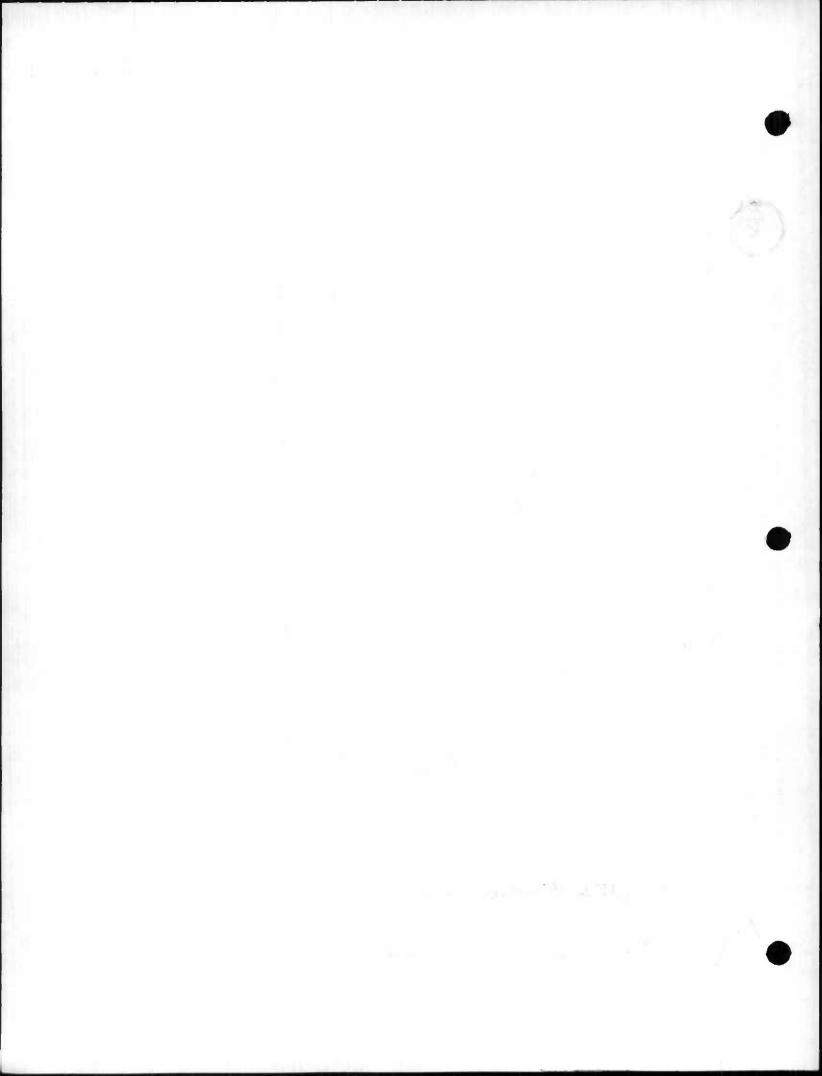
Comment of the second we will be a series and the series of the ing the same of th the said of the sa

1	2 8	出	HOSPITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN	DING	PHYS	ICIA
, .	2 8	E E	within 72	TO THE FUNEHAL DIRECTOR: After this certains be filled within 72 hours after death with the St	death	with	the

31. DATE FILED (MONTH, Day, Year) 1992

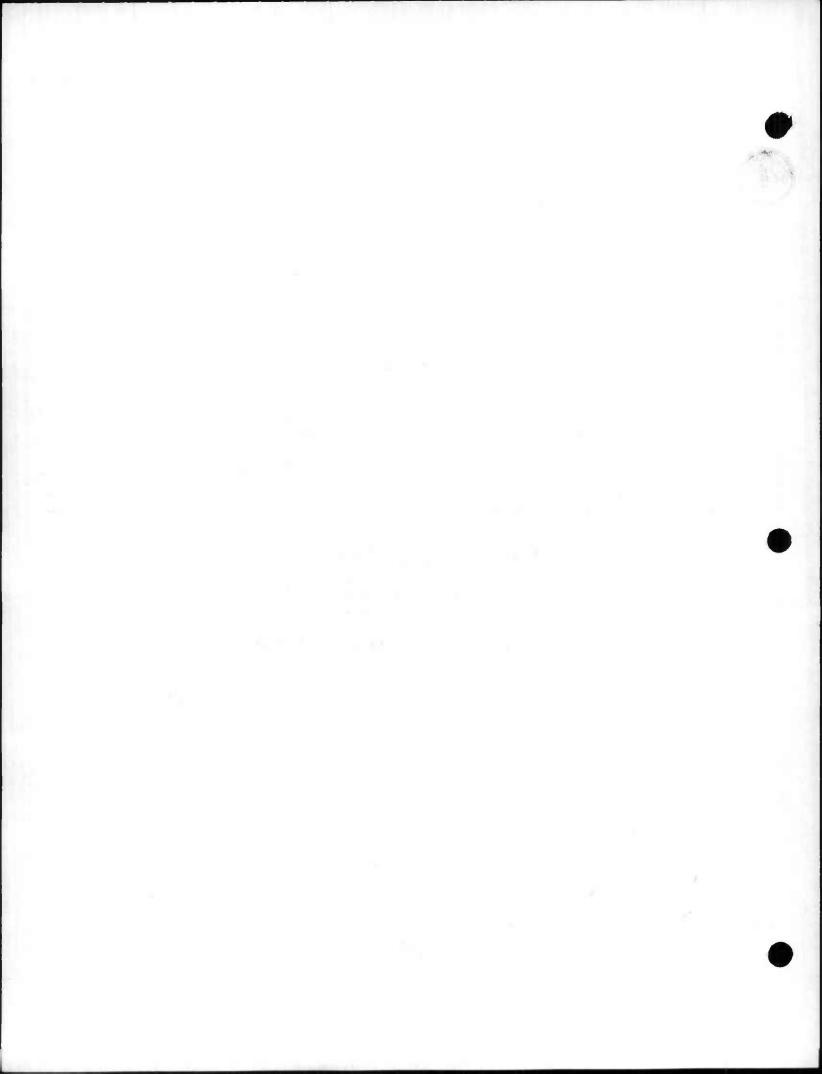
32. REGISTRAR'S SIGNATURE
Julia Davidson-Randall

Lillian N	st, Middle, Last)									AY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. Is	est hirthrime	IF UNDER 1	VEAD	IF UNDER 24	1000	May 12,	1992		9:15 Am
577-18-0270	)	1 M 2 K F	88	YRS.	-	-	HOURS	MIN.	(Month, Day, Year)	100/	Country)	
9e. FACILITY NAME (If not	natitution, give s	treet and number)			9b. CITY, 1	OWN OF	LOCATION	OF DE	April 9,		VITE	ginia
9244 Annapo	lis Ro	ad				ham		0, 00				
RESIDENCE OF DE	T									PIL	nce (	George's
Maryland	10b. COUNTY	r e George	1	10c. CIT	Y, TOWN OR	LOCATIO	NC					10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER		e George	8	Lan	ham	_						YES 2 NO
9244 Annapo		ad				101.	ZIP CODE			10g. CITI	ZEN OF WI	IAT COUNTRY?
11. MARITAL STATUS	TIB RO	12. WAS DECEDEN	CT EVED IN U.C. A	DATED	T 40 111		0706					States
1 Never Merried 2 SXX Widowed 4 Div		FORCES?	YES 2 MAR OR DATES	NO	11 1	res, spec	NDENT OF olfy Cuben, ≥ 🙀 NO	Mexice	IIC ORIGIN? (Specify Yen, Puerto Ricen, atc.)	or No—	14. RACE - Black, Specify	- American Indien, White, etc.
												White
(Specify or	CEDENT'S EDUC	completed)		Bive kind of N	USUAL OCC work done du se retired.)	UPATION ring most	of working		16b. KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondery	0-12)	College (1-4 or 5	+)	omema					0wn	Home		
17. FATHER'S NAME (First, I	Aiddle, Lest)					-	an Morair	200 010	ME (First, Middle, Maiden			
John A. Gon									May Roger			
19e. INFORMANT'S NAME	Type/Print)		15	b. MAILING	ADDRESS (	Street and			Toute Number, City or Tox		Cardal	
Earl B. Per	ry, Jr										_	
20e. METHOD OF DISPOSI					FDISPOSITI				Bowie, MD	2071 CATION —		State
1∑Duriel 2 ☐ Cremati 4 ☐ Donetion 5 ☐ Othe		oval from State	Fort	ematory or or	ther place)			5/1				aryland
21. SIGNATURE OF FUNER	L SERVICE LIC	ENSTE	11010	HINCE	22. N/	ME AND	AOORESS	OF FAC	CILITY			
· Heil	E. J.	iner	M00877						Funeral Ho 1., Brentw			3401 20722
23. PART I. Enter the	iseases, or c	omplicationa the	t caused the d	eath. Do n	ot enter th	e mod	e of dying	, such	ss cardiac or resp	iratory arr	est,	Approximate
IMMEDIATE CAUSE (FI		List only one cas	ise on each iin	0.								interval Between Onset and Death
disease or condition resulting in death)	$\rightarrow$	Metas	tatic C	arcin	oma							4 Months
		DUE TO	(OR AS A CONSE	OUENCE OF	7:							
Sequentially list condi	tions T		eatic C									4 Months
If any, leading to imme	diate	DUE TO (OR AS A CONSEQUENCE OF):  Colon Cancer 4 Mon						/ Months				
CAUSE (Disease or injury		D	DUE TO (OR AS A CONSEQUENCE OF):								+ Months	
that initiated events	т	502 10	(ON AS A COMSE	OUENCE OF	·):							
reaulting in death) LAS		i										-
												VERE AUTOPSY FINDINGS
PART II. Other aignific		s contributing to	death but not	resulting i	n the unde	rlying	cause giv	en In I	Part I. 24a. WAS AN	AUTOPSY		
		s contributing to	death but not	resulting i	n the unde	erlying	cause giv	en In I	Part I. 24a. WAS AN PERFOR	MED?	6	MAILABLE PRIOR TO COMPLETION OF CAUSE
PART II. Other algorific S.I.A.D	.н.	s contributing to		resulting i	n the unde	erlying	cause giv	en In I	PERFOR	MED?	6	MAILABLE PRIOR TO
PART N. Other aignific S.I.A.D Urinary	H. Tract			resulting i	n the unde	erlying	cause giv	en In I	PERFOR	MED?	6	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART N. Other aignific S.I.A.D Urinary  25. WAS CASE REFERRED TEXAMINER?	H. Tract			resulting (					PERFOR	MED?	6	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART N. Other aignific S.I.A.D Urinary  25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO	H. Tract	Infection	ER/Outpatient 3	DOA	OTHER:	26. PLA	CE OF OEA	TH (Che	PERFOF	MED?	6	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART N. Other aignific  S.I.A.D  Urinary  25. WAS CASE REFERRED TEXAMINER?  1 YES 2 X NO  27. MANNER OF OEATH	H. Tract	Infectio	ER/Outpatient :	DOA 28b. TIM	OTHER: 4 Nursin	26. PLA	CE OF OEA  5 1 Reeld RY AT	TH (Che	PERFOF	MED?	1	WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other aignific  S.I.A.D  Urinary  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5   Accident	Tract  O MEDICAL  Pending Investigation	Infection  HOSPITAL: 1   Inpatient 2   28e. OATE OF (Month, D	ER/Outpatient 3 INJURY ay, Year)	DOA 28b. TIMI	OTHER: 4 Nursing E OF 20 URY	26. PLA g Home Cc. INJUR WORI 1 YE	CE OF OEA	TH (Che	PERFOR  1 YES 2  inck only one)  8 Other (Specify)  28d. DESCRIBE HOW I	MED?	UREO	MAILABLE PRIOR TO  OMPLETION OF CAUSE  F DEATH?  YES 2 NO
PART II. Other aignific  S.I.A.D  Urinary  25. WAS CASE REFERRED EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 2 Accident	Tract O MEDICAL	HOSPITAL: 1   Inpatient 2   28e. OATE OF (Month, D) 26e. PLACE O	ER/Outpatient :	DOA 28b. TIMI	OTHER: 4 Nursing E OF 20 URY	26. PLA g Home Cc. INJUR WORI 1 YE	CE OF OEA  5 1 Reeld RY AT	TH (Che	PERFOR  1 YES 2  bck only one)  8 Other (Specify)	MED?	UREO	MAILABLE PRIOR TO  OMPLETION OF CAUSE  F DEATH?  YES 2 NO
PART II. Other aignific  S.I.A.D  Urinary  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 X Natural 5 OEATH  2 Accident  3 Suicide 6 Homicide	Pending Investigation Could not be datermined	Infection  HOSPITAL: 1   Inpatient 2   28e. OATE OF (Month, D) 26e. PLACE Of building,	ER/Outpatient : INJURY ay, Yeer)  F INJURY — At he atc. (Specify)	28b. TiMi	OTHER: 4   Nursin E OF   20 URY   M	26. PLAG g Home Bc. INJUF WORI 1 YE	CE OF OEA  5 X Reek  TY AT  CT  S 2 1	FH (Che	PERFOR  1 YES 2  1 YES 2  1 YES 2  2 YE	NJURY OCC	UREO	MAILABLE PRIOR TO  OMPLETION OF CAUSE  F DEATH?  YES 2 NO
PART II. Other aignific  S.I.A.D  Urinary  25. WAS CASE REFERRED 1 EXAMINER? 1 YES 2 NO  27. MANNER OF OEATH 1 Netural 5 2 Accident 3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only) 2 CERTIFIER (Check only)	Pending investigation Could not be datermined	Infection  HOSPITAL: 1   Inpatient 2   28e. OATE OF (Month, D) 26e. PLACE Obuilding.	ER/Outpatient 3 INJURY ay, 16er) FINJURY — At he atc. (Specify) my knowledge, de	29b. TIMM	OTHER: 4   Nursin EOF DITY M treel, fectory	26. PLAG g Home lc. INJUS WORI 1  YE , office	CE OF OEA  5 X Resid  RY AT  K?  S 2   !	ence	PERFOR  1 YES 2  1 YES 2  1 YES 2  2 Other (Specify)  2 Ed. DESCRIBE HOW I  City or Town, State)	NJURY OCC	UREO Or Rural Road	WAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH?  YES 2 NO  NO NO NO NO NO NO NO NO NO NO NO NO
PART II. Other aignific  S.I.A.D  Urinary  25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  27. MANNER OF OEATH  1 Natural 5 S OEATH  2 Accident 3 Suicide 6 Homicide  29e. CERTIFIER (Check only one) 1 CERTIFICATION MEDICAL CERTIFICATION MEDICA	Pending investigation Could not be datermined	Infection  HOSPITAL: 1   Inpatient 2   28e. OATE OF (Month, D) 26e. PLACE Obuilding.	ER/Outpatient 3 INJURY ay, 16er) FINJURY — At he atc. (Specify) my knowledge, de	29b. TIMM	OTHER: 4   Nursin EOF DITY M treel, fectory	26. PLAG g Home gc. INJUF WORI 1  YE , office	CE OF OEA  5 X Resid  RY AT  K?  S 2   !	ence	PERFOR  1 YES 2  1 YES 2  8 Other (Specify)  28d. DESCRIBE HOW I  City or Town, State)  10 the cause(e) and mer  lime, date and place, an	NJURY OCC	UREO or Rural Rounds d.	WAILABLE PRIOR TO DOMPLETION OF CAUSE OF DEATH?  YES 2 NO  NO NO NO NO NO NO NO NO NO NO NO NO



	Page 1 2		
O THE HOSPITAL OR ATTENDING PHYSICIAN: The Law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	0 THE FUNEAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-transf nermit pense 1 or	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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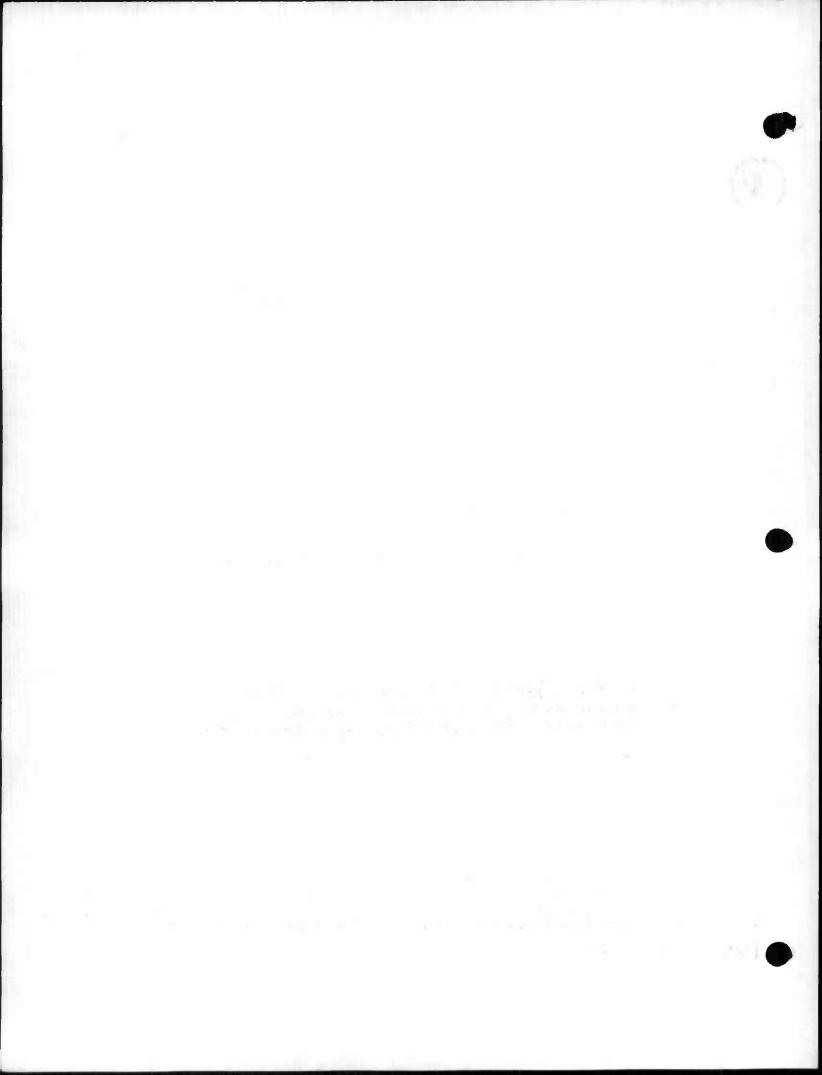
1. DECEDENT'S NAME (First, Middle, L		CEPTIEIC	ATE OF	DE ATH	MENTAL HYGIEN		
Phillips	MARY May	CERTIFICA C. PHILLI U		DEATH	2. DATE OF DEATH MONTH		3. TIME OF DEATH
4. SOCIAL SECURITY (UMBER 579-10-8254	1 - M 2 AF 86	Sh YRS. MON	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 2-25-06	6.	BIRTNPLACE (State or Foreign Country) Vashington, D
98. FACILITY NAME (If not institution, g Washington Adv RESIDENCE OF DECEDENT				a Park,	ATN		of DEATH GOMETY
10e. STATE 10b. CO		10c, CITY, TO	oma Par	rk			10d. INSIDE CITY LIMITS?  1 X YES 2 NO
	renue #303		101.	20912		10g. CITIZE	USA
11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2XX10	13. WAS DECE If yes, spe 1 — YES	ENDENT OF NISPAN city Cuben, Maxican 2 2 10 Specify	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	8 or No — 14	. RACE — American Indian, Black, Whita, atc. Specify: Black
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION rade completed)  College (1-4 or 5+)	18e. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during mos ired.)	N t of working	16b. KIND OF BU	emplo	TRY
17. FATNER'S NAME (First, Middle, Last) Charles Coler				Katt			
190. INFORMANT'S NAME (Type/Print)  Melvin Philli	os	Takoma	Mapre Park,	MAVenue Md. 20	912	m, State, Zip Co	rde)
23. PARW I. Enter the diseases, shock, or heart failured immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions.	DUGANGAMA  DUGASPIRA  CUONCEST:	TWE RESIST	ANT ST. FOOT MONIA FAILU	REIE	Washing  as cardiac or resp  SIS  STA) +)  For (no exp  Reven  FAI  Company of the company of th	ton,  Fratory arrest  SEPS  ONA  ONA  AUTOPSY	Approximate interval Between Onset and De
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   YES 2   NO	HOSPITAL:		HER:	CE OF DEATH (Che			1 TES 2 NO
27. MANNER OF DEATN  Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	28c. INJU WOR	S   Residence S	Other (Specify)  28d. DESCRIBE NOW I	NJURY OCCUR	ED
3 Suicide 6 Could not determined		At home, ferm, street,	factory, office		261. LOCATION (Street ( City or Town, State)	and Number or I	Rural Route Number,
	YSICIAN: To the best of my knowle	dge, death occurred at t	the time, data a	nd place, and due t	o the cause(a) and mar	nner ea stated.	
29e. CERTIFIER (Check only one) 1 XCERTIFYING PN 2 MEDICAL EXAM	INER: On the beals of examination	and/or investigation, in	my opinion, dec	ith occured at the t	me, date and place, an	d don to the Ci	tuse(a) and manner as stated.
(Check only	INER: On the beals of examination	and/or investigation, in		29c. LICENSE NUM			GNED (Month, Day, Year)
(Check only 2 MEDICAL EXAM 290. SIGNATURE AND TITLE OF CERTIF	INER: On the beals of examination	and/or investigation, in		29c. LICENSE NUM			



STATE OF MARYLAND /	DEPARTMENT O	F HEALTH	AND	MENTAL	HYGIEN	Ε
CE	RTIFICATE	OF DEAT	H		REG. NO.	

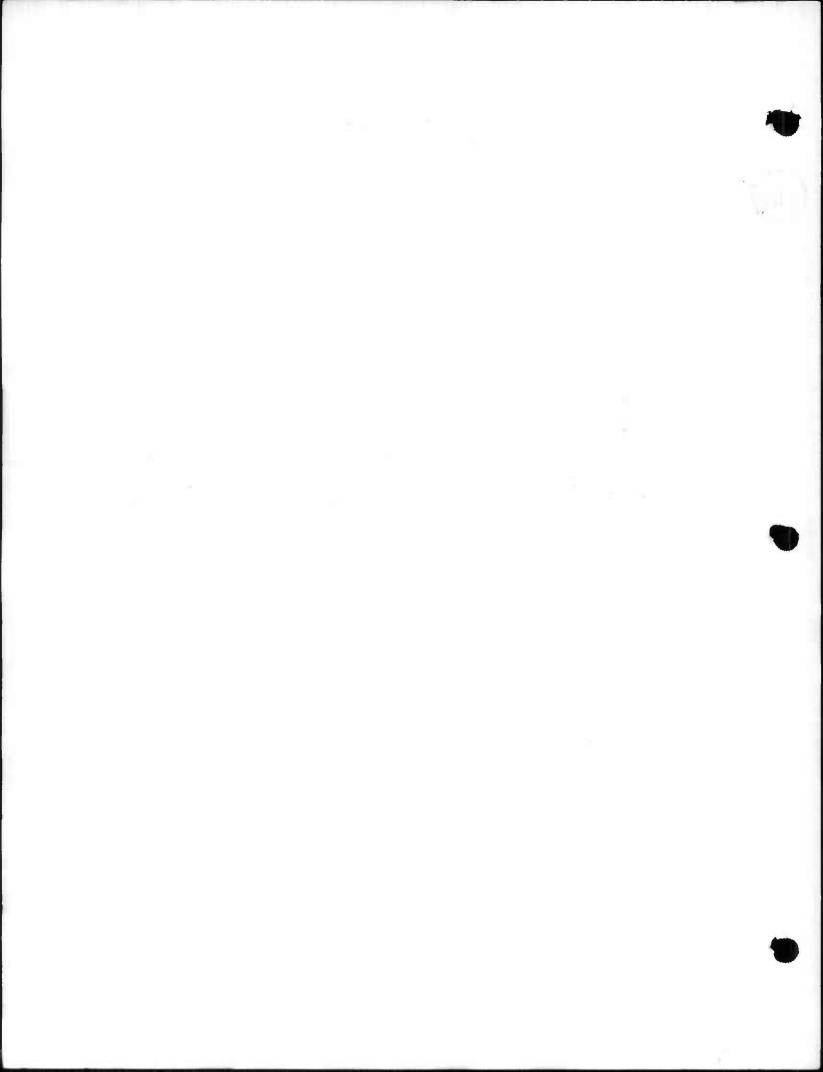
	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI	MENT OF H	EALTH AND	MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH			
	Charles Marion	1	Parker			05 05	92	9:00 A			
		SEX 6. AGE (In	-	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9/24/15	Count	IPLACE (State or Foreign ry)			
	9a. FACILITY NAME (If not institution, give street	end number)	9	a. CITY, TOWN (	OR LOCATION OF I		9c. COUNTY OF D	h., D. C.			
DIRECTOR	6940 Hanover Parkw	ay #200		reenbe	lt, Md.			George's			
DIRE	Md. Princ	e George's		own or Local	TION		10d. INSIDE CITY LIMITS?				
AL	10e. STREET AND NUMBER	C OCOTEC 5		10g. CITIZEN OF V							
EH	6940 Hanover Parky	way # 200			20770		U.	S. A.			
BY FUNERAL	11. MARITAL STATUS 12 1 ☐ Never Married 2 ☐ Married 3. ☐ Widowed 4 ☐ Divorced	P. WAS DECEDENT EVER IN U. FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.)	or No- 14, RACI	E — American Indian, k, White, atc.					
	****	ION I						WIIICE			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY										
ME	17. FATHER'S NAME (First, Middle, Last)		Clerk			Nat. Can	dy Whole	salers			
S	George M. Parker					May Pettawa					
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a		-	-				
٩	19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) William Parker 7821 Mandan Rd. # 204 Greenbelt, Md. 20770										
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION // Page 20c. LOCATION City of Town State										
	4 Donation 5 Other (Specify) Other (Specify) Md. National Cemetery 5/7/90 Laurel. Md.										
	21. SIGNATUME GE MINERAL SERVICE LICENS	IEE M	1	22. NAME AN	D ADDRESS OF F	CILITY					
	· packel)	Fren	8	4739 F	ls Gasch Baltimor	's Sons Fun e Ave., Hya	eral Hom	ne, PA			
	23. PATT I. Enter the diseases, or community shock, or heart failure. List the disease or condition resulting in death)			anter the mo	da of dying, suc	ch as cardiac or respir	atory arrest,	Approximate interval Betwee Onset and Dea			
_	resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Interior of the control of										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):										
5	CAUSE (Disease or injury	0115 70 (00 40 4 0									
Ē	that initiated events resulting in death) LAST	OUE TO (OR AS A C	ONSEQUENCE OF):								
G	d	d									
AL.	PART II. Other significant conditions co	ontributing to death but	,		csuse givan in	PERFORM	NED?	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE			
PHYSICIAN: MEDIC	Peripheral Vas	scula- Di	is ease	Lat	ile	7.0.00		OF DEATH?			
ż	- Axpertension		15E501		- A /	ic Colan.					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		36. PL	CE OF DEATH (C)						
YSI	1 YES 2 7NO	Inpetient 2 ER/Outpetic		HER: Nursing Home	5 Rasidence	6 Other (Specify)					
	27. MANNER OF DEATH  1 Netural 5 Pending	26s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJU	IRY AT	28d. DESCRIBE HOW IN.	JURY OCCURED				
B	2 Accident Investigation				ES 2 NO						
COMPLETED	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF INJURY — building, atc. (Specify)	At home, term, stree	t, factory, office		26t. LOCATION (Street en City or Town, State)	d Number or Rural R	oute Number,			
9	29a, CERTIFIER										
ğ	(Check only one) 2 MEDICAL EXAMINER: Or	: To the best of my knowled in the besis of examination as	gs, death occurred at nd/or investigation, in	my opinion, de	and place, and due oth occured at the	to the cause(s) and mann	er as stated.	and manners are about			
	29b. SIGNATURE OF OFFICIER	-12A									
H	Stut L	Lif.			DZ/	801	29d. DATE SIGNED	(Month, Day, Year)			
2	30. NAME NO AGORESS OF PERSON WHO OF	MPLETED CAPSE OF DEATH	(ITEM 27) (Type, Prin	750	0600	envray	- 3 18	172			
	Stuart lurke	erritz, i	1.0.		onbell		-1/1. D 770	r. # 430			
	31. DATE FILED (Marith, One Year)	22. REGISTRAT'S SIGNATI	Hace								





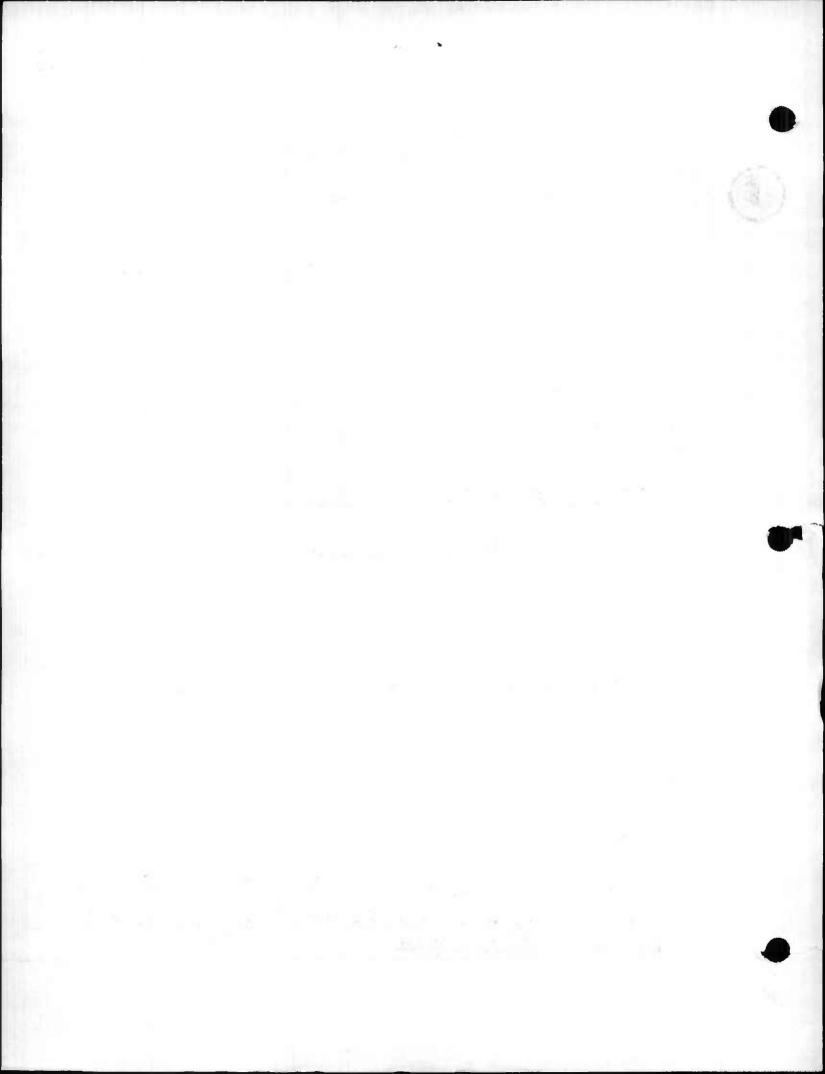
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L RECORDS, P.O. BOX 131	OD ATTENDING BUYCLUIAN: The law requires that the death certificate he execution
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<b>DIVISION OF VITAL</b>	LIVEICIAM.
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/ISIO	ATTENDA
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	-

	1	STATE REGISTRAR DECEDENT'S NAME (First, Middle, Last)		CERTI	FICATE C	F DEATH	REG. NO.		3. TIME OF OEATH		
		Mildred	Quigley	Milarea	LIIIIai	n Quigley	MONTH DAY	Q Q Q	130 A		
	T	SOCIAL SECURITY NUMBER	5. SEX ACT	(In yrs. lest birthday	MONTHS DAY		7. DATE OF BIRTH (Month, Day West)		THPLACE (State or Foreign untry)		
To Co		220-34	1 🗆 M 2 🖫 🗲	84 YRS.			03/09/0		insylvania		
- A		a. FACILITY NAME (If not institution, give s	treet and number)			WN OR LOCATION OF D	EATH /	9c. COUNTY OF			
		toward (ounty Hospital			Co	lumbia		140	ward		
L. Pages	-	OR. STATE 10b. COUNT	1 4 2	10c. C	ITY, TOWN OR LO				10d. INSIDE CITY		
Pag.		Maryland	Howard			olumbia			1 VES 2 NO		
AL AL		0e. STREET AND NUMBER	D.	(1.1		101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
EB Insit		6524 141	luiew Driv	is Columpi	a, m1)	211	046	Un	ited States		
physician. burial-transit permit. Pag		1. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES			DECENDENT OF HISPA , specify Cubar, Mexic	NIC ORIGIN? (Specify Yes o an, Puerto Rican, etc.)	r No- 14. R/	ACE — American Indian, lack, White, etc.		
ing ph the bu		Wildowed 4 Divorced	IF YES, GIVE WAR OR	DATES	1 🗆	YES 2 1 NO Speci	fy:	Specify: W			
as t as t		15. DECEDENT'S EDU		18a. DECEDENT	'S USUAL OCCUP	PATION	16b. KINO OF BUSIN	IESS/INDUSTRY			
or use		(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	of work done during use retired.)	g most of working					
hed the		12	0	Bookeep	er		Retail				
the hospital or attent detached for use as once.		7. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Malden Surname)									
ed by uid be	L	Claude L Brown Pearl Root  a. INFORMANT'S NAME (TyperPrint) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
retained by the hospital of S should be detached for notified at once.  TO BE COMPLE									701		
after death. Page 6 may be retained by the hospital or attending physician.  by the funeral director, page 5 should be detached for use as the burial-tran moral.  cal examiner must be notified at once.  TO BE COMPLETED BY FUNE	-	Donald L. Quigley 517 Carrolton Drive Frederick, MD 2170  20a. METHOD OF DISPOSITION (Name of computery, crematory or 20c. LOCATION — City or To-									
e 6 may ector, p		We red of disposition    We will 2 □ Cremation 3 □ Rem    □ Donation 5 □ Other (Specify)	oval from State	other place)	Cemeter				Maryland		
s after death. Page 6 m. by the funeral director, emoval. iical examiner must	- 10-	1. SIGNATURE OF FUNERAL BESTVICE LI		.vy IIIII		J IE AND ADDRESS OF FI		., .,			
unera	Fleck Funeral Home, Inc. 7601 Sandy Spring Road Laurel, M										
the the towal.	+	23. PART i. Enter the diseases, or	water					Laurel	MD 20707		
a or n		ahock, or heert failure.  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a. Resply	atory A CONSEQUENCE	Falls	ire			Interval Between Onset and Death		
th certificate be ending physician Hygiene prior to or other traum		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  L. VNEUMONIA  OUE TO (OR AS A CONSEQUENCE OF):  C. DUE TO (OR AS A CONSEQUENCE OF):  d.									
0 2 3	- 10	PART il. Other significant condition	na contributing to death	but not resulting	g in the under	tylng cause given in	Part I. 24a. WAS AN A		24b. WERE AUTOPSY FINDINGS		
en signed by the Mealth and Mealth and Injury MEDICAL		Atrial Fib	rillation				PERFORM 1 YES 2		COMPLETION OF CAUSE OF DEATH?		
requires that seen signed la shows any shows any . MEDIC		Diabetes Mell	tus	2					1 YES 2 -HO		
W W C	- 10	( or many ar	kny dissue								
		25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	6. PLACE OF DEATH (C	theck only one)				
certificate the State of the State HYSIC		1 TYES 2 NO	1 npatient 2 ER/O		4 - Nursing	Home 5 - Residence					
PHYSICIAN: this certifica with the St inked, or it		27. MANNER OF DEATH  1 Netural 5 Pending	28s. DATE OF INJUR (Month, Day, Year	7) 266.	INJURY	WORK?	28d, DESCRIBE HOW IN.	JURY OCCURE	•		
After this death with BY PI		2 Accident Investigation	28e. PLACE OF INJU	IRY — At home, ferr		YES 2 NO	28f, LOCATION (Street an	d Number or Ru	ral Route Number		
등 등 등 등 H		3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S	pecify)	,		City or Town, State)				
COMPLETEC		29a. CERTIFIER 1 DEPTIFYING PHYS	ICIAN: To the best of my kn	owledge death occ	urned at the time	date and place, and dr	us to the severals and many	or on stated			
N = 25 P		one)							se(a) and manner sa stated.		
FUNERAL WITHIN 72 WITHIN 72 COMP	15	29b. SIGNATURE AND MITLE OF CERTIFIE	- manufacture-c		asimiles, 1913	29c. LICENSE NO			NED (Month, Day, Year)		
五		BX I ame w	D Atte	inding of	rystilas		27733	▶ Ц	126/93		
F 5 3 ₹ 0	1	30. NAME AND A OPRESS OF PERSON WI	10 COMPLETED CAUSE OF			7	20100		10001		
	1	Barry K. Lav	nce, miDi,	14201	Laurel	Park	Dr. Svite	223	Laurel mi) 2		
<u>.</u>		31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S'S	CNATURE CANCE DO							
- N	1	MAY 0 4 1992 9	rely wavidson-n	-110-0-							



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicia	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-ty		al.
 etained by the h	should be detay		otified at onc
 Page 6 may be r	director, page 5		ner must be n
ours after death.	in by the funera	r removal.	nedical examir
nted within 24 ho	completely filled	rial, cremation, o	c event, the n
rtificate be execu	ng physician and	liene prior to but	other traumative
that the death ce	d by the attendir	and Mental Hyg	ny injury, or o
he law requires 1	has been signe	Dept. of Health	n 23 shows a
3 PHYSICIAN: TI	er this certificate	th with the State	arked, or iter
OR ATTENDING	DIRECTOR: Afte	hours after deal	Item 28 is m
TO THE HOSPITAL	TO THE FUNERAL	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIEN REG. NO				
1	1. DECEDENT'S NAME (First, Middle, Last)	Charles P.				2. DATE OF DEATH MONTH DO		EAR	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (		UNDER 1 YEAR	IF UNDER 24 HRS.	May 8,		BIRTHE	0200 M	
	218-26-7133	1 🛛 M 2 🗌 F		NTHS DAYS	HOURS MIN.	April 4, 1		Country)	land	
	9e. FACILITY NAME (If not institution, give s	street and number)	91	L CITY, TOWN O	R LOCATION OF D	~	9c. COUNTY			
DIRECTOR	Calvert Manor Nu	rsing Home		Rising	Sun		Ceci			
3EC	10a. STATE 10b. COUNT	4	10c. CITY, T	OWN OR LOCAT	ION			1	10d. INSIDE CITY	
	Delaware New C	astle	Newa	rk				LIMITS?		
FUNERAL	10a. STREET AND NUMBER			101	ZIP CODE	10g. CITIZEN	OF W	AT COUNTRY?		
VER	768 Arbour Drive				19713		U.S.	Α.		
BY FUI	11. MARITAL STATUS  1			If yes, sp		NIC ORIGIN? (Specify Yes an, Puerto Rican, etc.) ly:	or No— 14.	No- 14. RACE - American Indian, Black, White, atc. Specify: White		
8	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S US	JAL OCCUPATION	N .	16b. KIND OF BUS	SINESS/INDUS	TRY		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)					Aerospa	ace			
MP		2	Electric	al Eng	ineer	(Boein	Comp	any	)	
00	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First, Middle, Maiden	Surname)			
BE	Howard H. Rogers					Freda Pet	erson			
0	19a. INFORMANT'S NAME (Type/Print) 19b.					Route Number, City or Town	n, State, Zip Co	de)		
	Marjorie P. Roge:	rs	768 Ar	bour D	rive - N	lewark, DE	19713			
	20a. METHOD OF DISPOSITION 1 % Burlal 2 Cremetion 3 Removal from State 4 Donation 6 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place)  Friends Burlal Ground  20c. LOCATION - City or Town 1992  Calvert, Ma							110000		
	21. SIGNATURE OF FUNERAL SERVICE LIC		4			or Funeral	s. PA		*	
	· Ralph	E. Hic	bs	103 Elkt	West Sto	ckton Stre	et			
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or haert feliure. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (05 NS A CONSEDUENCE OF):									
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that Initiated eventa resulting in death) LAST  b. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									
PHYSICIAN: MEDICAL C	PART II. Other algitificant condition	4	ut not resulting in t	he underlying	ceuse given in	Part I. 24a. WAS AN PERFOR 1 YES 2	MED?	0	VERE AUTOPSY FINDINGS WARLABLE PRIOR TO COMPLETION OF CAUSE DE DEATH?  YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL							<u> </u>		
2	EXAMINER?	HOSPITAL:		THER:	ACE DF DEATH (C)					
4	27. MANNER OF DEATH	1 Inpatient 2 ER/Outp	28b, TIME O			6 Other (Specify)				
	1 Natural 5 Pending	(Month, Day, Year)	PAUCINI	WO		28d. DEŞCRIBE HOW II	IJURY OCCUR	ED		
ВУ	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	— At home, farm, street			281 LOCATION (Street o	ad Mumbas as I	Dural Da	to Markey	
TED	4 Homicide 6 Could not be determined	eet, factory, office  26f. LOCATION (Street and Number or Rural Route City or Town, State)					ne number,			
COMPLETED		CIAN: To the best of my knowl R: On the basis of examination						ouse(s)	and menner as stated.	
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	MBER	29d. DATE SI	GNED (	Month, Day, Year)					
	offul of	Entor so	MO		D-111	15	15-	11-	-97	
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	(ITEM 27) (Type, Pri	-	59 R	1 2	n, or 2	9	1911	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	1 Jey		211 2m	7)000		111	
	MAY 13'92	gara Bandson	- Manara							



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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed w	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and comp	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cr	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic eve
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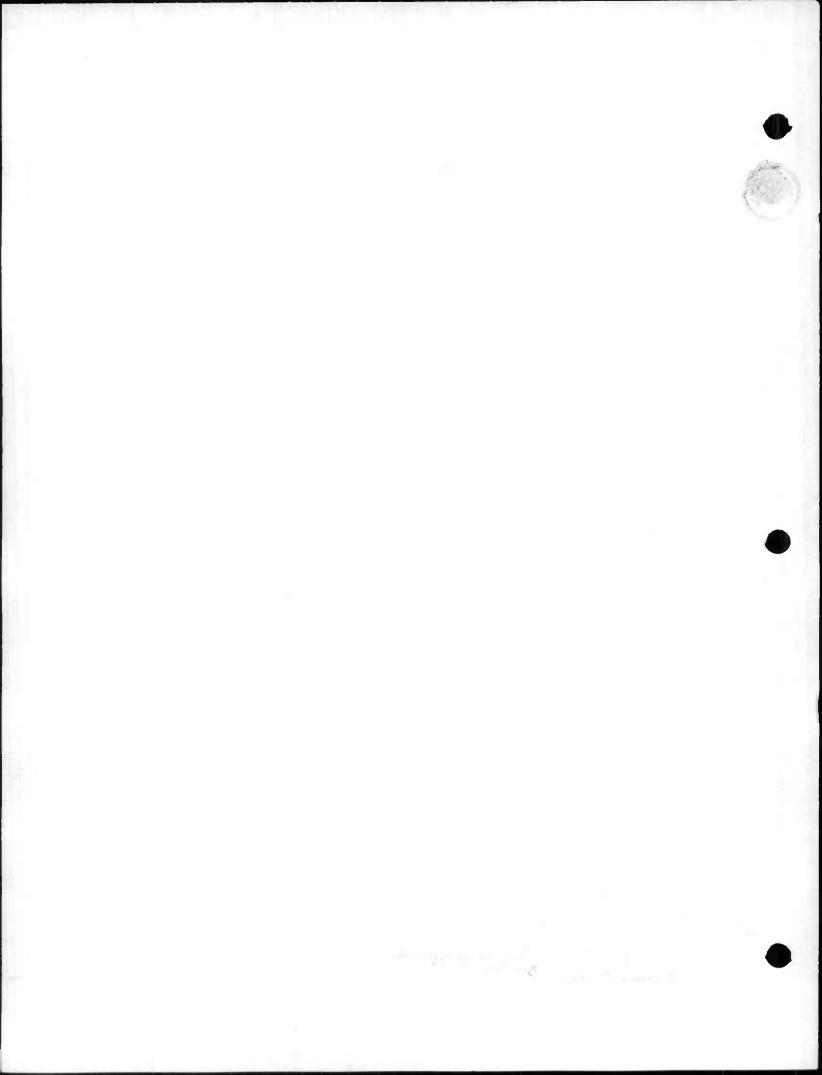
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	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND C	DEPAR	TMEN	TOF I	HEALTH	AND TH	MENTAL	HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last)		0	1 .					2. DATE C		AY	VEAD	TIME OF DEATH
	Robins Juanil			bins	on				5	3		20	1405 M
	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. Is		IF UND	DAYS	IF UNDER	24 HRS.	7. DATE O	F BIRTH Day, Year)		Country)	ACE (State or Foreign
	579-10-6224	1 🗆 M 2 🌣 F	85	YRS.		- CANTO	noons	January.	Apri		, 190		ash. D.C.
or.	9e. FACILITY NAME (If not institution, give si						OR LOCATION				9c. COUNT		
ē	Washington Ad	ventist	Hospi	tal	Tak	coma	Par	k,	Md.		Mont	gome	ery
DIRECTOR	100. STATE 106. COUNTY			10c, CIT	Y, TOWN	n or location tsville							od. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER			1									TYPES 2 NO
RA	7006 21st. Ave	2110					C. ZIP CODI				- 6.		T COUNTRY?
N.	11. MARITAL STATUS	12. WAS DECEDENT					2078				US		
BY FUNERAL	1 Never Married 2 Married  3 Wildowed 4 Divorced  FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES					If yes, sp		n, Maxica	NIC ORIGIN? en, Puerto Ric fy:		s or No— 1	Specify:	American Indian, thite, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	ATION completed)	16s. Di	ECEDENT'S	USUAL	OCCUPATION	ON		16b. I	IND OF BU	SINESS/INDUS		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	Do NOT us	se retired.	) auring mo	at of workin	g					
MP	7Th.			Hous	ewi	fe							
8	17. FATHER'S NAME (First, Middle, Last)								ME (First, Mic	ddle, Meiden	Sumame)		
BE	Peter R. Wyche						Lu	la					
0	19e. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code)												
-	Vera Dudley		4	028	Ark	ansa	as A	ve.	N.W.	. Wa:	sh. D	.C.	20011
	20e. METHOD OF DISPOSITION  1 Burlel 2 Cremetion 3 Remo 4 Donetion 5 Other (Specify)	val from Stata	206. PLACE cometery, cre Wash	AND DATE (	OF DISPO	SITION (Na	ame of			20c. LO	cation — cir itlan	y or Town,	State
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	INGOIL		22	. NAME AP	ND ADDRES	S OF FA	CILITY M	DCL	ATTIC	PIIN	TEDAT HOM
	· ( Pm	arch	10		I	NC.	421	7 9	th.	St. P	ALL S	Wash	LEVAL HOLI
	23. PART LEtter the diseases or complications that caused the death. Do not extend the death.								4				
	Intervel Between										Approximate Intervel Between		
	IMMEDIATE CAUSE (Final disease or condition							4 To Po. AD 0					Onset and Death
	resulting in death)  e. CAR DID RESPIRA  DUE TO (OR AS A CONSEQUENCE OF):								MRRI	5s 7			
_1													
CERTIFICATION	Sequentially list conditions,  Due TO (OR AS A CONSCOUENCE (OF):  Due TO (OR AS A CONSCOUENCE (OF):												
¥	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initieted events  OUE TO (OR AS A CONSEQUENCE (OF):												
Ē	CAUSE (Disease or injury that initiated events	OUE TO (O	R AS A CONSE	OUENCE OF	- VI. I ):	- 0							
H	resulting in death) LAST	PSEI	la mo	NAC		TW	FEC	71	0.0/				
2	PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY FINDINGS												
BY PHYSICIAN: MEDICAL								Iven in	Part I. 2	4a. WAS AN PERFOR			RE AUTOPSY FINDINGS
ă	TRANSIEN-		HEIN	110	1	TTI	TCK	-	1	YES 2		co	MPLETION OF CAUSE DEATH?
Z	ARRITY TH	MIA							_				YES 2 NO
z													
3	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			-		ACE OF DE	ATH (Ch	eck only one)				
YS	1 YES 2 NO	1 Inpatient 2 E	R/Outpetient 3	□ DOA	OTHE		o 5 🗆 Rei	idence	8 Other (	Specify)			
표	27. MANNER OF DEATH	28e. DATE OF IN (Month, Day,		28b. TIMI	E OF URY	28c. INJ	URY AT		28d. DESCI	RIBE HOW I	E HOW INJURY OCCURED		
B	1 Natural 5 Pending						'ES 2 🗌	NO					
COMPLETED	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, building, etc. (Specify)						ry, office 281. LOCATION (Street e. City or Town, State)				and Number or	Rural Route	Number,
E	290. CERTIFIER	ANI. To the control of										<del></del>	
MP	(Check only one)  1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date end place, end due to the cause(s) end manner ea stated.  2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner ea stated.												
8		I I'm Owned Of EXE	mierroni eng/or i	vestigation	i, in my	opinion, de	ath occurs	d at the	time, data an	d plece, and	d due to the c	ause(e) and	d manner es stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	male +	- 11M			29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)							
5	Tamp 1- Kannaskat MP						D-20062 > 5/3/92						

MAY 0 5 1992

32. BEGISTRAR'S SIGNATURE Julia Davidson-Randolle

DHMH-18 Rev 1/89

SILVERSPRING MD 20910



FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

	REGISTRAR		CERTIF	FICATE OF	DEATH	REG.	NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT	N	3. TIME OF DEATH	N		
	Arthur John Ric	kenbacher				<b>м</b> 8нгн 05		YEAR STIME OF BEATT			
- 3	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Fore	mian		
ij	577-01-8716	1 🔀 M 2 🗆 F	82 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year 09/12/0		Country)			
	9s. FACILITY NAME (If not institution, give s.	treet and number)		9b. CITY, TOWN	OR LOCATION OF			Washington,	טע		
E C	7727 Garrison Re	nad			ham Hil						
5	RESIDENCE OF DECEDENT			W. Lai	mail nii.	IS	Prin	ice George's			
DIRECTOR	10a. STATE 10b. COUNTY		10c. CI	TY, TOWN OR LOCA	TION			10d. INSIDE CITY	_		
		ce George's		W. Lanha	m Hills			LIMITS?	NO		
AL	10e. STREET AND NUMBER			10	H. ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?			
5	7727 Garrison Re	oad			2078:	2	U	JSA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	13. WAS DE	CENDENT OF NISPA	NIC ORIGIN? (Specif)	Yes or No-	14. RACE American Indian	n.		
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	If yes, s	S 2 NO Spec	en, Puarto Rican, atc.	)	Black, White, atc. Specify:	**				
	3 Widowed 4 Divorced				A	,.		White			
E I	15. DECEDENT'S EDUC (Specify only highest grade	WORK done during me use retired.)	ON pet of working	16b, KIND OF	BUSINESS/INDI	USTRY					
9	Elementary/Secondary (0-12)	osi or working									
₩	12 0 Furniture Inspector Department Store										
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		AME (First, Middle, Ma	den Surname)							
BE	Albert D. Ricker	May Sprat	t								
2	19a. INFORMANT'S NAME (Type/Print)		and Number or Rura	Route Number, City or	Town, State, Zip	Code)					
-	Helen Lee Rickenbacher 7727 Garrison Road,										
	20s. METNOD OF DISPOSITION 1    M Burlel 2 □ Cremation 3 □ Remo	20	b. PLACE AND DATE	OF DISPOSITION (N	ame of	DATE 20c. LOCATION — City or Town, State					
	4 Donation 5 Other (Specify)	Year Iron State	metery, crematory or co.	In Cemet	netery 5/5/92 Brentwood, Mar						
	21. SIGNATURE OF FÜNERAL SERGICE LIC	ENSEE	/ /	22 NAME A	NO ADDRESS OF E	ACHITY					
	1/ 1hon	/	1			s Sons F					
-	23. PART I. Enter the dieaesea, or c		upa,	+/39 B	altimore	Ave., H	yattsvi	lle, MD 2078	31		
	ahock, or heart failure. Liet only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DV HIV DRATTO A										
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in deeth) LAST  b. DEHYDRATION  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other eignificent conditions CONGESTIVE RENAL MSW	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH2 1  YES 2 NO	USE						
BY PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	1		26 DI	ACE OF DEATH (CI	nack anth anni					
Sic	EXAMINER?	HOSPITAL:	netlant 2 - no.	OTHER:	_						
Ě	27. MANNER OF DEATN	28s. DATE OF INJURY	28b. TIM			8 Other (Specify)					
9	1 Natural 5 Pending	(Month, Day, Year)	INJ	URY WO	RK?	28d, DEŞCRIBE HO	W INJURY OCCU	JRED			
	2 Accident Investigation 3 Suicide Could not be	28s. PLACE OF INJUR	Y - At home feet		rES 2 NO						
	4 Nomicide 8 Could not be	building, etc. (Spe	ocify)	erreer, rectory, office		28f. LOCATION (Stre City or Town, St	et and Number o	r Rural Route Number,			
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC 2 MEDICAL EXAMINER	IAN: To the best of my know:	wiedge, death occurre	ed at the time, data	and place, and due	to the cause(s) and	manner as stated	i. cause(e) and manner ee state			
	296. SIGNATURE AND TITLE OF CERTIFIER			, spinson o					<b>₩</b> 0.		
出	The of Centification		29c. LICENSE NU	MBER		SIGNED (Month, Day, Year)					
o IL	30 NAME AND ADDRESS OF BERGON WITH	COMPLETED THE	/		いつうつ	7/	5	.3.92			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  CAPL J. SLAVIN MD										
	31. DATE FILED (Month, Day, Year) MAY 0 4 199	2 32. REGISTRAR'S SIGN	Harver-Rand	all					_		

STATE REGISTRAR

-arl

226

4. SOCIAL SECURITY NUMBER

31. DATE FILEO (Month, Day, Year)

1992

28

1. DECEOENT'S NAME (First, Middle, Last)

7282

1

9/22/1924 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH DIRECTOR Liberty Medical Center Baltimore RESIDENCE OF DECEDENT 10e. STATE 18c. CITY. TOWN OR LOCATION Maryland na Baltimore FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 730 Ashburton Street use as the burial-transit 21216 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 100 IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-1 Never Merried 2 Married If yes, specify Cuben, Mexican, Puerto Ri 1 YES 2 TONO BY Specify: 3 Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) (Specify only highest grade Elementary/Secondary (0-12) College (1-4 or 5+) PVT. COOK 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surneme) notified at TALTON RAGLAND OCIE RANDOLPH BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1827 "D" St, Washington, DC Albert Ragland Bro 2 20b. PLACE AND DATE OF DISPOSITION (Name of must Donetton & Other (Specify) in state HARMONY MEM. PK 5/1/92 21 SIGNATURE OF FUNERAL SERVICE LICENSEE BORaldWade, Dir examiner 22. NAME AND AODRESS OF FACILITY State Anatomy Board 4/27/92 655W. Baltimore St, Balto.MD 21201 medicai 23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. List only one cause on each line. IMMEDIATE CAUSE (Finel the After this certificate has been signed by the attending physician and completely filled death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, diseese or condition Sphageal with Cancer resulting In death) traumatic event. DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events or other DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST injury, PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Pert i. MEDICAL disorden shows any Scieme PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item HOSPITAL OTHER 1 YES 2 NO 1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) marked, or 27. MANNER OF BEATH 28e. OATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Notural 5 Pending M 1 YES 2 NO BY 2 Accident 3 Sulcide 28e. PLACE OF INJURY — At home, ferm, streat, factory, office building, etc. (Specify) 25 DIRECTOR: / COMPLETED 6 Could not be 4 Homicide 28 datermined If Item 29e. CERTIFYING PHYSICIAN: To the bast of my knowledge, desth occurred at the time, date end place, end due to the cause(a) end menner as stated. FUNERAL ( AD THE HOSPITA
TO THE FUNERA
De filed within 72
IMPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the fime, date end place, end due to the cause(s) end manner es stated. 296. SIGNATURE AND THEE OF CERTIFIER BE 29c. LICENSE NUMBER D 39297 60 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Raglano

5. SEX

1 X M 2 F

6. AGE (In yrs. lest birthday)

YRS.

67

CERTIFICATE OF DEATH

RAGLAND

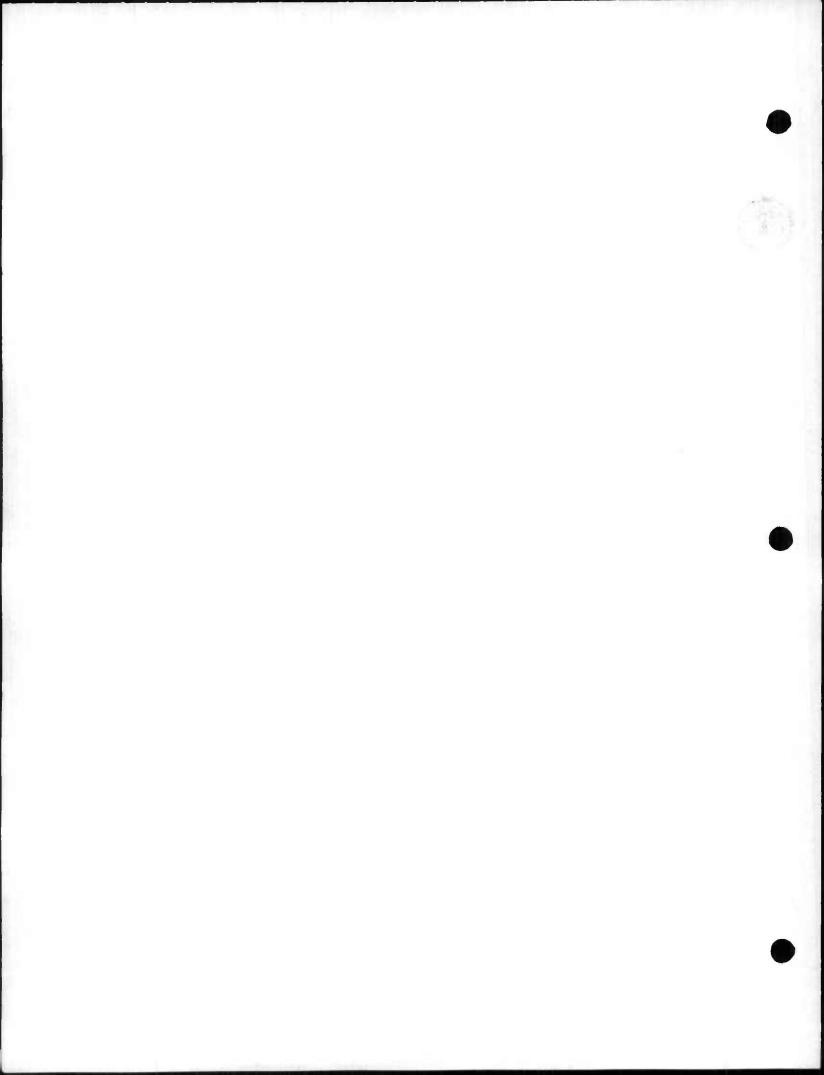
DAYS

IF UNDER 1 YEAR IF UNDER 24 HRS.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REG. NO. 2. DATE OF DEATH 3. TIME OF OEATH ZZ DAY YEAR 4:00 92 7. DATE OF BIRTH (Month, Day, Year) 8. BIRTHPLACE (State or Foreign Country) Virginia 9c. COUNTY OF DEATH na 10d. INSIDE CITY 1 YES 2 NO 10g, CITIZEN OF WHAT COUNTRY? USA 14. RACE — American Indien Black, White, etc. Black 16b. KIND OF BUSINESS/INDUSTRY 20c. LOCATION — City or Town, State LANDOVER Approximate Interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMEO? 24b. WERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE 1 TES 2 LINE OF DEATH? 1 TES 2 THO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 29d. OATE SIGNED (Month.

92

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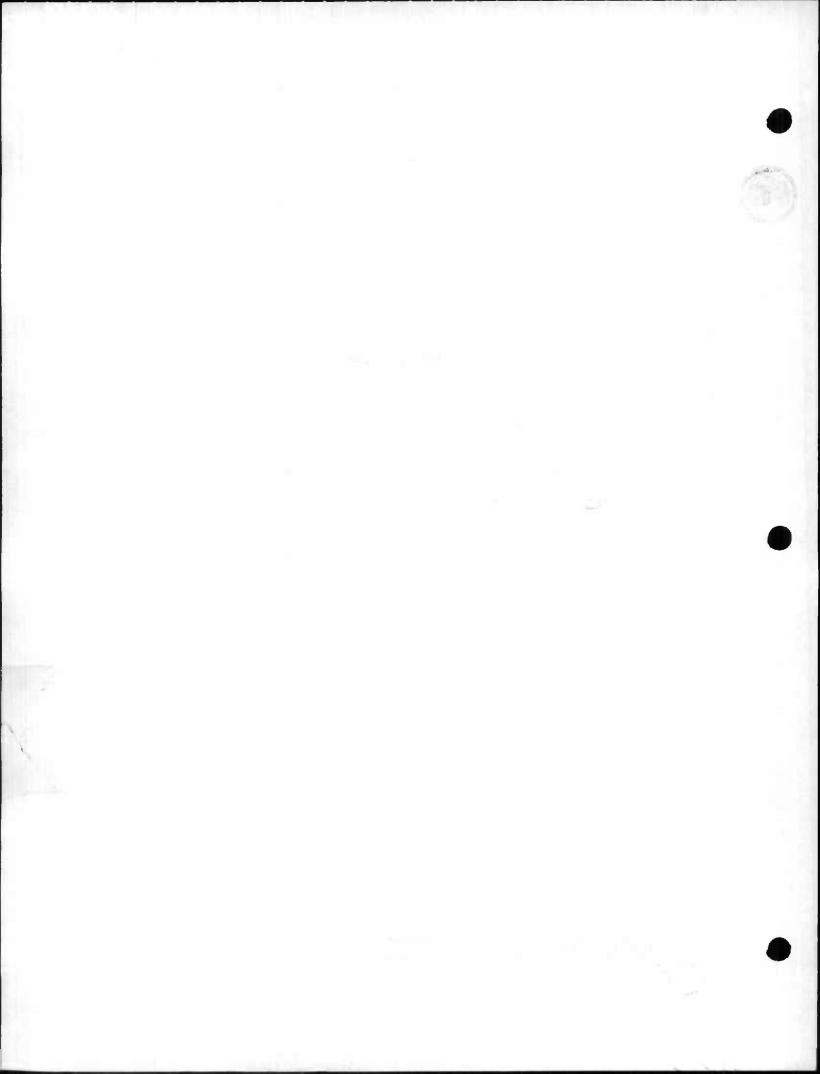
TO BE COMPLETED BY FUNERAL DIRECTOR

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 8 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM	RENT OF H	EALTH AND	MENTAL HYGIEN		
1. DECEDENT'S NAME (First, Middle, Last)	IDA RAINS				2. DATE OF DEATH	M4 92	3. TIME OF DEATH 8:45P M
212-14-1652	5. SEX 1   M 2   X   8. AGE (In yrs.		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. Bi	RTHPLACE (State or Foreign spritry)
9a. FACILITY NAME (If not institution, give etre PRINCE GEORGE S RESIDENCE OF DECEDENT				CHEVERLY		9c. COUNTY O	PG
10a. STATE  10b. CQUNTY  10c. STREET AND NUMBER	G.	La	rg c	)			10d. INSIDE CITY LIMITS? 1 YES 2 HO
237 CASTLE	to N Plac  12. WAS DECEDENT EVER IN U.S.			2077		4.5	PF WHAT COUNTRY?
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES	NO	13, WAS DEC If yes, sp 1 TYES	ecify Guban, Mexico	NIC ORIGIN? (Specify Year, Puerto Ricen, etc.) in, Puerto Ricen, etc.)		IACE — American Indian, Ilack, White, etc. pacity:
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ompleted)	DECEDENT'S USU (Give kind of work ife, Do NOT use red	done during mo tired.)	on st of working	166. KIND OF BU	SINESS/INDUSTR	Y
17. FATHER'S NAME (First, Middle, Last) William Be	uford	varse		18 MOTHER'S NA	ME (First, Middle, Melder S.A. H.A.	Sumame)	
	iens d	237 C	PAS Fle	nd Nymber or Plurat	Payle Number, City or Tov.	m, State, Zip Code,	0772
20e/METHOD OF DISPOSITION  1 Serial 2 Cremation 3 Remov  4 Donation Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE	al from State cemetery, o	EANDDATE OF DI	(lemo	tery	5/7/92 L	AUGOV	r Town, State
Denue	Edward	4	373	DO DI	15,1ve	1411	Red me
23. PART I. Enter the diseases, or co- shock, or heert failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the cat only one cause on each life CARDO	Ren	O Urad	de of dying, suc	med to	iratory arrest,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSI Leaking DUE TO (OR AS A CONSI CITTURE	asey	Lies Liver	enal	failure		
PART II. Other significant conditions	contributing to death but not	resulting in the	e underlying	cause given in	Part i. 24e, WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 HO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	ACE OF OEATH (Ch			NA.
27. MAHMER OF DEATH  1. Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF IHJURY — At Industry, stc. (Specify)	26b. TIME OF IHJURY	M 1 TY	JRY AT RK?	8 Other (Specify)  28d. DESCRIBE HOW (  28t. LOCATION (Street City or Town, State)	A A and Number or Rur	
	AH: To the best of my knowledge, o				to the cause(e) end me	ner ea stated.	
296. SIGNATURE AND TITLE OF CERTIFIER	On the basis of examination end/or	u)		anth occured at the 29c. LICEHSE NUR D 232			SED (Month, Day, Year)
31. DATE FILED (Month, Day, Year)  MAY 0 7 1992	32. REĞIŞTRARXI SIGNATURE		1)				





Sho		
page 5		
tel uns certificate has been signed by the attending physician and compretely miled in by the funeral director, page 5 sho		searched on these 92 about taking on adher to act and the search the search
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	FOR 1 - STATE REGISTRAR	STATE OF MA	RYLAND / DEPA	RTMENT OF	HEALTH	AND I			E			
	1. DECEDENT'S NAME (First, Middle, Last)		CERTIF	ICATE OF	DEA	in.	_	REG. NO.				
	ANTHURY F.	RONTRE	Antho	ony F.	Rane	ere	2. DATE OF MONTH	DEATH DA		YEAR	TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (in yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH 8. BI			8. BIRTHPL	ACE (State or Foreign	
	155-03-0740	M 2 □ F	81 YRS.	MONTHS DAYS	HOURS	MIN.	(Month, D	07-1	0	NIOT.	Jersey	
	9e. FACILITY NAME (If not institution, give	streel and number)	A	9b. CITY, TOWN	OR LOCAT	ION OF DE		07-1		TY OF DEA		
DIRECTOR	SOUTHWN N	W. H080.	Center	Cli	nfo	n			Priv		Teorge 5	
N N	10s. STATE 10b. COUNT	TY	100 00	TY, TOWN OR LOCA	TION							
<b>E</b>										11	Od. INSIDE CITY LIMITS?	
	Md. Pri	nce Georg	ge's D	istric	t He	ight	ts_			1	YES 2 NO	
FUNERAL	10e. STREET AND NUMBER			1	H. ZIP COD	E			t0g. CITIZI	EN OF WH	AT COUNTRY?	
直	6308 Gateway	6308 Gateway Blvd. 20747								USA		
15	11. MARITAL STATUS	13. WAS DE			IIC ORIGIN? (S	nacity Yes			America testin			
	1 Never Married 3/3/Married	FORCES? 1X	ŠES 2 □NO	If yes, s	pecify Cubi	en, Mexica	n, Puerto Rice	n, etc.)	Of 140-	Black, Y	- American Indian, White, stc.	
B	3 Wildowed 4 Divorced	W TES, GIVE WANT	OH DATES	1 L YE	ON XIX 8	Specify				Specify:	hite	
8	15. DECEDENT'S EDI	UCATION	15- DECEDENT	USUAL OCCUPAT			1 000	2 22000			штсе	
ETE	(Specify only highest grad	le completed)	(Give kind of	work done during man retired.)	ion ost of worki	ing	16b. Kil	ND OF BUS	INESS/INDU	STRY		
7	Elementary/Secondary (0-12)	College (1-4 or 5+)										
Z	12	12 Broker							Esta	ate		
COMPL	17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Sumerne)											
ш	Anthony Ranere Susie Grillo											
B	19s. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street					State 7in C	ade)		
5	Marian Rane	20						only or nown	, State, Zip C	2008)		
	20s. METHOD OF DISPOSITION	LE		me as :		- 101						
	1 - Burisi 2XX remetion 3 - Ren	noval from State	20b. PLACE AND DATE cemetery, crematory or o	other place)			DATE		ATION - CI			
1	4 Donation 5 Other (Specify)		Lee Cr	remator	У 5	5-8-	92	C1:	intor	n, Md		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE		22. NAME A	ND ADDRE	SS OF FAC	Lee	Fui	neral	L Ho	me, Inc.	
	Dia inmore	10 0		1 663	3 01	d A	lexar	ider	Ferr	cy R	oad	
	23. PART I. Enter the diseases or complications that caused the death in section 20735											
	ahock, or heart fallura.	List only one cause	on each line.	not anter the m	ode of dy	ing, auch	as cardiac	or raapir	atory arres	st,	Approximata interval Between	
	IMMEDIATE CAUSE (Final										Onset and Death	
	disease or condition										MAINIVES	
		DUE TO (OR	AS A CONSEQUENCE O	F):							11414 1165	
z												
TIFICATION	Sequentially list conditions, It any, leading to immediata DUE TO (OR AS A CONSEQUENCE OF):											
Ă	cause. Enter UNDERLYING			-							i	
윤	CAUSE (Disease or Injury that initiated events	C. DUE TO (OR	AS A CONSEQUENCE O	D:							-	
E	resulting in death) LAST		TO A CONDECUENCE O	. ,.								
CER		d										
	PART II. Other algnificant condition	na contributing to des	th but not resulting	In the underlyin	C 001100	nlaram Im I	Part I av					
MEDICAL		_	Julian in the state of the	in the underlyin	A canse i	Arveit itt t	art I. 241	PERFORM			ERE AUTOPSY FINDINGS	
ā							_ 10	YES 2	□ NO		MPLETION OF CAUSE DEATH?	
뿔											YES 2 NO	
-:-							_			1	20 2	
M	25. WAS CASE REFERRED TO MEDICAL			26 P	ACE OF D	EATH (Cho	ah anti asa)					
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1   YES 2   NO   1   Inpatient 2   ER/Outpetient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)  27. MANNER OF DEATH   28. DATE OF INJURY   28b. TIME OF   INJURY AT   WORK? WORK? WORK?												
≥	27. MANNER OF DEATH			4 - Nursing Hon	10 5 🗆 Re	sidence 8	Other (Sp	ecity)				
효	28. DATE OF INJURY 28c. INJURY AT WORK?  28d. DESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending											
B	2 Accident Investigation M 1 YES 2 NO											
3 Suicide a Could not be 28s. PLACE OF INJURY — At home, farm, street, factory, offics 28f. t									d Number or	Rural Rout	e Number,	
TE	4 Homicide determined building, etc. (Specify)											
W	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and placs, and due to the cause(e) and manner as attend.											
A	(Check only	ICIAN: To the best of my I	knowledge, death occurr	ed at the time, date	and place,	and due t	o the cause(e	end menn	er ss atated			
COMPLET	2 MEDICAL EXAMINE	ER: On the besis of exemi	nation and/or investigation	n, in my opinion, o	leath occur	ed at the t	lme, dats and	placs, and	due to the	cause(s) sn	d manner as stated.	
0 11	29b. SIGNATURE AND TITLE OF CERTIFIE	R	1.		29c. LICE	NSE NUM	neo		204 DATE S	NONED (14)		

29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) CORYSI NO 0-18013
WHO COMPLETED CAUSE OF DEATH (TEM 211 (Type, Print)

MILL MO 931 PISCA TO MAY NO CARTSI DO5-03-12 Frence DECONTRACE HOME ARE CLIAZA 1992"



ISION OF VITAL RECORDS,	6	
VITAL I	0	JOS,
VITAL I	0	5
: VIT	-	7
ISION OF	4	MIN
ISION	-	5
S	140	2
13	0	2

TO BE COMPLETED BY FUNER	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
is funeral director, page 5 should be detached for use as the burial-transit page.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit p be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
r death. Page 6 may be retained by the hospital or attending physician.	TO THE HOSPIDL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

GREGORY

MAY 1 1 1992

- STATE REGISTRAR	SIAIL OI	MARYLAND /	ERTIF	ICATE	OF	DEAT	TH	MENIAL HY	G. NO.	EJZ		4000	-
1. DECEDENT'S NAME (First, Middle, Last)	DARY	MARY C.	. REN	ISHAW				2. DATE OF DE		)3	92	3. TIME OF DE 5:00	ATH A N
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la	st birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BI	RTH		e. BIRTI	IPLACE (State or	
579-07-9256	1 - M 2 XX	72	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, 06/1	9/19	.	Count		
Se. FACILITY NAME (If not institution, give at	reet and number)			96. CITY	, TOWN	R LOCATI	ON OF DE		,	_	NTY OF D		9
GREATER LAUREL I	BELTSVIL	LE HOSP	ITAL	LAU	REL					PRIN	CE G	EORGE	
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY			19c. CIT	ry, town o	OR LOCAT	ION						10d. INSIDE CI	TY
MARYLAND ANNE	ARIINDFI			VERN		de:						LIMITS?	
10e. STREET AND NUMBER	MONDEL		1 3	LIM	101	. ZIP COD	E			10g. CITI	ZEN OF	WHAT COUNTRY	
7905 CITADEL DR	IVE					2114	4			US	Α		
11. MARITAL STATUS	12. WAS DECEDED	NT EVER IN U.S. AI	RMED	13.	WAS DEC	ENDENT C	F HISPAI	NIC ORIGIN? (Sp.	ecify Yes	or No	14. RACI	E American In k, White, etc.	dlen,
1 Never Married 2 Married  \$()\( \) Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES	No.		1 TYES	2 <b>X</b> X10	Specify	in, Puerto Rican, y:	etc.j		Spec	/fy:	
15, DECEDENT'S EDUC	ATION	Jee Di	- OFRENTIA	101141 0				T and Marie				WHITE	
(Specify only highest grade	completed)	(0	ECEDENT'S Sive kind of a. Do NOT u	work done i	during mo	M st of workin	ng	186. KINU	OF BUS	SINESS/INC	OUSTRY		
7	College (1-4 or 6	+)	PERVI					HO	SPIT	ΔΙ			
17. FATHER'S NAME (First, Middle, Last)	-			00		18. MOT	HER'S NA	ME (First, Middle,					
WILLIAM ANDERSON	N					VIO	LA B	ELL DAN	NIEL	S			
19a. INFORMANT'S NAME (Type/Print)						nd Number	or Rural i	Route Number, Cit	y or Town		Code)		
CATHERINE D. GUI		7	7905	CITA	DEL	DR.,	SEV	ERN, ME	) 2	1144			
20s. METHOD OF DISPOSITION  1 Burlel 2 A Cremation 3 Remo 4 Donation 6 Other (Specify)	eval from State	BALTIN					DEMA	1		CATION		wn, State YLAND	
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	- DALIA	TOKE	22.	NAME AN	D ADDRE	SS OF FA	CILITY			MAN	TLAND	
10000	· Ond	/.		FI	LECK	FUN	ERAL	HOME,					
an marri Franche diseases as	were	9/		70	601	SAND	Y SP	RING RE	).,	LAURI	EL.,		
23. PART I. Enter the diseases, or a shock, or heart feilure. L	ist only one car	it capees the or	eeth. Do i	not enter	the mo	de of dy	ing, auc	h aa cardlec d	or respi	ratory em	reat,	Approxim	mate Between
IMMEDIATE CAUSE (Finel disease or condition		MILLER	Dan	dia	1	. 4	22 pt	4				Onset a	nd Death
resulting in death)	DUE TO	OR AS A GONSE	Par	COCO	1 /	nju	wy	in					
	506.0	(OH ALL SUMME	DUBNICE O	H-):		/							
Sequentially list conditions, if any, leading to immediate	DUE TO	OR AS A CONSE	OUENCE O	F):		_							
cause. Enter UNDERLYING													
CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONSE	OUENCE O	F):									
resulting in death) LAST													
PART II. Other algniticant conditions	contributing to	death but not	resulting	in the un	derivino	ceuse o	riven in	Part i 24a	WASAN	AUTOPSY	245	. WERE AUTOPSY	EINOINGS
Chronic	ohst	nicke	Pu	m	di	2000	0_		PERFOR	MED?	1	AVAILABLE PRIO	R TO
				-				—   ¹º	YES 2	NO		OF DEATH?	
								-				1  YES 2	NO
25. WAS CASE REFERRED TO MEDICAL					28. PL	ACE OF D	EATH (Ch	eck only one)					
EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	OTHER	3:			6 Other (Spec	c/fv1				
27. MANNER OF DEATH	28a. DATE OF		28b. TIM	E OF	28c, INJ	URY AT		28d. DESCRIBE		NJURY OCC	CURED		
27. MARINER OF DEATH				JURY	WU	RK?							
1 Natural 5 Pending 2 Accident Investigation	(Month, E	-,, ,,,,,		М		ES 2	NO						

CAUSE OF DEATH (ITEM 27) (Type, Print)
1 PTON MD 9317

32. REGISTRAR'S SIGNATURE

DZ4942

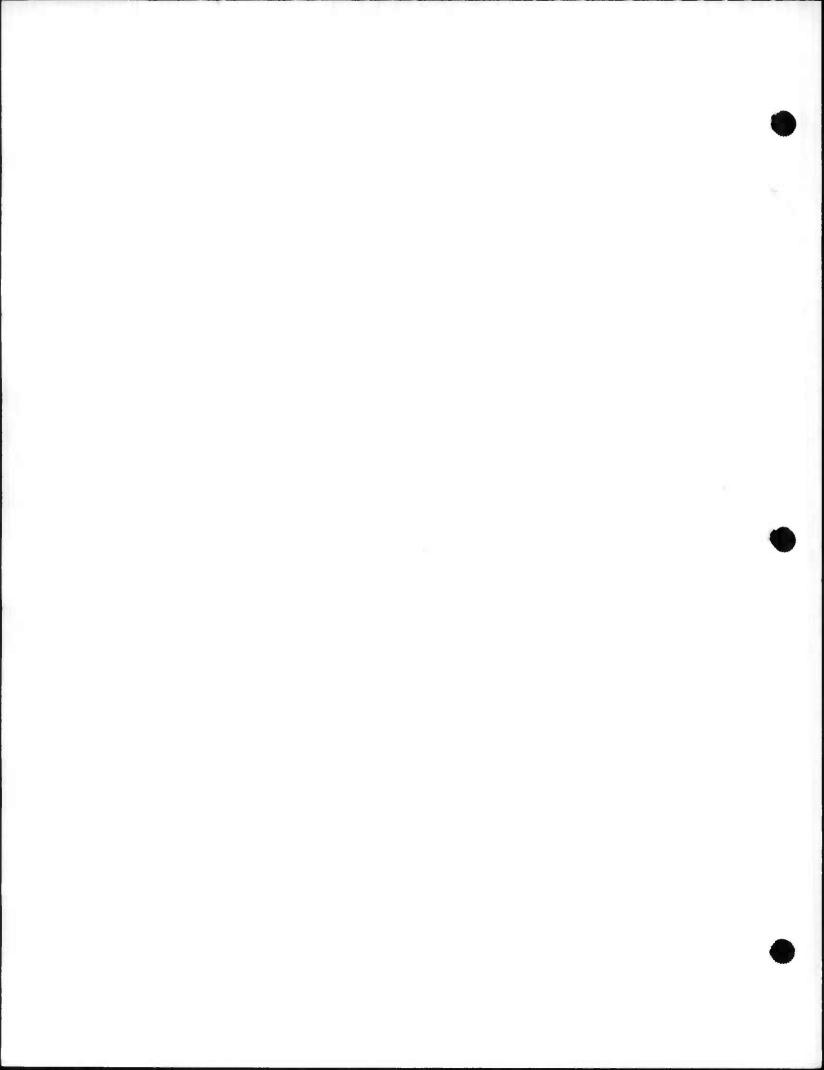
29d. DATE SIGNED (Month, Day, Year)

5-2-92

ORMAN COMPTON MD -

feath.	funera		
AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xxx5urs after death,	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera	noval.	
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R ATT	RECT	urs af	
(L 0)	10 7	2 ho	

	REGISTRAR			CERTIF	ICATE (	OF DEATH	F	IEG. NO.				
	1. DECEDENT'S NAME (First, Middle	e, Last)					2. DATE OF	DAY		YEAR	3. TIME OF DEATH	
		ohn Her		asche			May	14	19	92	5:55 am M	
	4. SOCIAL SECURITY NUMBER	5. SEX		In yrs. last birthday)	MONTHS D	AR IF UNDER 24 HRS.	7. DATE OF E (Month, De			Country)	LACE (State or Foreign	
	217-36-032			9 YRS.						902 Maryland		
_	9a. FACILITY NAME (If not institution	_			9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH		
DIRECTOR	William		. C.		Cambridge Dorchester							
2		COUNTY		10c. CIT	CITY, TOWN OR LOCATION 10d. INSIDE CITY							
	MD.	Dorches	ter		Camb:	ridge			LIMITS?  XX YES 2 NO			
	10e. STREET AND NUMBER						10g. CITIZEN OF WHAT COUNTRY?					
	208 Robbi	ns St.					U.S.A.					
FUNERAL	11. MARITAL STATUS	ECOCEC	EDENT EVER IN	U.S. ARMED		DECENDENT OF HISPA s, specify Cuben, Maxic			a or No 14. RACE American Indian, Black, White, atc.			
2	1 Naver Married XX Marrie 3 Wildowed 4 Divorced		IVE WAR OR DA			YES X X NO Speci		n, muc.)		Specify: White		
- 1		I'S EDUCATION		16a. DECEDENT'S	Hellar occu	DATION	405 1/16	ID OF BUSI	NEGG (INDII	CTOV		
EIED	(Specify only highs	st grade completed)		(Give kind of a	work done duris	g most of working	166. KIP	OF BUSI	NESS/INDU	SINI		
וב	Elementary/Secondary (0-12)	College (1-4	or 5 +)	farmeı	-car	penter	Se	elf e	emplo	oved	3	
COMPL	17. FATHER'S NAME (First, Middle, I	Last)				18. MOTHER'S NA			_	7		
	Augu	st Rasc	he			]	Friedi	rika	Spi:	lker	r	
O BE	19a. INFORMANT'S NAME (Type/Pri					reet and Number or Rural						
۲	Mrs. Marion	Rasche		208	Rob!	oins St.	Cambi	ridge	e Md	. 21	1613	
	20a, METHOD OF DISPOSITION  XIXI Burlal 2 □ Cremation 3	☐ Removel from Sta		o. PLACE OF DISPO	SITION (Name	of cemetery, crematory or		20c. LOC	ATION — C	ity or Tow	n, Stata	
	4 Donation 5 Other (Speci	(fy)		Dorches		Memorial		Camb	orid	ge N	Md.	
	21. SIGNATURE OF FUNERAL SER	VICE LICENSEE			22. NAI	ME AND ADDRESS OF F	ACILITY Th	nomas	s Fu	nera	al Home	
	* Tennet	XR IL	ma y	-	70	0 Locust	st. (	Cambi	ridge	e Ma	d.21613	
	23. PART I. Enter the disees shock, or heert if IMMEDIATE CAUSE (Finel disease or condition	ea, or complication sellure. List only on			not enter the	mode of dying, eu	ch ae cardiec	or reepire	atory erre	et,	Approximete Intervel Between Onset and Death	
	resulting in deeth)	a. 0	E TO (OR AS	CONSEQUENCE	FI D	12.1						
Z		- Cer	when	w Hen	of.	Fortun	-					
2	Sequentially list conditiona, if any, leeding to immediate	0	TO JOR AS A	CONSEQUENCE O	E OF):							
CERTIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury	c										
=	that initiated events resulting in deeth) LAST	0	JE TO (OR AS A	CONSEQUENCE O	F):							
Ä	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	d									·	
	PART II. Other eignificent co	onditione contributi	ng to death b	out not resulting	in the unde	rlying ceuee given in	Part i. 24	a. WAS AN A			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
DICAL	(VLeonie	Delevel	elating	Sta	15		1	YES 2		1 3	COMPLETION OF CAUSE OF DEATH?	
ш	Hypero	Acles	w								1 TYES 2 NO	
ž	1/1											
PHYSICIAN: M	25. WAS CASE REFERRED TO MET EXAMINER?	HOSPITA				26. PLACE OF DEATH (C	heck only one)					
2	1 🗌 YES 2 🗌 NO	1 Inpation	t 2 🗆 ER/Outp	patient 3 DOA		Home 6 - Residence						
PH	27. MANNER OF DEATH  1 Natural 5 Pendi	(M	onth, Day, Year)	28b. Till	JURY	c. INJURY AT WORK?	28d. DESCR	IBE HOW IN	JURY OCC	URED		
B	2 Accident Invest	Igation	ACE OF IN ILIES	/ — At home, farm,		YES 2 NO	20f. LOCATIO	ON /Chand or	and Marsachana	or Proof O	a de Manha	
	3 Suicide 8 Could 4 Homicide detarr	not be bu	liding, etc. (Spe		alreat, factory	, office	City or 1	fown, State)	na number o	or muraii mo	oute number,	
Щ	29a. CERTIFIER											
COMPLETED	(Check only					, data and place, and du ion, death occured at th					and manner as stated.	
BE	296. SHOMATURE AND THEE OF	ENTIFIER				29c. LICENSE NU	JMBER		29d. DATE	SIGNED	(Month, Day, Year)	
2	11/44	nace	an	4	D-1-11	02	658	3		> /	110	
	30. NAME AND ADDRESS OF PER	J FA	lden	) MD	3C	2 Coll	lect 1	nd 7	164	13		
	31. OATE FILEO (Month, Day, Year) MAY 2	) '92 32. RE	GUNION	MD VATURE Davidson-R	indell							



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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit to filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	RANDALL ROBERTS	ON		M						MAY 6, 1992 6:10			
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yr	s. lest birthday)	IF UNDE	R 1 YEAR	IF UNDER	24 HRS.	7. DATE OF 1 (Month, De	BIRTH by March	8. BIRT	HPLACE (State or Foreign	
	185 05 4145	1 X M 2   F		79 YRS.	- Worths	DAYS	HOURS	Merre.		,1912		Md.	
20	9e. FACILITY NAME (if not institution, give SACRED HEART HO			96. CITY, TOWN OR LOCATION OF DEATH  CUMBERLAND							9c. COUNTY OF	DEATH LEGANY	
2	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNT	Y		10c. CITY, TOWN OR LOCATION							10d, INSIDE CITY		
2	Md Alle	egany		Barton							1 YES 2 X NO		
2			10f. ZIP COOE						1	10g. CITIZEN OF WHAT COUNTRY?			
	Rt.1 Box 47	U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGINAL											
SI FUNERAL DIRECTOR	1 Never Married 2 Married 3 Wildowed 4 Divorced	ARMED  13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or N If yes, specify Cuban, Maxican, Puerto Rican, etc.)  1  YES 2 NO Specify:						Blac	14. RACE — American Indian, Black, White, atc. Specify: White				
	15. DECEDENT'S EDU (Specify only highest grade	16a	(Give kind of life. Do NOT u	USUAL C	OCCUPATIO	ON st of workin	na	16b. KIN	D OF BUSIN	ESS/INDUSTRY			
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +	)						1 .	M2 - 2 -			
	Unknown  17. FATHER'S NAME (First, Middle, Last)			Coal Operator Min  18. MOTHER'S NAME (First, Middle, Melc						Minin			
	George Robert	son							ME (First, Middle ett Pr				
2	THE INFORMANT'S NAME (Type/Print)		_	19b. MAILING	3 AOORES	S (Street =					State, Zip Code)		
2	Kathleen Robe	rtson											
	20e, METHOD OF DISPOSITION  1 DABurlat 2 □ Cremetion 2 □ Rem  4 □ Donetion / S □ Other (Specify)	Rt.1 Box 47, Barton, Md. 215  ACEANDDATE OF DISPOSITION (Name of Commerce of C						20c. LOCAT	CATION — City or Town State				
1	21. SIGNATURE OF AUGERAL SERVICE LE	CENTRE		1					Funer		,		
1	* Mederical	WW.	m	C)								U 015/0	
7	23. PART I. Enter the diseases, or	complications that	caused the	death Do	not ente	111	de et du	en S	t., we	stern	port, M	ld.21562	
	shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one caus	se on each	line.								Approximate interval Between Onset and Death	
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  Conglative licant Failure  Due to (or as a consequence or):  Conglative licant Failure  Due to (or as a consequence or):  Conglative licant Failure  Conditions  Due to (or as a consequence or):  Due to (or as a consequence or):  Conglative licant Failure  Due to (or as a consequence or):										years		
	acute privile	nelil	to tresulting in the underlying cause given in Part i.  Ly - aluli an Chrone  Emplyseure Pullum Griodi  26. PLACE OF DEATH (Check only one)							07	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO		
	27. MANNER OF DEATH	28a. DATE OF I	NJURY	26b, TIM		28c. INJU			28d DESCRIB		IRY OCCURED		
	1 Natural 5 Pending 2 Accident Investigation	(Month, Da	y, Year)		M	WOR		500	DEGONIO	Jii INJU	OCCURED		
	3 Suicide 8 Could not be determined	28e. PLACE OF building, e	INJURY — A	t home, term,	etraet, fac				28f. LOCATION City or Tov	N (Street and wn, State)	Number or Rural I	Route Number,	
	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSI	CIAN: To the best of n	ny knowledge	, death occum	ed at the t	lime, data o	and place,	and due t	to the cause(a)	and manner	r as atsted.	a) end menner ee stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIER	SI	Lan	ollmi	'H	0-1		NSE NUMI				(Month, Day, Year)	
	DR. SIKANDER SANI	OHIR, M.D.	., 48	TARN 7	TERRA	ACE,	FROS	TBUR	RG, MD	21532	2		
	31. DATE FILED (MORTH, Day, Year) 199	2 Julia Da	S SIGNATUR	Brokett									

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MAY I STANK JALLELINE FORE

	ther this certificate has been signed by the attending physician and completely filled in by the funeral direct		
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3	e	eath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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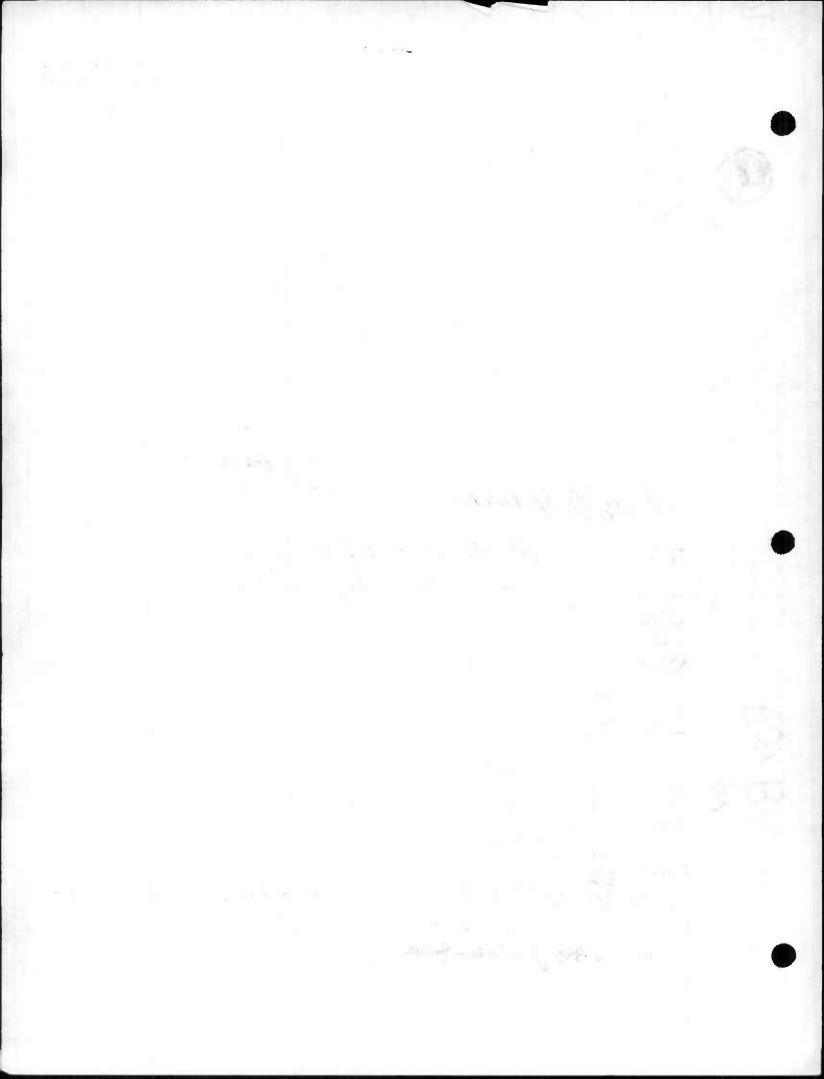
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1. DECEDENT'S NAME (First, Middle, Last)						DEAT		2. DATE	OF DEATH	NY .	YEAR	3. TIME OF	DEATH
AGNES REGINA	REINH	ART						MAY		, 19			10 P
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	(Monti	OF BIRTH n, Day, Year)		Count		-
218-16-2887	1 M 2 F	82	YRS.						.24,1				ND
9a. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY	TOWN O	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF E	DEATH	
11 S. LEE STRE	CUMBERLAND							ANY					
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY							10c. CITY, TOWN OR LOCATION						E CITY
MARIII.AND ALLE										1 TY YES			
10a. STREET AND NUMBER	9,119			ІМВЕ1		ZIP COD	E			10g. CIT	IZEN OF	WHAT COUN	
11 S. LEE STRE	FFT					215	02			11	.s.,	Δ.	
11. MARITAL STATUS	12. WAS DECEDEN	FEVER IN U.S. AF	RMED	13.	WAS DECE			IIC ORIGI	I? (Specify Yes			E — America	n Indian.
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 IF YES, GIVE W	YES 2 XI	NO		f yes, spe	city Cube	n, Mexica	n, Puerto	Rican, etc.)		Spec	clfy:	ITE
15. DECEDENT'S EDUC	ATION	16a. DE	CEDENT	USUAL O	CCUPATIO	N		188	KIND OF BU	SINESS/IN	DUSTRY		
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +	) (G	n. Do NOT u	work done ( se retired.)	uunng mos	si or workli	ng						
	1	l:	OME	MAKE	R				HOME				
17. FATHER'S NAME (First, Middle, Last)	1 1 (0)					16. MOT	NER'S NA	ME (First,	Middle, Maiden	Surname)			
WILLIAM KIRBY						EL	IZA	BETH	WEL.	SH			
19a. INFORMANT'S NAME (Type/Print)									ber, City or Tow				
MICHAEL DAVID	REINHA	RT	411	FAYI	ETTE	ST	REE	T -	симв.	ERLA	ND,	MD 2	21502
Thendy Pr.	Lochen	ah-		1 (3)				11001	1 27/37		110	MIT 1	D 4
23. PART I. Enter the diseases, or cashock, or heart failure. It immediates condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	a. August TO	COR AS A CONSE	Nyso Gyence o Gyence o	not enter	02 6	REE	NE	ST.	симв.	ERLA	ND,	App	1502 roximata
shock, or heart failure. It immediates or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO	COR AS A CONSE	NATO SUENCE O SUENCE O	not enter	the moderlying	REE da of dy	INE	ST.;	24a. WAS AI PERFO	I AUTOPSY	ND ,	MD 21 App Intel Ons  No. WERE AUTO MAILABLE	roximata rval Betwee et and Dea
shock, or heart failure. It immediates or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	BUE TO  BUE TO  BUE TO  BUE TO  BUE TO  BUE TO  Contributing to	COR AS A CONSE	OUENCE COUENCE	OTHE	the moderning	CSUSE OF E	given in	Part I.	24a. WAS AI PERFO	AUTOPSYRMED?	ND , mest,	App Inter Ons.  App Inter Ons.  Ab. Were Autr Analuseus COMPLETK OF DEATH!	roximata rval Betwee et and Dea
shock, or heart failure. It is immediate to mean the second tion resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	BUE TO  BUE TO  BUE TO  BUE TO	COR AS A CONSE	GUENCE COURNEE COURNEE COURNEE COURNER COURNE COURNER COURNER COURNER COURNER COURNER COURNER COURNER COURNER	OTHE	the moderning	CSUSE  ACE OF IT  OF AT AT  URK?	given in	Part I.	24a. WAS AI PERFO	AUTOPSYRMED?	ND , mest,	App Inter Ons.  App Inter Ons.  Ab. Were Autr Analuseus COMPLETK OF DEATH!	roximata rval Betwee et and Dea
shock, or heart failure. It immediates or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	BUE TO  BUE TO  BUE TO  BUE TO  BUE TO  Contributing to  Contributing to  Contributing to	COR AS A CONSE	COURNES OF THE PROPERTY OF THE	OTHEL 4 Number of Light M	the modern the modern	CSUSE  ACE OF COMPANY  OF A PROPERTY OF SERVICE OF SERVICE OF COMPANY  OF A PROPERTY OF SERVICE OF S	given in	Part I.	24a. WAS AI PERFO	I AUTOPSY RMED?	ND , mest,	MD 21 App inter Ons.  b. Were auto- AMAILABLE COMPLETIO OF DEATH!  1  YES	2 DPSY FINDING TO DO OF CAUSE

GARY WAGONE,
31. DATE FILED (Month, Day, Year) WAGONER

M.D. - 925 BISHOP WALSH DR.-CUMBERLAND, MD 21502

32. REGISTRAR'S SIGNATURE

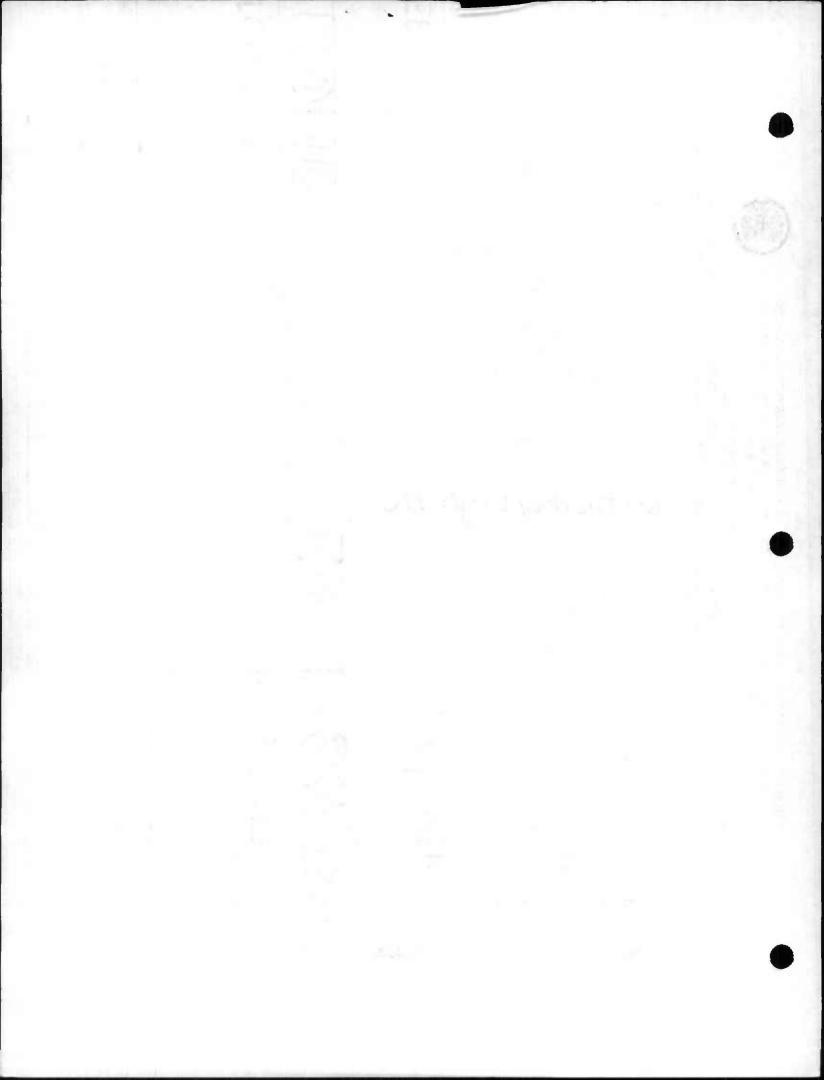


TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR		STATE OF N				OF HEAL		D MENTA	AL HYGIENI REG. NO.	E			
1. DECEDENT'S NAME (First,	, Middle, Last)				OAIL	OI DE		2. DAT	E OF DEATH		3	. TIME OF DEATH	
		ANNIE	M	STE	ARN			0.5			992	12:50 M	
4. SOCIAL SECURITY NUME	BER	S. SEX	6. AGE (In yrs. le	st birthday)	IF UNDER		NDER 24 HRS	5. 7. DATE	E OF BIRTH		6. BIRTHPL Country)	ACE (State or Foreign	
220-46-6207	7	1 □ M 2 🙀 F	96	YRS.	MONTHS	DAYS HOU	Mours Min. (Month, Day, Year) 4/28/1896				Mary	land	
9a. FACILITY NAME (If not in	stitution, give stre	et and number)		1	9b. CITY,	TOWN OR LO	CATION OF				NTY OF DEA	тн	
CITIZEN		ING HO	ME	HAVRE DE GRACE							HARFORD		
RESIDENCE OF DEC	10b. COUNTY			I soc CITY	/ TOWN O	R LOCATION	ATION					0d, INSIDE CITY	
Maryland	Harf	- Forci					rago			LIMITS?			
10e. STREET AND NUMBER	nari	OLU		Havre de Grace						10a, CIT		AT COUNTRY?	
3622 Old Le	vel Roa	Б				The state of	1078				SA		
11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	RMED	13. V			PANIC ORIG	IN? (Specify Yes		14. RACE -	- American Indian,	
1 Never Married 2 Married FORCES? 1 YES, GIVE WAR OR				NO If yes, specify Cuban, Maxican, Puarto					to Rican, etc.) Black, White, etc. Specify:			White oic.	
15. DEC (Specify onl		ECEDENT'S		CCUPATION during most of v	undring	16	b. KIND OF BUS	INESS/IN	DUSTRY				
Elementary/Secondary (I	1	College (1-4 or 5	·) #	e. Do NOT us	e retired.)	numy most or t	ronning						
7		0		Homem	aker				In ho				
17. FATHER'S NAME (First, M						16.			, Middle, Malden	Surname)			
Stevenson  19a. INFORMANT'S NAME (		ies			ADDDE00	(2)			Miller	01.1.71	. 0. 41		
Eldon Stear				3622	old 1	Level	Rd. I	Havre	mber, City or Town de Gra			078	
20a. METHOD OF DISPOSIT	20b. PLAC	JAC22 Old Level Rd. Havre de Grace, MD  PLACE AND DATE OF DISPOSITION (Name 5/21 DATE 20c. LOCATION — Chry of Run United Methodist Cemt. Havre de (							City or Town	ty or Town, State			
21. SIGNATURE OF FUNERA		NSEE	_ ktoort	itair o		NAME AND A			c.   Indv	IC G	e ora	cc, Fib	
Kirk	on Ar	nel U	nate	1/00	Ta Al	arring berdee	-Caro	go Fu	neral H	ome, 1-33	P.A.		
23. PART I. Enter the d	liseases, or co	mplications the	t cavaed the c	leath. Do n	Dt antar	tha mpda o	f dylng, a	auch as ca	rdiac or reapi	retory ar	reat,	Approximate	
IMMEDIATE CAUSE (Fit disease or condition resulting in death)		st only one cau	ile	ku	In.	am	1	Id	line	(		Interval Between Onset and Death	
Consentative Heat can dist	b.	AS	cu	D CONTRACTOR		(	1						
Sequentially list condit if any, leading to imme cause. Enter UNDERLY	diate	OUE TO	(OR AS A CONS	EQUENCE OF	P):	-	/						
CAUSE (Disease or inje		DUE TO	(OR AS A CONS	EQUENCE OF	F1:								
that initiated events resulting in death) LAS	ST												
	d.											1	
PART II. Other algnifica	ant conditions	contributing to	death but not	resulting	in the un	iderlying ca	ise given	i In Part I.	24a. WAS AN PERFOR		_ /	WERE AUTOPSY FINDINGS	
									1 TYES 2	NO		COMPLETION OF CAUSE OF DEATH?	
											1	YES 2 10	
25. WAS CASE REFERRED TEXAMINER?	_	HOSPITAL:	1.500	• -	OTHE	17	H187-00	(Check only					
27. MANNER OF DEATH		1 Inpatient 2 26s. DATE OF		26b. TIM		sing Home 5 28c. INJURY		_	her (Specify)	NJURY OC	CURED		
1 Natural 5	Pending Investigation	(Month, E	Day, Year)	INJ	JURY M	WORK?							
3 Suicide 6 4 Homicide	Could not be datarmined	28e. PLACE ( building,	OF INJURY — At I	home, ferm,	street, fact	tory, office		261. LC	OCATION (Street in the or Town, State)	and Numbe	er or Rural Ro	ute Number,	
CONSULT OFFIN		IAN: To the best of a										and manner as stated.	
29b. SIGNATURE AND TITLE	E OF CERTIFIER	lun	M	0		290	D/Z	NUMBER 9	0	29d. DA	TE SIGNED	Month, Day, Mear)	
JOH.	W D	COMPLETED ON	SE OF DEATH (IT	EM 27) (Type	Print)	BD	E 1	GR.	DCB	1	10	21078	
31. DATE FILED (Month, Day, MAY 1	9 92		ar's signature a Davidson		02								

DHMH-16 Rev 1/89



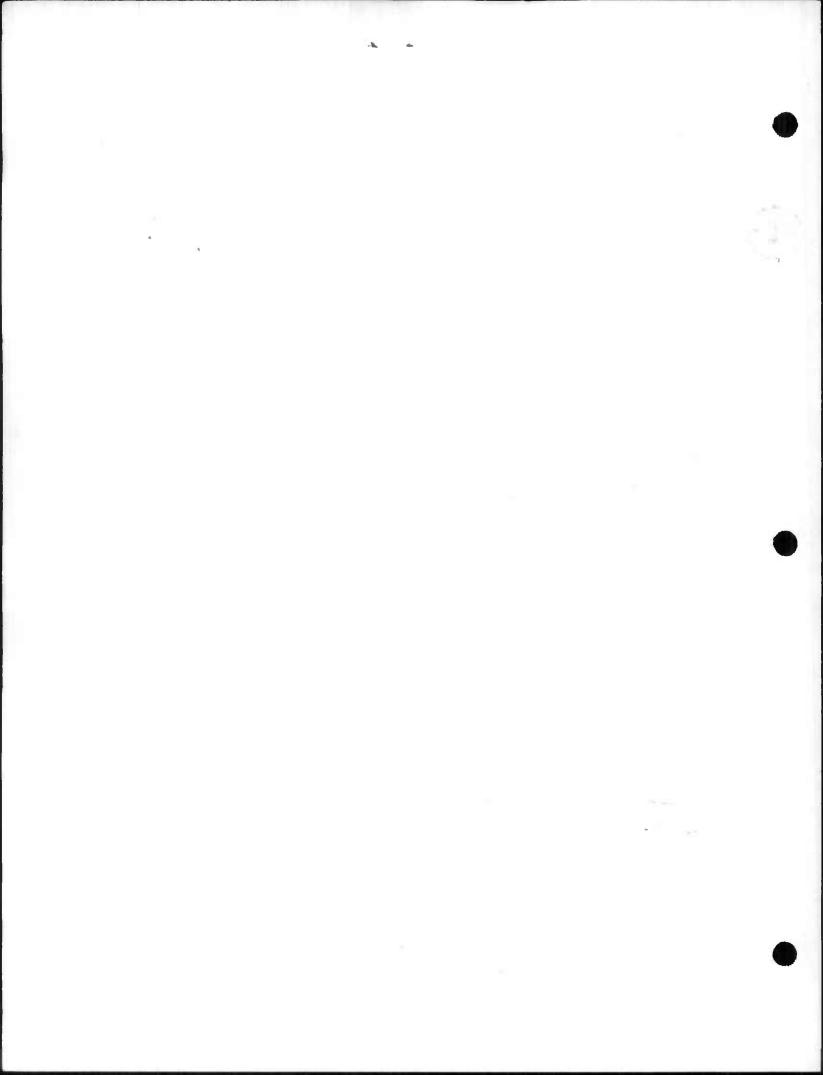
FOR

BALTIMORE, MARYLAND 21203-3146

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR		CE	RTIF	ICATE C	F DEATH		F	EG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)							DATE OF			WEAR	3. TIME OF DEAT	н
	Annie ALM	A			Simps	son		ay .	15,	199	2 YEAR	9:00	Рм
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 YE.		7, 0	DATE OF	BIRTH		8. BIRTH	IPLACE (State or For	reign
	212-74-3132	1 □ M 2 😾 F	87	YRS.	MONTHS DA	rs HOURS MIN.	113	Month, De	9-19	04	MAR	RYLAND	
	9a. FACILITY NAME (If not institution, give stre	set and number)	- 07		9b. CITY, TO	VN OR LOCATION OF			, _,		NTY OF D		
Œ	Physicians Mer	morial	Hospit	a 1	La	Plata				C	har1	9.5	
8	RESIDENCE OF DECEDENT	nortar	позртс	aı	Па	TTATA				0.	nal 1	. 63	
DIRECTOR	10e. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION						10d. INSIDE CITY LIMITS?	
	MARYLAND	CHARLES			LA I	PLATA						1 TYES XX	NO
A	10e. STREET AND NUMBER					101. ZIP CODE				10g. CI7	IZEN OF Y	WHAT COUNTRY?	
ER	RT.#3 BOX 7 S'	T.MARY'	S AVEN	UE		2064	6				U.S	S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. ARI	MED		DECENDENT OF HISP , specify Cuban, Max				or No-	14. RACI	E — American India k, White, atc.	n,
ВУ Б	1 Never Married 2 Married  XX Widowed 4 Divorced	IF YES, GIVE W	YES Z		1 🗆	YES TO Spe	city:	igi to riica	it, wewy		Spec	etty:	
												WHITE	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	16a. DE	CEDENT'S	work done during	PATION g most of working		18b. KII	ND OF BUS	SINESS/IN	DUSTRY		
Щ	Elementary/Secondary (0-12)	College (1-4 or 5+	·) ////////////////////////////////////						OT TAT	TTO	ACT?		
MP	8th GRADE			HUI	MEMAKI			<u> </u>		HO	ME		
	17. FATHER'S NAME (First, Middle, Last)	ATAT				18. MOTHER'S			.,	,	HOH	-	
H	WILLIAM O. SWA	MM				ANN					-		
2	JOHN O. SIMPSO	N (CON)			ME AS	eet and Number or Rui	ar Houte	Number,	Lity or low	n, State, Zi	p Cooe)		
						# 1 U			200 100	CATION	Chu es Te	own, State	
	20a METHOD OF DISPOSITION XX Burial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State	other ple	ace)		ERY 5-19		2				•	MD.
	21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	PII.KE	31	_ 22. NAM	E AND ADDRESS OF	FACILIT	γ				MARYLA	MD
	·21/1	11		//	ARE	HART FU	<b>IER</b>	AL I					
	Turout.	U. 70	mo	1		.BOX 567						20646	
	23. PART I. Enter the diesessa, or co				not enter the	mode of dying, s	uch ae	cardied	or reepi	retory a	rreat,	Approximation interval Bo	
	IMMEDIATE CAUSE (Finel				0	7	0	. 0				Onset end	Death
	disease or condition resulting in deeth)	Hemo	Mode	8	Dapi	1 story	ta	<u>Uu</u>	11				
						m	1						
N O	Sequentially list conditione,		(OR AS A CONSEC			b) www	~						
AŢ	if eny, leading to immediate ceuse. Enter UNDERLYING	DOE 10	(ON AS A CONSEC	JUENCE (	r); ·							İ	
FIC	CAUSE (Diseese or Injury thet initieted events	OUE TO	(OR AS A CONSEC	DUENCE C	IF):							<del> </del>	
E	resulting in deeth) LAST												
CERTIFICATION		<u> </u>											
DICAL	PART II. Other eignificent conditions	contributing to	desth but not r	eeuiting	in the under	lying ceuse given	in Pari	t I. 24	e. WAS AN		24	b. WERE AUTOPSY FI AVAILABLE PRIOR	то
20								. 1	YES X	W NO		OF DEATH?	AUSE
ME								.				1 🗆 YES 2 🗀 I	OP
ä													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	8. PLACE OF DEATH	(Check c	only one)					
YSI	1 TYES 2 TO NO	1 ☑ Inpatient 2 □			4 - Nursing	Home 5 - Realden	-						
PHYSICIAN: ME	27. MANNER OF DEATH  1 ☑ Natural 5 ☐ Pending	28a. DATE OF (Month, D		28b. TII	JURY	: INJURY AT WORK?	280	d. DESCR	IBE HOW I	NJURY O	CCURED		
ВУ	2 Accident investigation		- Constitution			YES 2 NO							
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE C building,	of INJURY - At he atc. (Specify)	rme, farm,	street, factory,	office	281		ON (Street of State)		er or Rural	Route Number,	
ETI													
COMPLETED	29a. CERTIFIER (Check only one)												
Ö	2 MEDICAL EXAMINER	t: On the basis of a	xamination and/or	Investigati	on, in my opini	on, death occured at	the time	, date an	d place, ar	nd due to	ihe cause(	(a) and manner as s	tated.
BE (	29b. SIGNATURE AND TITLE OF CERTIFIER		2		117	29c. LICENSE						O (Month, Day, Year)	Δ
TO B			unav	m	MUD	D-00	560	)		,	5/16/	94-9	Hm
	30. NAME AND ADDRESS OF PERSON WHO				01000								
	Nirendra N. Bhad					#210.	PO :	Вох	1437	. Wa	ldor:	f, MD 20	604
	Nirendra N. Bhad 31. DATE FILED (Month, Day, Year) WAY 18 92	Sz. REGISTRA	AR'S SIGNATURE	Bond	de.								



DHMH-18 Rev 1/89

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

_	REGISTRAR		CE	ERTIF	ICAT	E OF	DEATH		REG. NO	).				
i	1. DECEDENT'S NAME (First, Middle, Last)	Rev. John	Scot	tt S	Shire	es			E OF DEATH B		PAR P	3. TIME OF DEATN		
	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. les	t birthday)	IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DATE	E OF BIRTH	7 7		PLACE (State or Foreign		
	216-07-5813	1 📉 M 2 🗆 F	81	YRS.	MONTHS	DAYS	HOURS MIN.	Oct	. 27,	1910	Country	t Virginia		
-	9e. FACILITY NAME (If not institution, give str						OR LOCATION OF E	PEATN		9c. COUN	ITY OF DE	ATH		
5	Union Hospital o	f Cecil Co	unty			lkto				Cec	il			
DINECTOR	Maryland Ceci	1		-7771	y, town Lktoi	OR LOCAT	TION		4			10d. INSIDE CITY LIMITS? 1 YES 2 Y NO		
LONEDAL	100. STREET AND NUMBER 1879 Blue Ball R	oad					. ZIP CODE 21921			U.S.A.				
	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 X	MED IO	13.	WAS DEC	ENDENT OF HISP/ ecify Cuben, Mexic 2 NO Spec	en, Puerto	IN? (Specify Yes	American Indian, White, atc.				
	3 Widowed 4 Divorced  15. DECEDENT'S EDUC.	4710u	T.,								Specify	White		
	(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	16a. DE (Gi	CEDENT'S ive kind of a Do NOT us	work done se retired.)	during me	St of working	16	b. KIND OF BU	SINESS/IND	USTRY			
2000	9	Conege (I-4 or 5+)	Ma	achir	ne Te	ende:	r		Paper	Manuf	actu	ring		
	17. FATNER'S NAME (First, Middle, Last) Harry Shi	res					18. MOTNER'S N		Middle, Maiden					
	19a. INFORMANT'S NAME (Type/Print)		198	. MAILINO	AOORES	S (Street a	nd Number or Rural				Code)			
	Ethel M. Shires						ll Road				1921			
	20a. METNOD OF DISPOSITION  1 Street Burlel 2 Cremetton 3 Remove  4 Donation 5 Other (Specify)		20b. PLACE A cemetery, crea Union	matory or o	ther place.	)	me of	5-	19	ion,				
	21. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE	7/	1		Hic	O AODRESS OF F	for	Funera	ls, P		24114		
	23. PART I. Enter the diseases, or co	61	tic	K	1	FIk	West St	219	21-552	1				
	iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)  Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR A	EN	140	CAR	DIA	EAILUI L INI	RE	CT/0/	V		Onset and Deati		
	CAUSE (Disease or injury that initiated events resulting in desth) LAST	DUE TO (OR A	S A CONSEC	OVENCE OF	F):									
	PART il. Other significent conditions	contributing to deat	but not n	esuiting (	in tha u	nderlyin	j ceusa given ir	Part I.	24a, WAS AN PERFOF	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF OCATH? 1 YES 2 A NO		
	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE OF DEATH (C	heck only o	ine)					
		HOSPITAL:	Putpatient 3	□ DOA	OTHE		e 5 🗆 Residence	8 🗆 Oth	er (Specify)					
	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJUR (Month, Day, Yea		28b. TIM		28c. INJ WO			SCRIBE NOW I	NJURY OCC	URED			
	2 Accident Investigation 3 Suicide 6 Could not be determined	28a. PLACE OF INJU	IRY — At hor pecify)	me, ferm, a	street, fac			281. LO	CATION (Street of Town, State)	and Number	or Rural Ro	ute Number,		
	29a. CERTIFIER (Check only one)  1 😿 CERTIFYINO PNYSICI	IAN: To the best of my kr										and manner as stated		
-	29h SIGNATURE ASSYTTE OF CENTRAGO			-										
1	2/ Colin	an	MD				mpn	241	709	1 3	116	192		
	30. NAME AND ADDRESS OF PERSON WHO EHSANUR RAH 31. OATE FILEO (Month, Day, Year) MAY 1 8 900	COMPLETEO CAUSE OF	OEATN (ITEM	1 27) (Type,	Print) 5	5017	E 131,	474	5 060	ETOU	JN-S	TANTON RD		
-	31. OATE FILEO (Month, Day, Year) MAY 1 8 '92	32. REGISTRAR'S SI	GNATURE	40		102	- WAR	- C-DY	=, 197	13				
4	INDV I U .T/	Chille Garada A	(Shade	007										

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND

	FOR 1 STATE	STATE OF MAR	YLAND / DEPA	RTMENT OF	HEAITH AND	MENTAL HYGIE		12	148	99
	REGISTRAR		CERTIF	FICATE O	F DEATH	REG. NO				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH			3. TIME OF DE	ATH
	JOHN L SULLIVA	A N				05 C	02 19	992	7:57	7 а м
- 1	4. SOCIAL SECURITY NUMBER		GE (In yrs. last birthday)			7. DATE OF BIRTH		8. BIRTHPL	LACE (State or	
	579-16-4912	1 □XM 2 □ F	81 YRS.	MONTHS DAY	B HOURS MIN.	(Month, Day, Year)		Country)		
	9a. FACILITY NAME (If not institution, give stre	eet and number)		9b. CITY, TOW	N OR LOCATION OF D	08/02/		Wasi		•
SR			AFUTED							
7	FORT WASHINGTON	LMEDICAL	CENTER	FUKI	WASHING	IUN	PK	INCE	GEOF	(GE.
DIRECTOR	10a. STATE 10b. COUNTY			TY, TOWN OR LO	CATION			10	Od. INSIDE CIT	TY
	MARYLAND PRINC	CE GEORGE	TEN TEN	MPLE H	1115			1	LIMITS?	□ MO
AL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZI		AT COUNTRY?	
FUNERAL	6001 PURDUN DR	LIVE			20748		111111111111111111111111111111111111111			
5		12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS (		NIC ORIGIN? (Specify Ye		S.A	2 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
BY	1 Never Merried 2 Merried 3 X Wildowed 4 Divorced	FORCES? 1 YE	ES 2 NO	If yes,	, specify Cuben, Mexica	an, Puarto Rican, etc.)	is or No.	Black, V	White, etc.	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or	ATION	16a. DECEDENT'S	S USUAL OCCUPA	ATION	16b. KIND OF BU	USINESS/INDU	STRY		
TH.	Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give king or life. Do NOT u	work done during use retired.)	most of working					
F	12		Painte	r		Pai	nting			
O	17. FATHER'S NAME (First, Middle, Last)		11611100	1	18. MOTHER'S N/	AME (First, Middle, Malder				
C	Robert Sulliva	an				a Redman	1 Surremey			
BE	19a. INFORMANT'S NAME (Type/Print)	411	19b. MAIL INC	C ADDRESS (Street	TIGIL LIII	A Keaman  Route Number, City or Tox	61 to 1810 6			
2	Mary Ann Holzw	am + h							0	
	20a. METHOD OF DISPOSITION					Mine Ru				
	1 X Burial 2 Cramation 3 Remov	val from State	20b. PLACE AND DATE cemetery, crematory or o	OF DISPOSITION	Name of	DATE 20c. LC	OCATION — CI	ty or Town,	, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	1000	Sedar Hi	11 Cem	letery 5	May Su	itlan	d Md	i	
	21. SIGNATURE OF PURENAL SERVICE LIVE	NSEE / M /		RODE	AND AODRESS OF FA	ilhelm I:	~ ^			
	Notes ET	1/24/16	P1	4308	Cuitle	nd Rd, S	nc.,	1 %	£1 20°	- 1 6
	23. PART I. Enter the diseases, or co	emplications that ceu	Id the deeth, Do	not enter the r	DUILLIA:	II Ku, o	ultia	na r		
	anock, or neert langre. Li	ist only one cause or	eech line.	not one	nous of dying, acc	All all certified of Teep	Matory arres	M,	Approxim	Between
	IMMEDIATE CAUSE (Final disease or condition								Onset an	id Death
	resulting in death) a.	ACUTE MY	OCARDIAL	LINFA	RCTION				30 m	nins
		OUE TO (OH A	S A CONSEQUENCE O	/F):						
ON	Sequentielly list conditions, b.	arterios	clerotic	c hear	t diseas	s.e			27 y	rs.
CERTIFICATION	if any, leading to immediate cause. Enter UNDERLYING	DOE TO (Un A	3 A CONSEQUENCE O	F):						
2	CAUSE (Disease or Injury C.	CHE TO (OR A	2 - constanting o							
Ē	that initiated events reaulting in death) LAST	OUE TO (Un As	S A CONSEQUENCE OF	F):						
<b>H</b>	d.									
	PART il. Other aignificent conditions	contributing to deet	but not reaulting	in the underly	ing cause given in	Part i. 24a. WAS AN	Vaccount	T 245 WI	Aumaney	
S	INSULIN DEPEN					PERFO		AM	ERE AUTOPSY I	R TO
PHYSICIAN: MEDICAL			DEILS III	LLLIIO	3	1 TYES	2 <b>X</b> NO		DMPLETION OF F OEATH?	CAUSE
Σ	PARKINSON'S D	ITSEASE						1 (	YES 2	NO
Z										
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (Ch	eck only one)				
YS	YES 2 NO	1 Inpetient 2 X ER/O	utpetient 3 DOA	OTHER:	ome 5 🗆 Residence	8 Other (Specify)				
H	27. MANNER OF DEATH	28a. DATE OF INJUR' (Month, Day, Year			NJURY AT WORK?	28d. DESCRIBE HOW	INJURY OCCU	REO		
8	1 Natural 5 Pending 2 Accident Investigation				YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE OF INJUI building, etc. (St	JRY — At home, farm, s	street, factory, of	fice	281. LOCATION (Street	and Number or	Rural Route	e Number,	
H	4 Homicide determined		Journey,			City or Town, State,	)			
ן ב	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICIA	AN: To the best of my kn	owledge death occurr	and at the time de	to and store and due					
COMPLETED	(Check only one) 2 MEDICAL EXAMINER:	On the basis of exemine	tion and/or investigation	on in my oninion	death occurred at the	to the cause(s) and me	nner ee stated.			
		0	1011 211221	at, itt my opinion,	death occured at the	time, data and piece, ar				
띪	296. SIGNATURE AND TITLE OF CERTIFIER	Adefice	MILLE	)	290 LICENSE NUM				onth, Day, Year)	
5 I	( pegusto ). 1	Tracy a	7 prop		1212	30	13.	- 2	-9;	7

31. DATE FILED (Month, Day, Year)

ROBRIGUEZ

32. REGISTRAR'S SIGNATURE
GISTRA DANSSON-Randell

5009

RAYBURN CT.

020	of the sales
1215-0	and address officer
AND 2	he hennited
MARYL	reference for o
IORE,	A marcha
<b>BALTIMORE, MARYLAND 21215-0020</b>	office death. Date & series he estationed her she handled as stone of the state.
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In them 22 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Las SOVE 4. SOCIAL SECURITY NUMBER 577-80-2604	()	<del></del>			REG. N			
4. SOCIAL SECURITY NUMBER	1 1 0	CTUDDEVALT			2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
		STURDEVANT			05	05		08;30AM
	1 🗌 M 2 🔀 F			HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		Countr	PLACE (State or Foreign)  ngton. D. C
98. FACILITY NAME (If not institution, give PRINCE GEORGE <sup>11</sup> S RESIDENCE OF DECEDENT			CHEVER			9c. COL	UNTY OF D	
10a. STATE 10b. COUN			TOWN OR LOCATIO	PN				10d. INSIDE CITY LIMITS?
10e. STREET AND NUMBER	ice deorge	Land				-		1 YES 2 NO
7749 Muncy Road			10f. 2	20785		170		STATES
11. MARITAL STATUS  1XX Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, speci	IDENT OF HISPAN Ify Cuban, Maxican 菜 NO Specify	IC ORIGIN? (Specify n, Puerto Rican, etc.)	Yes or No—	Speci	— American Indian, t, White, atc. fy: LACK
15. DECEDENT'S EE (Specify only highest gra Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5+)	Mile De MOT use	k done during most		16b. KIND OF	BUSINESS/IN	DUSTRY	
12th  17. FATHER'S NAME (First, Middle, Last)	Conege (I-4 or 5+)	Unemplo				N/A		
				18. MOTHER'S NAI	ME (First, Middle, Maid	en Surname)		
James Sturdeva  19a. INFORMANT'S NAME (Type/Print)	int	19b. MAILING A	ODRESS (Street and		Simmons Journ Number, City or 1	France State 70	in Codel	
							p (1000)	
Theresa V. Simmo	ns				Maryland 2			
20a. METHOD OF DISPOSITION  1	moval from Stata	20b. PLACE AND DATE OF cemetery, crematory or other Lee's Crem	r place)	e of	OATE 20c. 5/7/92 C1	int on		-,, 1,
21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE 6.85	1 200 0 0101		ADDRESS OF FAC		LILE OIL	, 1100	Julia
23. PAPA i. Enter the diseases, or shock, or heart fellure immediate CAUSE (Finel disease or condition resulting in death)	Ac.	te Cardi	enter the mode	of dying, auch	as cerdiac or rea	piratory ar	rrest,	Approximata interval Betwood Onset and Do
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Phe	OR AS A CONSEQUENCE OF):  OR AS A CONSEQUENCE OF):	Can	inù	Pnen		· a	
PART II. Other algorificant conditions the second state of the sec	sero	eeth but not resulting in	the underlying of	ema	Part I. 24a. WAS PERF	AN AUTOPSY ORMED? 2 1-10	246.	WERE AUTOPSY FINDI AVAILABLE PRIOR TO COMPLETION DF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T	W. T. T. T. T. T. T. T. T. T. T. T. T. T.	26. PLAC	E OF DEATH (Che	ck only one)			
EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:					
					Other (Specify)			
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF II (Month, Day		Y WORK	Y AT	28d. DESCRIBE HOV	INJURY OC	CURED	
	28e, PLACE OF building, at	INJURY — At home, farm, stre ic. (Specify)	et, factory, office		28f. LOCATION (Stree City or Town, Sta	et and Number te)	r or Rural R	
3 Suicide 6 Could not be determined								oute Number,
4 Homicide determined  29e. CERTIFIER (Check only)		y knowledge, death occurred mination and/or investigation,						
29e. CERTIFIER (Check only None) 2 MEDICAL EXAMIN	NER: On the basis of exa		n my opinion, deat	th occured at the t	ime, data and place,	and due to th	he cause(s)	and manner se stated
4 Homicide determined  29a. CERTIFIER Check only  Check only	ER	mination and/or investigation,	n my opinion, deat		ime, data and place,	and due to th	he cause(s)	



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached by the first complete or smooth the funeral director, page 5 should be detached by the first complete or smooth the funeral director.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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y be r	age 5	be n
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the d	y the	Injur
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require	en sig	how
e law	has be	23
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TENDI	DR: A	
DR AT	JIRECT STREET	lem 2
PITAL (	RALC	1 11 1
HOS	FUNE	TAN
THE	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fore fluctual physician and completely filled in by the fore completely filled in by the foreign with the foreign principle or amount of the foreign principle or amount of the foreign principle.	MPO
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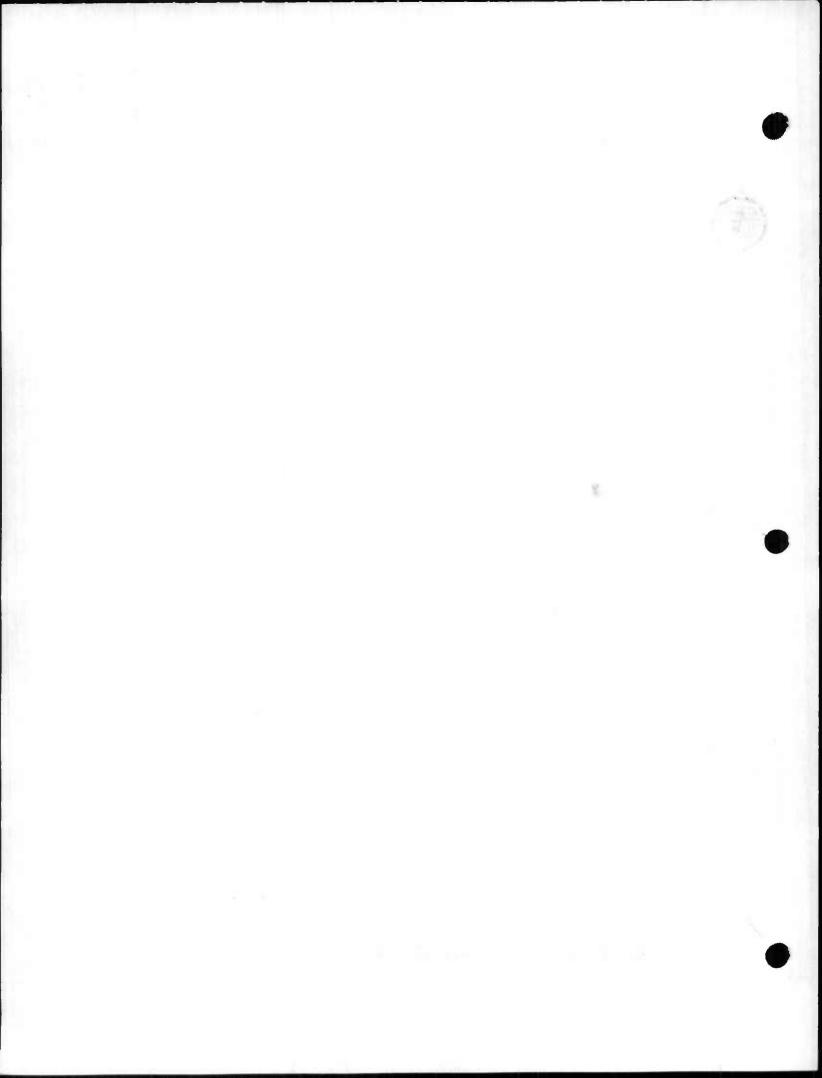
	1. DECEDENT'S NAME (First, Middle, Last)							2, DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH	
	ALICE MAY STAMM							05	(	)5	92	1940 P M	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthday	MONTHS	1 YEAR	IF UNDER	24 HRS.		OF BIRTH		8. BIRTH	PLACE (State or Foreign	
	127-18-1172	1 🗆 M 2 🔀 F	_66 YRS.		UNIO			09	22 19	25	NEW	YORK	
OR OR	9a. FACILITY NAME (If not institution, give s NATIONAL NAVAL MEI		ITER		HES	DA	ON OF DE	EATH			GOME		
ᇈ	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	v	40.0	TY, TOWN C						TIKANI	T		
DIRECTOR		E GEORGES	100	RANDYW		TION						10d. INSIDE CITY LIMITS?  1  YES 2 NO	
FUNERAL	7512 EARNSHAW DR	LVE				f. ZIP_COD		613				TATES	
B	11. MARITAL STATUS 1	FORCES? 1	T EVER IN U.S. ARMED YES 2 NO WAR OR DATES		If yes, sp	IS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or yes, specify Cuban, Mexican, Puerto Rican, etc.)  YES YENO Specify:					No— 14. RACE — American Indian, Black, White, atc. Specific WHITE		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	CATION completed) College (1-4 or 5		of work done ( use retired.)	during mo	non 166. KIND OF BUSINESS/INDUSTRY  Maker Home							
COMF	17. FATHER'S NAME (First, Middle, Last)					1000		ME (First, N	fiddle, Maide	n Sumeme)			
BE	1101013	Cleary				HEL				ook			
2	19a. INFORMANT'S NAME (Type/Print) WILLIAM D. STAMMER	Jr.					E, E	BRAND	YWINE	wn, State, Zip	206		
	20a METHOD OF DISPOSITION  1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DAT cemetery, crematory.p	r other place!	* 7			7		OCATION —			
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	Maryland	13 Late	NAME A	ND ADDRE	SS OF FA	CILITY	LCHE	LTENH NERAL	AM,	MD.	
	· Count	Bata (	Set	66	33 (	Old A	lexa	L ander	EE FU Ferr	NERAL v Rd.	HOM.	E nton, MD	
	23. PART   Enter the diseases, or a shock, or heart failure.	omplications the	t caused the death. Do									Approximata	
	IMMEDIATE CALIFE (Figs)	OVARIAN	CANCER (OR AS A CONSEQUENCE	WET/	<b>1</b> 57.	ATIC	_					Interval Between Onset and Death	
MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST												
CER	PART II. Other algolificant condition	d											
	TATE II. Other enginicality condition	eontributing to	death but not resultin	g in tha ur	idariyin	g cause	jivan in			N AUTOPSY PRMED? 2 X NO	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
AN:													
SICI	25. WAS CASE REFERRED TO MEDICAL EXAMINER? V	HOSPITAL:	☐ ER/Outpatlent 3 ☐ DOA	OTHER	<b>4</b> :			eck only on					
PHYSICIAN:	27. MANNER OF DEATH  1  Natural 5 Pending	28a. DATE OF (Month, D	INJURY 28b. T	IME OF NJURY	28c. IN.	JURY AT ORK?		8 Other		INJURY OC	CURED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined		F INJURY — At home, fern atc. (Specify)	n, street, fact			, NO		ATION (Street or Town, State	t and Number	or Rural R	oute Number,	
COMPLET	one)		my knowledge, death occu									and manner or the d	
ဗ				mon, in my c	prinon, c				and piace, a				
BE	296. SIGNATURE AND TITLE OF CERTIFIES	7 ,					ENSE NUM				SIGNED	(Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	SE OF DEATH (ITEM 27) (5	na Driet	MATAT			58	MEDIC		1 1 1	7 2	
				po, rnm)					889-5	AL CE	NIEK		
	Robert R. Tay	32. REGISTRA	ARTS SIGNATURE 70	00	DE:	HEAL	n, r	עע עע	007-3	000			
	MAY 1 4 1992	Juna	Davidson-Randa	مالتر									

	FOR
1	STATE REGISTRAR

	f meth		ERTIF					REG. NO	,.		
1. DECEDENT'S NAME (First, Middle,								2. DATE OF DEATH MONTH	MY	YEAR	3. TIME OF DEATH
Mary L.V. So]	Lari 5. SEX	6. AGE (In yrs. I	and blotholaud	IF UNDER	A MELO			5 1	1	1992	10:45
577-48-5712	1   M 2   X F	79	YRS.	MONTHS		HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		S. BIRTH Country	PLACE (State or Foreign
9a. FACILITY NAME (If not institution		19	Tho.					04/02/13	,		alo, NY
9323 Limestone					TOWN OR		MALE SE	EATH		NTY OF DI	
RESIDENCE OF DECEDER				COL	lege	Par	k		P	rince	George's
10a. STATE 10b. C	COUNTY		10c. CIT	Y, TOWN O	R LOCATIO	ON					10d. INSIDE CITY
Maryland Pr	rince Georg	e's	C	olleg	Da	rl					LIMITS?
10e. STREET AND NUMBER				OTICE		ZIP CODE			10a, CITI	ZEN OF W	HAT COUNTRY?
9323 Limestone	Place					2074	0				
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. &	BMED	13. W		/ /	-	IIC ORIGIN? (Specify Ye	n or No	SA 14 BACE	- American Indian,
1 Never Married 2 X Married 3 Wildowed 4 Divorced	FORCES?	1 YES 2 WAR OR DATES	Мо	H	yes, spec	ify Cuban	, Maxica	n, Puarto Rican, atc.)		Black Specif	White, atc.
16. DECEDENT	S EDUCATION	16a. D	ECEDENT'S	USUAL OC	CUPATION			16b. KIND OF BU	SINESS/INC	HISTOY	White
(Specify only highes Elementary/Secondary (0-12)	College (1-4 or 5		Give kind of a le. Do NOT us	work done di	luring most	of working	7		0.112	,001111	
12	None		ecreta	arv				211	Congi	2000	
17. FATHER'S NAME (First, Middle, La			00000	ar y		18. MOTH	ER'S NA	ME (First, Middle, Maiden		Less	
Salvatore Verd	li										
19e. INFORMANT'S NAME (Type/Print		1	9b. MAILING	ADDRESS	(Streat area			ine Giardi		Corte	
Joseph V. Sola											1 1 000
20s. METHOD OF DISPOSITION		20h BI 401	ANDDATE	TIMES	Lone	rıa	ce,	College P			
1 N Burial 2 Cremention 3 C	Removal from State	cemetery cr	remetory or o	ther place!			- /		CATION —		
21. SIGNATURE OF FUNERAL GERM		- Ikesst	irrect	LION	Ceme	tery	5/.	14/92 Cli	nton,	_Mar	yland
JAA IN	X <	7		Fr	anci	s Ga	sch	s Sons Fu	neral	Hom	e. PA
23. PART I. Enter the disease	Samone	DR. LI	FD	47	39 B.	alti	more	Ave. Hy	atts	71110	. MD 2078
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in death) LAST	b	O (OR AS A CONSE	EQUENCE OF	F):				Jent			) da
resulting in death) FV21											
	ditions contributing to	death but not	resulting I	n the und	feriving c	Outes of	one In I	David F. Lave Manager	******		
PART II. Other significent con-	ditions contributing to			hs tru		c Po	200	PERFOR	MED?		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  1 YES 2 NO
PART II. Other significant cond	Severe			bstru	26. PLAC	Dir	ulm	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PART II. Other significent con-	Severe	Chroni	. 0	hs tru	26. PLAC	E OF DE	ATH (Che	PERFOF  1 YES 2	MED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PART II. Other significent con-	SCUCIE  HOSPITAL: 1   Inpatient 2   26a. DATE OF	Chroni  ER/Outpatient:	3 DOA 28b. TIM	OTHER:	26. PLAC : ng Home 28c. INJUR	E OF DE	ATH (Che	PERFOR	NO NO		AVAILABLE PRIOR TO COMPLETION DF CAUSI OF DEATH?
PART II. Other significent conditions to the significent conditions of the significent conditions of the significant condition	SCUCIL  HOSPITAL: 1   Inpatient 2   26a. DATE OF (Month, D	Chroni  ER/Outpatient:	c O	OTHER:	26. PLAC : ng Home 28c. INJUR WORK	E OF DE	ATH (Che	PERFOR  1 YES 2  ck only one)  8 Other (Specify)	NO NO		AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?
PART II. Other significent con-	SCUCIL  HOSPITAL: 1   Inpatient 2   28e. DATE OF (Month, C) wilding.	Chroni  ER/Outpatient:	3 DOA	OTHER: 4   Nursice E OF   2	26. PLAC : ng Home 28c. INJUR WORK 1   YES	E OF DE	ATH (Che	PERFOR  1 YES 2  ck only one)  8 Other (Specify)	NO NO	CURED	MARLABLE PRIOR TO COMPLETION DF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 MO  27. MANNER OF DEATH  1 Metural 5 Pending Investiga 2 Accident 3 Suicida 6 Could in determinents  29a. CERTIFIER (Check only)	SCUCIL  HOSPITAL: 1   Inpatient 2   28e. DATE OF (Month, C) wilding.	ER/Outpatient :  FINJURY Joy, Vear)  OF INJURY — At he etc. (Specify)  If my knowledge, de	3 DOA 28b. TIMMINJI	OTHER: 4   Nursit E OF URY M Arreet, factor	26. PLAC: ing Home 28c. INJUR WORK 1  YES	EE OF DE	ATH (Che	PERFOR  1 YES 2  1 YES 2  Ck only one)  5 Other (Specify)  26d. DESCRIBE HOW I  26f. LOCATION (Street a City or Town, State)	NO NO NO NO NO NO NO NO NO NO NO NO NO N	or Rural Ro	AMALABLE PRIOR TO COMPLETION DF CAUSIOF DEATH!  1 YES 2 NO
PART II. Other significent conditions and significent conditions are significent conditions.  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 YES 2 PAO  27. MANNER OF DEATH  1 Netural 5 Pending Investigat  2 Accident  3 Suicide 6 Could not determine the significant conditions are significant conditions.	SCUCIL  HOSPITAL: 1 Inpatient 2 26a. DATE OF (Month, D) 26a. PLACE Of building, PHYSICIAN: To the best of AMINER: On the basis of a	ER/Outpatient :  FINJURY Joy, Vear)  OF INJURY — At he etc. (Specify)  If my knowledge, de	3 DOA 28b. TIMMINJI	OTHER: 4   Nursit E OF URY M Arreet, factor	26. PLAC: : ng Home 28c. INJURE WORK 1	EE OF DE	ATH (Che lidence liden	PERFOR    VES 2	NO NO NJURY OCC	or Rural Ro	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH!  1 YES 2 NO  ute Number,
PART II. Other significent conditions and significent conditions are significent conditions.  25. WAS CASE REFERRED TO MEDIC EXAMINER?  1 Yes 2 Yes  27. MANNER OF DEATH  1 Yestural 5 Pending Investiga 6 Could in determine determine (Check only one) 1 CERTIFYING 2 MEDICAL EXA	SCUCIL  HOSPITAL: 1 Inpatient 2 26a. DATE OF (Month, D) 26a. PLACE Of building, PHYSICIAN: To the best of AMINER: On the basis of a	ER/Outpatient :  FINJURY Joy, Vear)  OF INJURY — At he etc. (Specify)  If my knowledge, de	3 DOA 28b. TIMMINJI	OTHER: 4   Nursit E OF URY M Arreet, factor	26. PLAC: : ng Home 28c. INJURE WORK 1	CE OF DEA 5 Rest Y AT 3 2 1 and place, a th occurred	ATH (Che dence NO and due ind due is the i	PERFOR    VES 2	NO NO NJURY OCC	or Rural Ro	MARLABLE PRIOR TO COMPLETION DF CAUSI OF DEATH?  1 YES 2 NO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit I be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,



Nanor

Maryland

RESIDENCE OF DECEDENT

DIRECTOR

arie

5. SEX

10b. COUNTY

Charles

1 M 2 X F

IF UNDER 1 YEAR | IF UNDER 24 HRS

HOURS

DAYS

10c. CITY, TOWN OR LOCATION

Cobb Island

6. AGE (In yrs. last birthday)

76 West Crain E				20625			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2XXNO	13. WAS DECE	ENDENT OF HISPAI	n, Puerto Ric	Specify Yee (	
(Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	(Give kind of wo	rk done during mos retired.)	N It of working	king Fede		
17. FATHER'S NAME (First, Middle, Last)  John Ward	(BR)	0201100	. WOLK	18. MOTHER'S NA Mary		dle, Maiden S	
194. INFORMANT'S NAME (Type/Print)	Beary	19b. MAILING A	1 /10.	11.	Route Number,	gity or Town,	
4 Donatlon 5 Donathor (Specify)	movel from State		Nationa.	l Cemete			
> Level	J. Ja	las					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A  DUE TO (OR A	PLEUR S A CONSEQUENCE OF): S A CONSEQUENCE OF): S T   V F	AL E RILLA HEAR	FFU STION	Part 1. 2		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1  YES 2 NO	HOSPITAL:	Outpatient 3 DOA	OTHER:			Specify)	
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not b	(Month, Day, Yea	JRY — At home, farm, st	M 1 U	RK? res 2 No	28f. LOCAT	ION (Street a	
	Elementary/Secondary (0-12)  12  17. FATHER'S NAME (First, Middle, Last)  John Ward  19e. INFORMANT'S NAME (Type/Print)  20e. METHOD OF DISPOSITION  1 Suriel 2 Fremation 3 Rei  4 Donation 5 Other (Specify)  11. SECONDARY SECONDARY  123. PART 1. Enter the disasses, or ahock, or heart failure immediate cause. Enter UNDERLYING CAUSE (Disasse or injury that initiated events resulting in death)  PART II. Other significant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Nistural 5 Pending	12  17. FATHER'S NAME (First, Middle, Last)  John Ward  19a. INFORMANT'S NAME (Type/Print)  20a. METHOD OF DISPOSITION  1 St. Burlet 2 Premation 3 Removal from State 4 Donestiony 5 Other (Specify)  23. PART 1. Enter the disposes, or complications that cause abook, or heart failure. List only one fause of immediate cause abook, or heart failure. List only one fause of immediate cause. Enter UNDERLYING CAUSE (Disposes or injury that initiated events reaulting in death) LAST  PART II. Other algnificant conditions contributing to death  CHAONIC PULMON  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Imputer 2 ERV  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Imputer 2 ERV  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 Imputer 2 ERV  26. DATE OF INJUI (Morth, Day, Yes)	Composition   College (1-4 or 5+)   Colleg	Elementary/Secondary (9-12)   College (1-4 or 5+)   Clerical Work	Elementary/Secondary (0-12)   College (1-4 or 5+)   Clerical Work	Clarical Work   Clarical Wor	

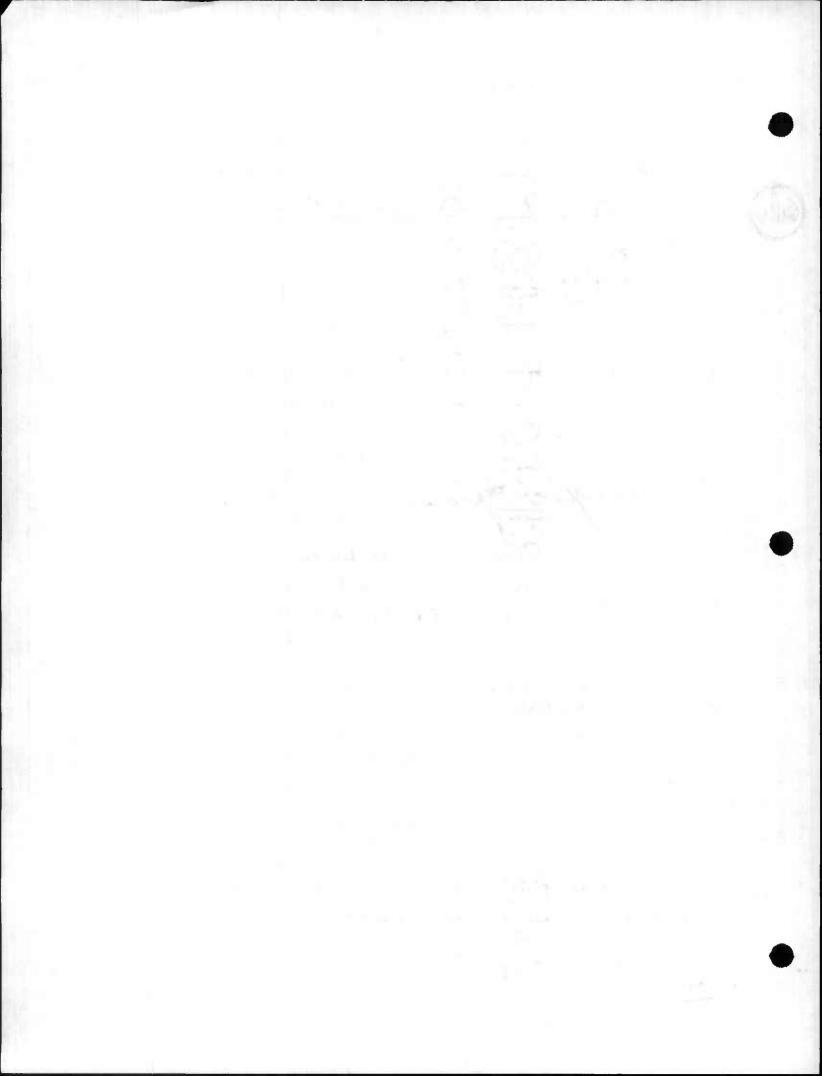
32. REGISTRAR'S SIGNATURE

MAY 1 3

Julia Davidson-Randall

2. DATE OF DEATH 3. TIME OF DEATH GAR 7. DATE OF BIRTH (Month, Day, Yer, 2-16-6, BIRTHPLACE (State or Fo Prince be 9b. CITY, TOWN OR LOCATION OF DEATH 10d. INSIDE CITY 1 YES 2 KNO 10g. CITIZEN OF WHAT COUNTRY? U.S.A. or No— 14. RACE — American Indian, Black, White, etc. specify: White INESS/INDUSTRY al Government u of Engraving State, Zip Code) 2062 Island IXD CATION -- City or Town, State Arlington, Va. 1 Home n Hill, Md.20745 ratory arrest, Approximate Interval Between **Onset and Death** 24b. WERE AUTOPSY FINDINGS AUTOPSY AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? □ NO 1 YES 2 NO NJURY OCCURED nd Number or Rural Route Number, ner as stated. d due to the cause(s) and m 29d. DATE SIGNED (Month, Day, Year)

MD2081



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		permit	
20	age 6 may be retained by the hospital or attending physician.	director, page 5 should be detached for use as the burial-transit permit	
2-00	d Bulpu	s the b	
121	or after	r use a	
<b>MORE, MARYLAND 21215-0020</b>	ospital	of bed	
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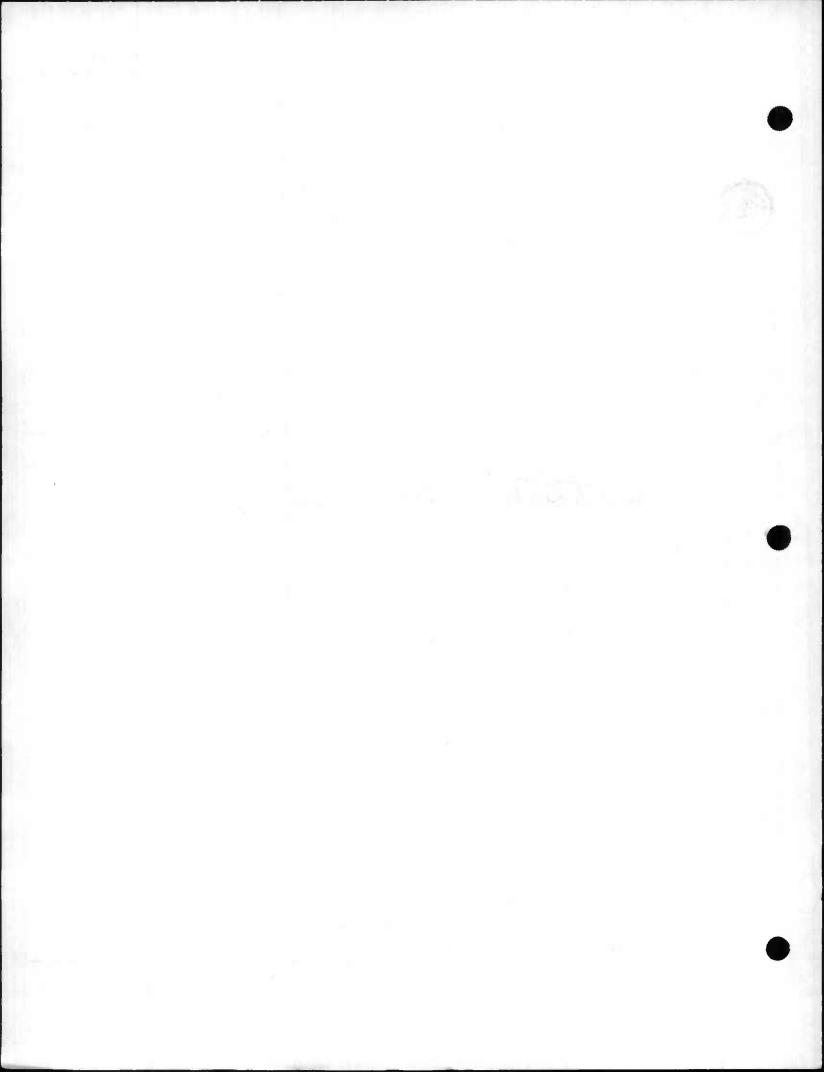
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR			ERTIFIC	CAIL	OI	PLAIII		REG.	10.		
1. DECEDENT'S NAME (First, Middle, Last)	1-11-1-							E OF DEATH	a in	-	3. TIME OF DEATH
Rachel Rebecca	Maultsb	y Sce	esco				Mo	5	89	1992	3:00P
4. SOCIAL SECURITY NUMBER		AGE (In yrs.	last birthday)	IF UNDER 1		IF UNDER 24 HRS		E OF BIRTH		8. BIRTN	PLACE (State or Foreign
204 18 3236	1 🗆 M 2 💢 F	67	YRS.	MONTHS	DAYS	HOURS MIN.		oth, Day, Yea y 26		Country	ylestown
9s. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY, 1	TOWN O	R LOCATION OF		<u>y</u> 20	9c. CC	DUNTY OF DE	TATN
Doctor's Hospi	tal			Lai	nha	m, Mary	7lan	٦			PG
RESIDENCE OF DECEDENT	cui					111/11/11	Tan	J			PG
10e. STATE 10b. COUNTY			10c. CITY,	TOWN OR	LOCATI	ION					10d. INSIDE CITY
Maryland	PG									- 1	LIMITS?
10e. STREET AND NUMBER	PG		a	nhar		ZIP CODE			1 40 - 0	777511 00 11	1 TYES 2 NO
9021 Varnum St									109. 0	ITIZEN OF W	HAT COUNTRY?
						20706			Ur	iited	States
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2	ARMED NO	13. W/	AS DECE yea, spe	ENDENT OF NISE	ANIC ORIG	IN? (Specify	Yes or No-	14. RACE Black	American Indian, White, atc.
3 Widowed 4 X Xivorced	IF YES, GIVE WAR	OR DATES				2 NO Spe	elfy:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Specif	y:
		no					on			I B	lack
15. DECEDENT'S EDUC (Specify only highest grade			Give kind of wo	rk done du			16	b. KIND OF	BUSINESS/I	NDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)		fe. Do NOT use	retired.)							
12th			Reti	red					GOV.		
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S	AME (First	Middle, Mai	ien Surname,	)	
William H. Mau	ltsby, S	r.				Joa	nna	Haga	nc		
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING A	ADDRESS (	Street an	nd Number or Flur	I Route Nu	nber. City or	Town, State.	Zio Codel	
William H. Ma	ultshy	Jr.				treet.					
			E AND DATE OF				DA	- 1	Wash	ingt	on, D.C.
20a, METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 Remo	oval from State	cemetery o	rematory or other	er place)	ION (Nan	ial Pa	DA	7E 20c.	LOCATION -		
4 Donation 6 Other (Specify)	estate and a second	II a	LINOTTY					15/	92	Lan	dover, Md.
21. STORAGONE CON UNERAL SERVICE LICE	77	-				D ADDRESS OF		7			
Dany 17	lema	7	716			art Fu Benni					
	MASS DUE TO COR	IVE TAS A CONS	EQUENCE OF):  EQUENCE OF):  EVEL (	ERE	EBR	BJAL &	SUBI	PRAC	HUOI	DINC	
that initiated events resulting in deeth) LAST	J. HYP.	E RT	EOUENCE OF):	ion	4	N CON	OTRO	LLE	)		
PART II. Other algnificent conditions	contributing to de	eth hut no	consulting in	the und	etulaa	Series alves	- Do-A I	T			
		out but the	resulting in	ine uno	errying	ceose given		PER	AN AUTOPS FORMED? 2 NO		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL					26. PL/	ICE OF DEATH (	Check only o	nel			
EXAMINER?	HOSPITAL:	2/Outpetlant		OTHER:							
27. MANNER OF CEATH	28a, DATE OF INJ		28b. TIME		8c. INJU	5 Residence	_		W INJURY O	CCUREO	
1 Natural 5 Pending	(Month, Day, 1		INJUI	RY	WOR	HC?	200. 0	SCHIBE NO	W INJUHY O	CCUREO	
		4 68 6994				ES 2 NO	-				
2 Accident Investigation	An B	JIEV - At I	come form ate	net, lector	v. office		281. LO	CATION (Stre	et and Numb	er or Rural Re	total Alexandres
2 Accident Investigation 3 Suicide 8 Could not be determined	28s. PLACE OF IN building, etc.	. (Specify)	,,		,		Ch	or Town, St	nto)		oute number,
3 Suicide 8 Could not be determined	CIAN: To the best of my	knowledge,	Seath occurred	at the time	e, date s		e to the ci	or Town, St	nanner as st		
3 Suicide 4 Homicide  29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  29e. BONATURE AND TITLE OF CERTIFIER	CIAN: To the best of my	knowledge, clination and/o	death occurred or investigation,	at the time	e, date s	29c. LICENSE N	ue to the come time, date	use(a) and place.	nanner as at and due to	the cause(s)	and manner as stated.  Morph, Day, Year)
3 Suicide 4 Homicide  298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER  30. NAME AND ADDRESS OF PERSON WHO HEMA P. Y AND A	CIAN: To the best of my	knowledge, control of the control of	esth occurred in Investigation,  I DEM 27) (Type, P	at the time	e, date s	29c. LICENSE N	ue to the come time, date	use(a) and place.	nanner as at and due to	the cause(s)	and manner as stated.  Morph, Day, Year)

BALTIN TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Par TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of be filed within 72 hours after death with the State Dept, of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examines DIVISION OF VITAL RECORDS, P.O. BOX 68760,

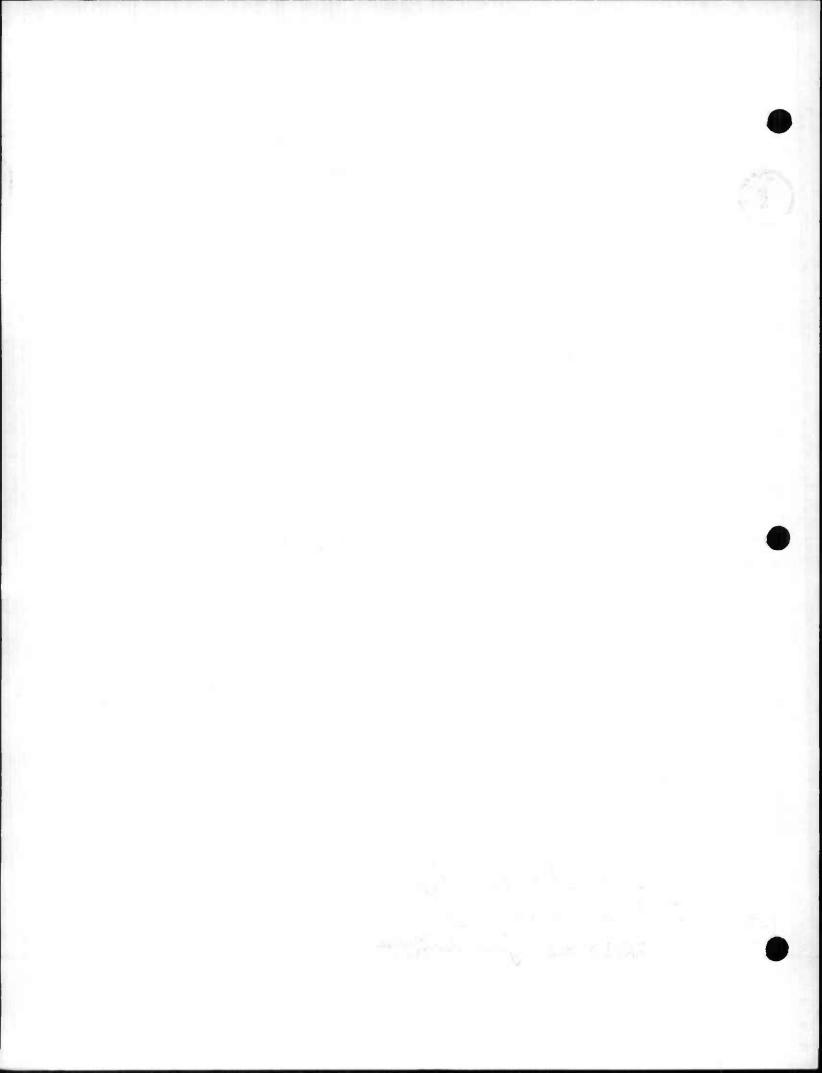
DHMH-18 Rev 1/89



DHMH-18 Rev 1/89

	DITHE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.	2 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funera	
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	rithin	letely	ified within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
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- 1	1. DECEDENT'S NAME (First, Middle, Last	)							E OF DE				3. TIME OF DEATH
ı	FRED		A.			SEATO	N	0		05		992	10:45
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1 Y		DER 24 HRS.		E OF BI			6. BIRT	HPLACE (State or Foreig
r	578-22-2911	1 KM 2 F	67	YRS.	MONTHS D	AYS HOUR	S MIN.	Mar 8 1925 Maryland					
	9s. FACILITY NAME (If not institution, give	street and number)			9b. CITY, TO	WN OR LOC	ATION OF D	EATH			9c. COU	NTY OF	DEATH
	7620 MAPLE AVENU	JE -			TAKO	MA PA	RK				MO	VIGO	MERY
	RESIDENCE OF DECEDENT  10a, STATE 10b, COUN			1	Y. TOWN OR LOCATION 1464 M								
	1200 0 to										10d. INSIDE CITY LIMITS?		
	10e. STREET AND NUMBER	ntgomery		Tax	oma	,							1 X YES 2 NO
	7620 Maple Av	vonue #F	7			10f. ZIP CO							WHAT COUNTRY?
	11. MARITAL STATUS					209			0.7 (4.101)			S.I	
	1 Never Married 2 Married	12. WAS DECEDER	YES 2	NO	If y	B DECENDENT	uban, Maxic	an, Puerl			or No-	14. RAC Blac	CE — American Indian, ck, White, etc.
	3 Widowed 4 Divorced	7-27-4	3/6-2	1-46	1	YES 2 X N	VO Speci	lfy:					nite
ı	15. DECEDENT'S ED	UCATION		DECEDENT'S	USUAL OCCI	IPATION		1	Ab KIND	OF BUS	INESS/INC		irce
	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5		(Give kind of the life. Do NOT us	work done duri	ng most of wo	orking		oo. Kiivo	01 200	III E SOTTINE	/Ugini	
	12th grade	country (see 0), 2		nempl	5avo				3	A/V			
	17. FATHER'S NAME (First, Middle, Last)			TICIND I	. Uyeu	18. M	OTHER'S N	AME (Firs			Surname)	-	
	Frederick W. S	Seaton					athe				,		
1	19a. INFORMANT'S NAME (Type/Print)	0000011		19b. MAILING	ADDRESS (S							Code	
	VA Medical Red	cords				oitol							1421
1	20a. METHOD OF DISPOSITION		20b. PLA	CEANDDATE	OF DISPOSITION		. ال		-		_		Town, State
	1 □ Quriel 2 □ Cremation 3 □ Real 4 □ Donation 8 □ Other (Specify)	moval from State	cemetery	crematory or o	ther nlacel		me+-	1					
	4 Donation 8 Other (Specify) Maryland Nat'l Cemetery Cheltenham, Md.  21. SIGNATURE OF FUNERAL SERVICE LICENSEE  W. NAME AND BORESS OF FACH Uneral Home												
	w.h. Bacon Funeral Home												
	with Ban 176 3447 14th Street, N.W. Wash. DC												ach ac
1	23. PART I. Enter the diseeses, or shock, or heart feilure immeDiATE CAUSE (Finei disease or condition	r complications the	at coused the	deeth. Do r			4th	Str	eet	, N	.W.	W	Approximate interval Betw
	shock, or heert feilure iMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentieity list conditions, if any, leading to immediate	a. DUE TO	at ceused the use on eech O (OR AS A COM	SIS	not enter th		4th	Str	eet	, N	.W.	W	Approximate interval Betw
	shock, or heart feiture idease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A COM	IIINO.  SEOUENCE O	F):	the	4th	Str	eet	, N	.W.	W	Approximate interval Betw
	shock, or heart feiture idease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b	O (OR AS A COM	IIINO.  SEOUENCE O	F):	the	4th	Str	eet erdiec o	, N	. W . atory arr	Wa	Approximate interval Betw Onset end D
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPA CERTIF	RTMENT OF I	HEALTH AND	MENTAL HYGIE				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY		3. TIME OF DEATH	
	Catherine M. Sar							992	10:40 p M	
	4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1010	a. BIRTHP	LACE (State or Foreign	
	578-07-5686	1 🗆 M 2 🖾 F	80 YRS.			April 4,	1912	Ala	bama	
FUNERAL DIRECTOR	9a. FACILITY NAME (If not institution, give s  MONTGOMETY GENET  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	ral Hospital		Olney,	Marylar		Monte	TY OF OE		
DIRE	Maryland Monts	gomery		ilver Sp					10d. INSIDE CITY LIMITS? 1 YES 2 A NO	
ERAL	100. STREET AND NUMBER 3709 Dunsinane I	Orive			20906			EN OF W	IAT COUNTRY?	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 XWidowed 4 Olvorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yee, as	ENDENT DF HISPA ecify Cuban, Mexic 2 NO Spec	ANIC ORIGIN? (Specify sen, Puerto Rican, atc.)	Yes or No	14. RACE Black, Specify	- American Indian, White, etc. White	
ED	15. DECEDENT'S EDU	CATION	16a. DECEDENT	USUAL OCCUPATI	ON	18b, KIND OF E	USINESS/INDU	ISTRY	MILLE	
COMPLETED	(Specify only highest grade Elementery/Secondery (0-12) 1 2	College (1-4 or 5+)	(Give kind of life. Do NOT (	work done during mase retired.)	st of working			,,,,,,		
MC	17. FATHER'S NAME (First, Middle, Last)		nousew.	rre			Home			
	Olof Schelin					AME (First, Middle, Maid Walsh	en Surneme)			
BE	19e. INFORMANT'S NAME (Type/Print)		195 MAIL IN	Annoses (Street		Route Number, City or T				
2	Kathleen M. Smit	h				1ver Spri			906	
	20e. METHOD OF DISPOSITION	201		OF DISPOSITION (N		DATE 20c.				
	1X Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	dar Hil	L Cemete		/13/92 St				
	21 SIGNATURE OF FUNERAL SERVICE LIC				O ADDRESS OF F					
	Erya 1	1 Nechan	6	Robert	E. Wil	helm,Inc.	Suit1a	and.	MD.20746	
z	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, of heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  A DUL F REIPERATORY DESTREIL IVA DIE ME  DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  10 Y \( \alpha \).									
PHYSICIAN: MEDICAL	PART II. Other eignificant condition  Opposition  Tichenic Lin		ut not resulting	In the underlying	g cause givan in		N AUTOPSY ORMED? 2 PRO	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
ž I	Refretory A	remia				_		'	YES 2 NO	
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (C)	neck only one)				
YS	1 YES 2 NO  27. MANNER OF DEATH	1 Impatient 2 ER/Outp		4 Nursing Hom		6 Other (Specify)				
	1 Netural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	28b. TIN	JURY WO	URY AT RK? 'ES 2 NO	26d. DESCRIBE HOW	INJURY OCCU	RED		
ED BY	2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— A1 home, ferm,			261, LOCATION (Stree City or Town, Stat	t end Number o	Rural Rou	te Number,	
COMPLETED	29a. CERTIFIER (Check only	CIAN: To the best of my knowl	edge, death occurr	ed at the time, date	end place, and due	to the cause(s) end m	anner se stated	i. couse(s) e	ind manner es stated.	
BEC	29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NU				fonth, Day, Year)	
	Find J. mgm.	m n			02363			5-11-		
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEA	16220	Print)	ick R	d. #213	6-: 140	1160	12, 40 20177	
	31. DATE FILED (Month, Dey, Year)  MAY 1 2 19	32. REGISTRAR'S SIGN	widson-Pa	ndell						





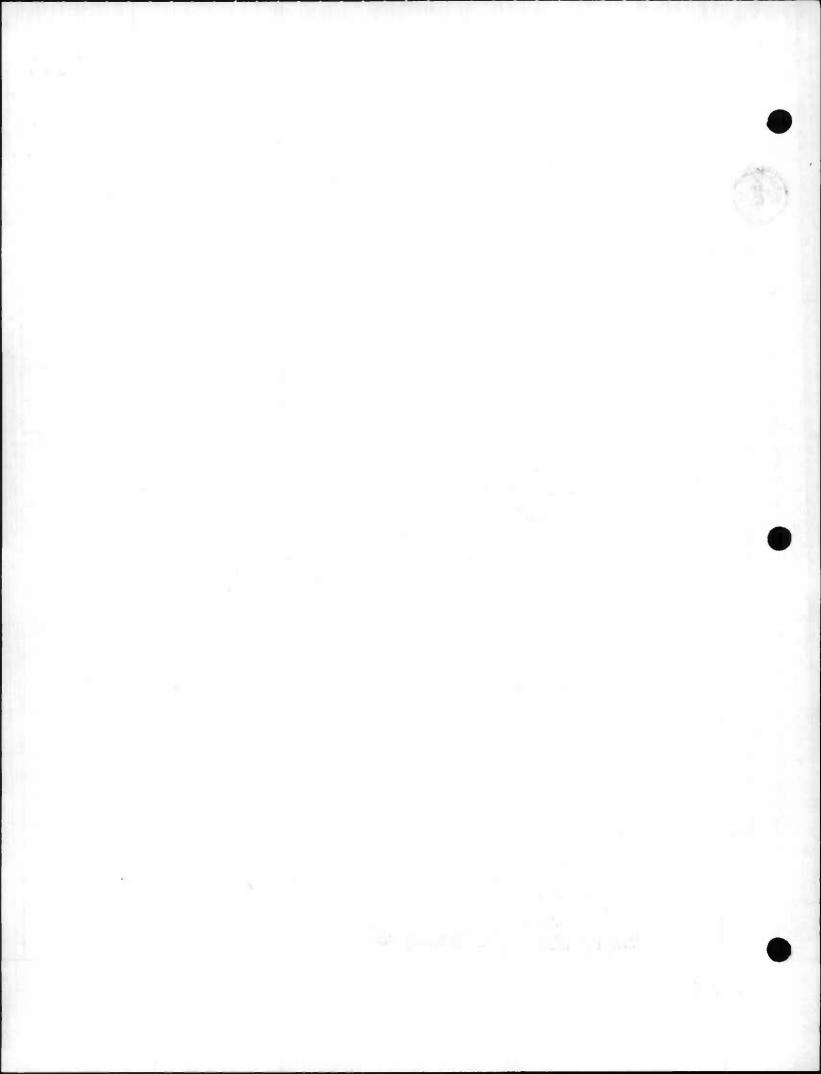
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE RUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 6 filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First	t, Middle, Last)									MY	YEAR	3. TIME OF DEATN
	EARL 4. SOCIAL SECURITY NUMBER 4. SOCIAL SECURITY NUMBER 5. SOCIAL SECURITY NUMBER 6. SOCIAL SEC	T	LEON		SELL						992		6:18 ам
	215–24–398	88	5. SEX 1 XM 2 F	6. AGE (in yrs. la	62 YRS.	IF UNDER	DAYS	HOURS	MIN.	7. DATE OF BIRTH 11402 (1922)		Was	prince (State or Foreign D. (
HOL	Doctors Residence of De	7-4-6		ital			nhar		ON OF DE	EATN		nty of t	George's
DINE	Maryland	Prince	e George		10c. CIT	Y, TOWN (	OR LOCA	ION	Land	lover			10d. INSIDE CITY LIMITS?  1 X YES 2 NO
FUNERAL DIRECTO	9005 Tayl							ZIP COD	2	20785		J.S.A	WHAT COUNTRY?
0	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Dive	CONTRACTOR OF THE PARTY OF THE	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2 X	RMED NO		If yes, sp	ecity Cubi	OF HISPAN an, Mexica Specify	IIC ORIGIN? (Specify Yen, Puarto Rican, atc.)	e or No—	Blac	E — American Indian, k, Whita, atc. Hy: Black
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ם כסיי	17. FATNER'S NAME (First, N Bernard Se	ellman								ME (First, Middle, Maiden Sellman			
2	Mrs. Sarah	Sellman	n (Wife)			_			or Aural I	andover,	Maryl	and	20785
	209. METHOD OF DISPOSIT 1 A Burlai 2 Crematic 4 Donation 5 Other 21. SIGNATURE OF TUBERA	(Specify)		20b. PLACE	Salo Cen	neter	У						Maryland
	DE	3	aya	fl			433	9 Hu	nt Pl	eral Home, Lace, N.E.	Wash	n. D	.c. 20019
CENTIL ICALION	23. PART I. Enter the depote of the second o	tiona, diata	bue to	(OB AS & CONSE	OUENCE OF	00	to the mo	and of any	Maring, auch	ally when	1	rest,	Approximata Interval Between Onset and Death
TEDIONE.	PART II. Other significa	ent conditione	contributing to	death but not	resulting (	in the ur	()	U	given in	Part i. 24a. WAS AN PERFOI 1 TYES 2	RMED?	24b	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
SICIAIN.	25. WAS CASE REFERRED T EXAMINER? 1 YES 2 NO		HOSPITAL:	ER/Outpatient 3	DOA	OTHER	3:			6 Other (Specify)			
		Pending Investigation	28a. DATE OF (Month, D	INJURY	26b. TIM		28c. INJ WO	_		28d. DESCRIBE NOW	INJURY OC	CURED	
	4 Homicide	Could not be determined	28e. PLACE O building,	F INJURY — At ho atc. (Specify)	ome, ferm, s	street, fact	ory, offic			281. LOCATION (Street City or Town, State)	and Number	or Rurel I	Route Number,
										to the cause(a) and me time, date and place, ar			i) and manner as stated.
	29b. SIGNATURE AND TITLE	(1	COMPLETEO CAUS	n/N	1 (	Outres!		29c. LIC	IS G	BER	29d. DAT	E SIGNED	(Month, Dey, Year) — 92
	31. DATE FILED (Month, Dey.	BIAIR	7525	MARINE	mil	w	1	he	and	relim	d =	20	770
	5-7.MAY2	2 199	2 July	a Davidson	-Rand	all							





TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached		IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TTEN	TOR:	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28
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	1. OECEDENT'S NAME (First, Elizabet		A	01	17.101	_				DATE OF OEATH	DAY	YEAR	3. TIME OF OE	ATH
	4. SOCIAL SECURITY NUMBER		Ann 5. sex	8. AGE (In yrs. ia	INDL	IF UNDER	R 1 VEAR	IF UNDER 24 H	7.0	OTIL.		992	PLACE (State or	A M
	152 24 6220								m. D	Month, Day, Year		Ne	w Jerse	
CTOR	Doctors Comm						anhar	n LOCATION (	OF DEATH	TH 9c. COUNTY OF Phince				
DIRECTOR	Maryland	Princ	e George:	5		wie	OR LOCAT	ION					10d. INSIDE CIT LIMITS? 1 YES 2	
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E COM	17. FATHER'S NAME (First, M Paul Moran	iddle, Last)								irst, Middle, Mei e Spar:	den Sumame)			
TO B	19a. INFORMANT'S NAME (Type/Print) Richard A. Shindle  19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14904 Northcote Lane Bowie Maryland 20									7716				
	20a. METHOD OF DISPOSITION  1 \( \text{Solution} \) 1 \( \text{Commetter} \) 1 \( \text{Donatton} \) 2 \( \text{Commetter} \) 2 \( \text{Commetter} \) 2 \( \text{Commetter} \) 2 \( \text{Commetter} \) 2 \( \text{Condition} - \text{City or Town, State} \) 2 \( \text{Condition} - \text{City or Town, State} \) 4 \( \text{Donatton} \) 3 \( \text{Commettery, Genetory or other place} \) Mary 1 and Veterans Cemetery 5/4/92 Cheltenham Md.													
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Press   Pre													
	23. PART I. Enter the di ahock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death)	art fallure.	List only one cau	caused the dise on each line	he	not enter	the mo	da of dying,	such as	cerdiec or re	epiratory an	rest,	Approxin Interval E Onset an	nste Between nd Daath
RTIFICATION	Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated exerts  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):													
CERTI	that initiated events resulting in death) LAS	' (	đ			. ,.								
PHYSICIAN: MEDICAL	PART II. Other significe	nt condition	failu	death but not	resulting	In the u	nderlying	cause give	n in Part	PER	AN AUTOPSY FORMEO?	24b.	WERE AUTOPSY I AVAILABLE PRIOR COMPLETION OF OF DEATH?	R TO CAUSE
ICIAN:	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHE		ACE OF OEATI	1 (Check or	ly one)				
	27. MANNER OF DEATH	Pending	28e. DATE OF (Month, De	INJURY	28b. TIM		28c. INJI WO	JRY AT RK?	28d	Other (Specify) DESCRIBE HO	W INJURY OCC	CURED		
red BY	3 Suicide 8	nvestigation  Could not be  fetermined	28e. PLACE Of building.	FINJURY — At he	ome, ferm,	atreet, fac				LOCATION (Stre City or Town, St	et and Number ate)	or Rural Ru	oute Number,	
COMPLET			CIAN: To the best of R: On the besis of ex											

a. CERTIFIER	A STATISTICAL DIVINION TO A STATE OF THE STA		
(Check only	1 CERTIFYING PHYSICIAN: To the best of my knowledge,	death occurred at the time, date end	I place, end due to the cause(s) end manner as stated.
one)	A   14501031 EVALUATED D. 11		

0 5		29C. LICENSE NUMBER	29d, DATE SIGNED (Mor
auro	1 Jampson	DO 2193	14/3019

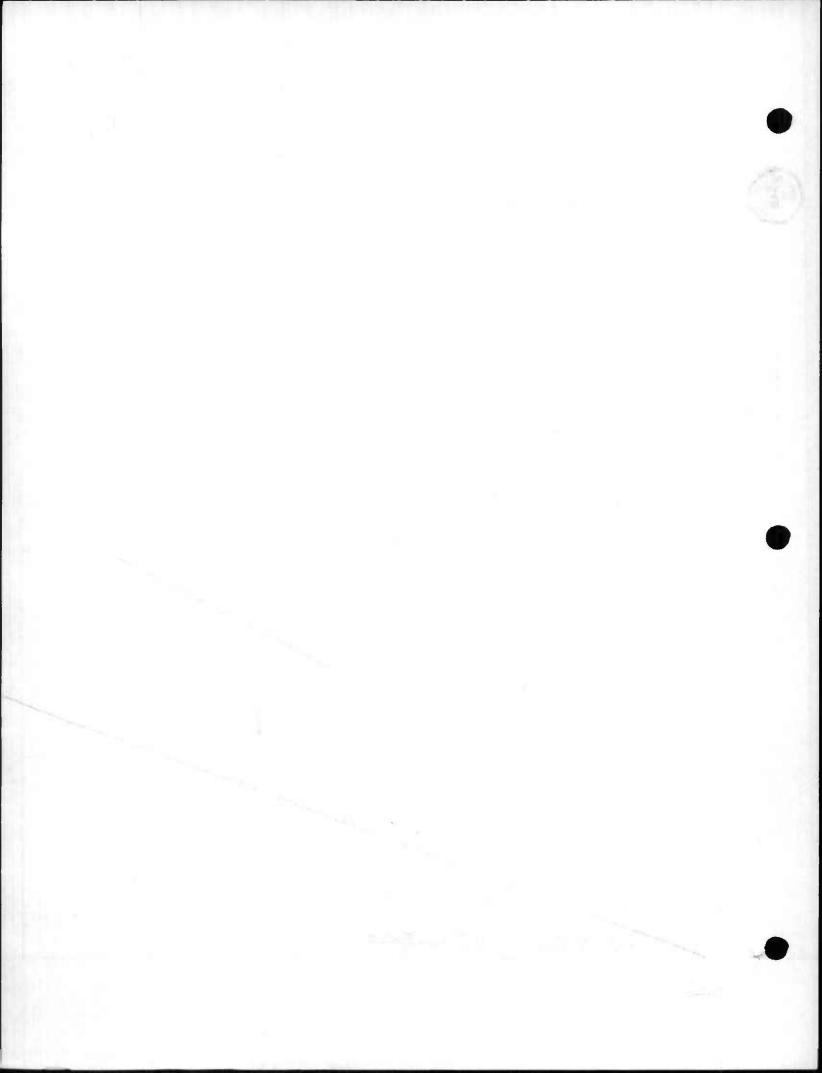
30. NAME AND ACCRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print) 3231 SUPERIOR LANE 6-GOODMAN 31. DATE FILEO (Month, Day, Year)  $\begin{array}{c} \text{MAY 1 2} \end{array}$ 

32. REGISTRAR'S SIGNATURE
Fisha Davidson-Randall 1992



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BOWIE, 10 20715



After this certificate has been signed by the attending physician and completely filled in by the	100	2	8
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	1. DECEDENT'S NAME (First, Middle, Last	")	17	1	SCOTT	TR	DEAT		2. DATE MONTH	OF DEATH	<u>124</u>	GEAR .	3. TIME	OF DEAT
	4. SOCIAL SECURITY NUMBER	5. SEX		arl s. lest birthday)	IF UNDER 1		IF UNDER 2	4 HRS.	7. DATE	OF BIRTH	-	S. BIRT	HPLACE (S	State or Fo
	578 56 6151	1 🛣 M 2 🗌 F	49	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept	Day, Year)	1942	Vi	rgini	La
~	Sa. FACILITY NAME (If not institution, give	· ·					R LOCATIO	N OF DE	ATH		9c. COU			
0	ANNE ARUNDEL GENE	ERAL			ANI	NAP(	DLIS				ANNE	AR	UNDEI	٠
DIRECTOR	10s. STATE 10b. COUN			10c. CIT	Y, TOWN OR	LOCAT	ION						10d. INS	IDE CITY
		Arundel		Cı	oftor	n							100	S 2 🔀
RA E	1678 Yorktown Co	1130 to				101.	ZIP CODE	2111					WHAT COL	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDEN	IT EVED IN III	S ABMED	12 W	MS DEC				? (Specify Ye			ed St	
BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	YES 2	₹ NO	H	yes, spe	elfy Cuban, 2 ₩ NO	, Mexicar	, Puerto F	ican, atc.)	al or No.		ck, White, e city:	
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	Elementary/Secondary (0-12)	College (1-4 or 5	+)	life. Do NOT u	se retired.)									
COMPL	12 17. FATHER'S NAME (First, Middle, Last)			Electr	onics	Te				Gord	an-Ki	tts		
E C	Earl Scott. Sr.								ines	liddie, Meider	n Sumame)			
0	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number o	or Rural R	loute Numb	er, City or Tox	vn, State, Zip	Code)		
9	Ruth Scott			1678	Yorkt	own	Cour	rt C	roft	on Ma	rylan	d 21	1114	
	20e. METHOD OF DISPOSITION  1	moval from Stata	20b. PL cemeter Me	ACE AND DATE  y, cremetory or of  LTOPOLI	of disposit	rion/Na	me of natory	v	DATI		ocation – lexan			
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	, 1	).			D ADDRESS			1 22				
	22 DART : Cotos the discours of		0/1	res.	1 16	5000	Ann:	anol	is R	d Bo	me, P	Mars		
	23. PART I. Enter the disesses, or shock, or heart failure immediaTE CAUSE (Final disease or condition resulting in death)	a. C(RA	use on each	ilina.	not anter t	5000 tha mod	Anna da of dyin	anol	is R	d Bo	wie	Mars	Ap	20 pproxima terval Be neet and
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MEDICAL C	shock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	a. C. DUE TO b. DUE TO c. DUE TO d. DOR CONTRIBUTING TO	(OR AS A CO	INSEQUENCE O	P: F): F): OTHER:	the modern of the control of the con	Annada of dyin	apol ng, such ivan in l	Pert i.	24s. WAS AI PERFO	N AUTOPSY	Mary	b. WERE AU AMILABI	pproximaterval Betance and and and and and and and and and and
MEDICAL C	shock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL	a. CL PUC  DUE TO  C. DUE TO  d. DUE TO	(OR AS A CO	INSEQUENCE OF THE PROPERTY OF	Pi:  Fi:  OTHER: 4   Nursh	26. PL:	Annada of dyin	apol ng, such ivan in l	Part i.	24a. WAS AI PERFO	N AUTOPSY RMED? 2 \( \text{NO}\)	· 24	b. WERE AU AMILABI	proximaterval Based and
PHYSICIAN: MEDICAL C	shock, or heart failure  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  VICTOR 100	a. C. POUE TO  b. DUE TO  c. OUE TO  d. ODD CONTRIBUTION 10  HOSPITAL: 1   Inpatient 2 P  28a. DATE OF (Month, D)	(OR AS A CO	INSEQUENCE O	OTHER: 4 ON Nurshin	26. PL  26. PL  30. Pl  30. Pl  30. Pl  30. Pl  30. Pl  30. Pl  40. Pl	Annada of dyin  G cause gl  ACE OF DE  S Cause gl	and and and and and and and and and and	Part i.	24s. WAS AI PERFO	N AUTOPSY RMED? 2 \( \text{NO}\)	· 24	b. WERE AU AMILABI	proxim lerval B neet and Tropsy Fi LE PRIOR TION OF (H?
COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heart failure  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?  YES 2 \( \subseteq NO  27. MANNER OF DEATH  1 \( \subseteq Natural \) 5 \( \subseteq Pending	a. CLOW  DUE TO  b. DUE TO  c. DUE TO  d. DUE TO  d. DUE TO  28a. DATE OF (Month, D)  28a. PLACE O	(OR AS A CO	INSEQUENCE O	OTHER: 4 ON Nurshin	26. PL  26. PL  30. Pl  30. Pl  30. Pl  30. Pl  30. Pl  30. Pl  40. Pl	Annada of dyin  G cause gl  ACE OF DE  S Cause gl	and and and and and and and and and and	Part i.	24a. WAS AI PERFO	N AUTOPSY RMED? 2 NO		b. WERE AU AMILABIC COMPLET OF DEATH	Property Fig. 19 (19) (19) (19) (19) (19) (19) (19) (

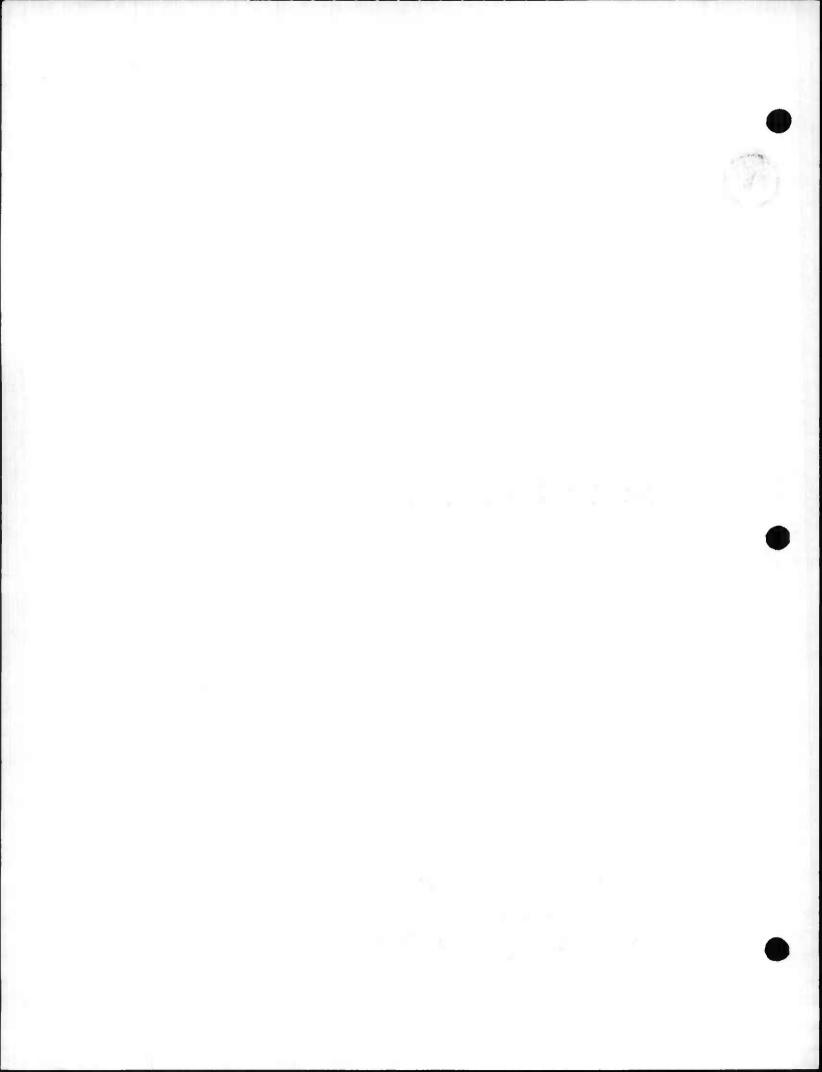
111 PENN STREET, BALTIMORE, MARYLAND 21201

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1992



BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages to be filled within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or remoyal. IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

REGISTRAR		- Cl	ERTIFIC	AIEU	PUEALH	F	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Las	FRANK	C. STET	HET.	KA		2. DATE OF MONTH	DEATH DAY	YEAR 92	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. les	al birthday) II	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		HPLACE (State or Foreign
577-38-9510	1,2 M 2 D F	68		ONTHS DAYS	HOURS MIN.	(Month, Di	26-23	Coun	
9a. FACILITY NAME (If not institution, give		4	9		OR LOCATION OF D	EATH	9c. C	OUNTY OF I	DEATH
5904 PAREW	my Dr.	108		C/.	TURFL		P	ince	6-69+8+5
10a. STATE 10b. COUN	ITY , ,		10c. CITY, 1	TOWN OR LO	ATION				10d. INSIDE CITY
MD Pri-	ce Fen	peis	6	aur	ec			-1.	1 YES 2 NO
5904 PARKL	von JR	·V=		)	101. ZIP CODE 20707		10g. C	USA	WHAT COUNTRY?
11. MARITAL STATUS		VEYER IN U.S. AF	MED	142 WM C O	ECENDENT OF HISPA	NIC OBIOINS &	Secolds Means Ma	-	C. Annaham tadan
1 Never Merried 2- Married 3 Widowed 4 Divorced	FORCES? 1	AYES 2	NO	if yes,	specify Cuban, Mexic ES 2 ND Speci	an, Puerto Rica		Blac	E — American Indian, k, White, etc.
15. DECEDENT'S EG (Specify only highest gre	OUCATION CO. CO. CO. CO. CO. CO. CO. CO. CO. CO.		CEDENT'S US			16b. Kill	NO OF BUSINESS/	INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 or	+) iffe	STER E	etired.)	most of working	SFI	LF-EMPLO	VED	
17. FATHER'S NAME (First, Middle, Lest)	0	TIA	JILK L	LLCTKI	_		lle, Maiden Sumami		
FRANK STETKA					MARY T		nu, marush Surriami	"/	
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILINO AD	ODRESS (Street	t end Number or Rural	Route Number,	City or Town, State,	Zip Code)	
LAVERNE STETKA			904 PA			AUREL,			
20e. METHDO OF OISPOSITION  1 Buriel AIR Cremetion 3 Re 4 Donation 5 Other (Specify)	moval from State		AND DATE OF		Name of CREM	AT ORY	LAUREL,		
21. SIGNATURE OF FUNERAL SERVICE	HORNSEE /	1)	11:5	12 NAME	K FUNERA	CILITYOME	TNC		
1 atall	Dulga	das	F3, b		SANDY S			IREL,	MD 20707
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO		DUENCE OF):		rdi ovas	wlar	Dise	a fr	Minutes
PART II. Other algnificent condition	d	deeth but not i	resulting in 1	the underly	ing couse given in	Part i. 24	a. WAS AN AUTOPS	SY 241	. WERE AUTOPSY FINDINGS
							PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF DEATH (C	heck only one)			
1 YES 2 ND	HOSPITAL:	ER/Outpatient 3		THER:  Nursing H	ome 5. Residence	8 Other (Sc	pecify)		
27. MANNER OF DEATH  Netural 5 Pending Investigation	28a. DATE OF (Month, D	ay, Year)	28b. TIME O	0F 28c. I	NJURY AT YORK? YES 2 NO		BE HOW INJURY	OCCURED	
3 Suicide 8 Could not b 4 Homicide determined	28e. PLACE O building,	FINJURY — At ho etc. (Specify)	me, farm, stre	et, factory, of	Nee	28f. LOCATIO City or R	ON (Street and Num own, State)	ber or Rural	Route Number,
29e. CERTIFIER (Check only one) 1 CERTIFVING PHY									s) and manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFICATION OF CERTIFICATIO	fore low		mines	dees	DD 1	52	▶.	5-5	(Month, Dey, Year)
20. NAME AND ADDRESS OF PERSON W	LORE M.	SE DF DEATH (ITE	M 27) (Typo, Pri	UPES .	ibung R	d Hy	, aThis	1/4 1	402081
31. DATE FILEO (Month, Day, Year) MAY 1 1 1992	Julia Davids	R'S SIGNATURE	2						

2. DATE OF DEATH

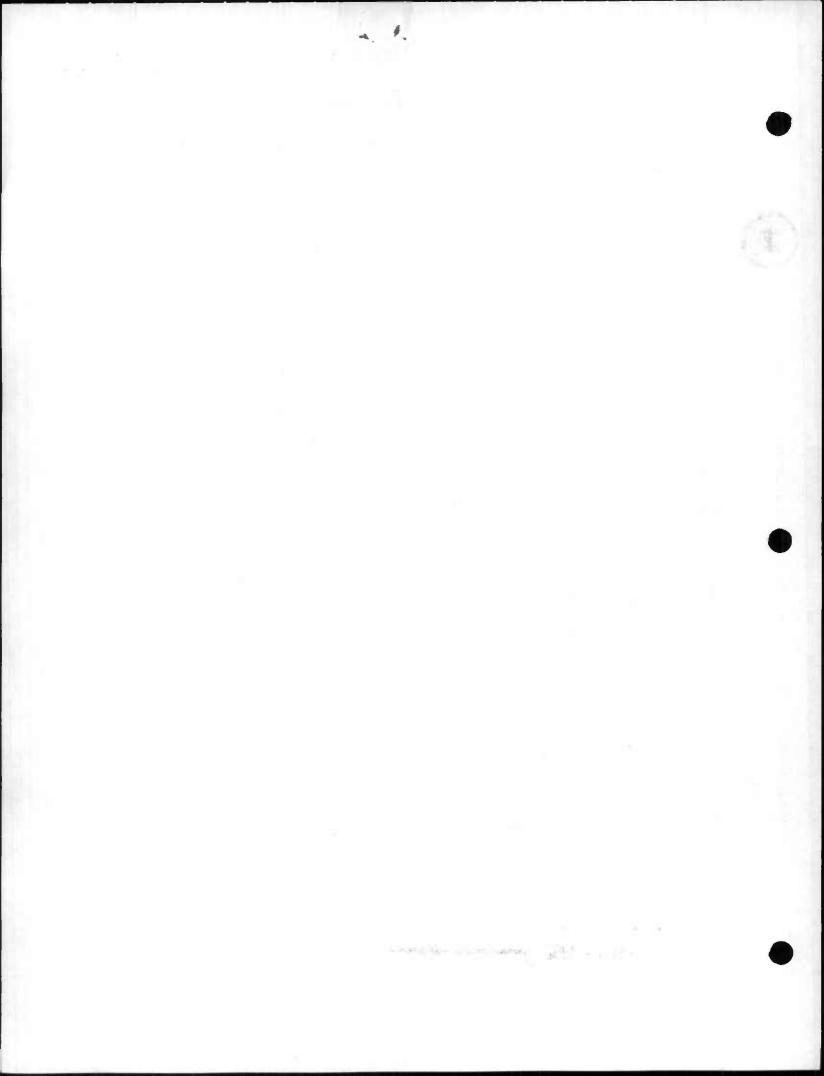
	2	po	1
J	24	=	3
5	within	pletely	Acces of
	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 no	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled	thousan after death unith the Cooks Bone of Wasteh and Massel Hamilton and a built and account of
	be e	ian	-0
	ificate	physic	the new
,	cert	ding	A. minister
-	death	after	Indah
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1	WB GW	has	Pane
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)	PHYS	this	and the
	DING	After	done
	TTEN	TOR:	affers
	OR A	DIRE	house

	AMBERCLORETTA SPE	NCE							2. DATE OF DEATH MONTH D. MAY 9,		992	3. TIME OF DEATH  10:00 Am
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. les	t birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH			HPLACE (State or Foreign
	708 12 6481	1 □ M 2 😿 F	88	YRS.	MONTHS	DAYS	HOURS	MM.	May 18,1	903	Count	(V)
	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY	, TOWN	OR LOCATI	ON OF DI		_	NTY OF D	lichigan DEATH
FUNERAL DIRECTOR	SACRED HEART H	OSPITAL			(	CUMB	ERLA	ND OR				LLEGANY
REC	10a. STATE 10b. COUNTY			10c. C/1	Y, TOWN	OR LOCA	TION					10d. INSIDE CITY
0	Maryland Alle	egany			Fro	stb	ura					1 YES 2 NO
RAI	104. STREET AND NUMBER					101	. ZIP COD			10g. CIT	IZEN OF V	WHAT COUNTRY?
NE	Route 2, Box 3							153			USA	
	11. MARITAL STATUS  1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1 YE	S 2 N	MED IO		II yes, sp	ecify Cube	n, Mexica	NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	or No-	14. RACI Black	E — American Indian, k, White, etc.
BY	3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE WAR OR	OATES			1 TES	2X NO	Specif	у:		Spec	"Y":White
COMPLETED	15. DECEOENT'S EDUC (Specify only highest grade of	ATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	ON		18b. KIND OF BUS	SINESS/IN		***************************************
ш	Elementary/Secondary (0-12)	College (1-4 or 5+)	(G/	ve kind of Do NOT u	work done se retired.)	during mo	st of working	ng				
P P	12	2		S	ecre	eta	су		Rai	lway	7	
8	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, Middle, Maiden	Sumame)		
BE		rett						K	atherine	Gr	een	
0	19a. INFORMANT'S NAME (Type/Print)		198	MAILING	AOORESS	S (Street a	nd Number	or Flural I	Route Number, City or Tow	n, State, Zij	o Code)	
	Rev. Everett J.		F	Rout	e 2	, В	ox 3	2,	Frostbu	rg,	MD	21532
	20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Remo	val Irom State	ob. PLACE A	natory or o	ther placel				7.5		City or To	
	4 Donation 5 Other (Specify)	ENGEE	Mt.	Av	on (	Ceme	eter	У	5/15 Roc	hest	er,	MI
	- C. X	11 )					Ch.		l of the	Hil	15	Mortuary
	Congras	Hape	3		113	302	Nat	11.	Hwy., L	aVa1	e,	MD 21502
	23. PART I. Enter the diseases, or conshock, or heart fellure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only bria causa on	anch lina.	17					tan A			Approximate Interval Between Onset and Death
z		el	Ca	- 0	-	P1 - X	. #3	- 0	· A	· ci	12	
5	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQ	UNIVE O	F):		- )	6	An :	1	-	
S	CAUSE (Disease or injury					(		~~	un.	hen	·M	ach
CERTIFICATION	that initieted events reaulting in death) LAST	DUE TO (OR AS	A CONSEO	UENCE O	F):							
	PART II Other elemificant conditions											
MEDICAL	PART II. Other algnificent conditions	contributing to death			in the un	derlying	ceuse g	iven in	PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
	Panele	atites					V		1 TYES 2	NO		OF DEATH?
									_			1 YES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					28. PL	ACE OF O	EATH (Che	eck only one)			
Š		HOSPITAL:	ripatient 3	DOA	OTHER		5 🗆 Re	sidence	8 Other (Specify)			
PHYSICIAN	27. MANNER OF DEATH  1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)		28b. TIM INJ		28c. INJ	JRY AT		28d. DESCRIBE HOW IN	JURY OC	CURED	
B⊀	2 Accident Investigation				М		ES 2	NO NO				
TED	3 Suicide 8 Could not be determined	28a. PLACE OF INJUI building, atc. (Sp	RY — At hon becify)	ne, tarm, a	Mreet, lacto	ory, office			28t. LOCATION (Street a City or Town, State)	nd Number	or Rural R	outa Number,
2	290. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my kno	wiedge, dea	th occurr	ed at the ti	me, data	and place.	end due	to the cause(s) and man	Der ee ree	ad	
COMPLET		On the basis of examinat										) and manner as stated.
	296. SIGNATURE AND TITLE OF CHRENER	7					29c. LICE					(Month, Day, Year)
3 BE	10.12	Ves	~	1	0		_/	10	153.1	•	1	10/01
임	10. HAVE AND ADGRESS OF PERSON WHO	COMPLETED CAUSE OF D	DEATH (ITEM	27) (Туре,	Print)		4		. v 3/		Y /	7/90
	DR. AUDBERTO FLO	RES, M.D.,	924 S	ETON	DRI	VE,	CUMB	ERLA	AND, MD 215	502	•	`
	31. DATE FILED WAY 1 3 1992	32 AEGISTRAN'S SIG	SNATURE .	dell								

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detached	the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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pletely fil	remation	or item 23 shows any injury or other transmits event the medical avanishes made to account
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	FOR	CTATE OF MAD	VIAND / DEDA					14912
	1 - STATE REGISTRAR	SIAIE UF MAK	CERTIF	ICATE OF	F DEATH	MENTAL HYGIEN		
	1. DECEDENT'S NAME (First, Middle, Last	)				2. DATE OF OEATH		3. TIME OF DEATH
		MARTIN		AVILLE		May	9, 1992	11:40 A
	4. SOCIAL SECURITY NUMBER 234-01-9160	1 - XXX - F	GE (In yrs. last birthday)  84 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
~	9e. FACILITY NAME (If not institution, give	etreet end number)		9b. CITY, TOWH	OR LOCATION OF D		9c. COUNTY	
DIRECTOR	Memorial Hospi	tal		Cumb	erland		A11e	egany
3EC	10e. STATE 10b. COUN		10c, CIT	Y, TOWN OR LOC	ATION			10d. INSIDE CITY
	MD A	llegany		Cumberl	and.			LIMITS? TYTYES 2 NO
FUNERAL	10a, STREET AND NUMBER			- 1	OI. ZIP CODE		10g. CITIZE	OF WHAT COUNTRY?
NE	209 Oak Stree				21502		US	SA
BY FU	1 Never Merried 2 Atterried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 TRO	If yes, s	ECENOENT OF HISPAL Specify Cuben, Mexical S 2 NO Specific	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:	e or No— 14.	RACE — American Indian, Black, White, etc. Specify:
ED	15. DECEDENT'S ED (Specify only highest grad	UCATION	16a. DECEDENT'S			16b. KIND OF BU	SINESS/INDUS	white
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of a	work done during n se retired.)	nost of working			
MP	12 17. FATHER'S NAME (First, Middle, Last)		Reti	red			O Rai	lroad
						ME (First, Middle, Maiden		
BE	Henry T. Sa 19e. INFORMANT'S NAME (Type/Print)	WILLE.	19b. MAILING	AOORESS (Street	and Number or Burni	ISETTIE PV	les	del
5	Mrs. Ida B. S	aville				erland. MD		oe)
	20a. METHOD OF DISPOSITION 1 □ Buriel 2 □ Cremetion 3 □ Rer	control bearing	20b. PLACE AND DATE (	OF DISPOSITION (				or Town, State
	4 Donation 5 Other (Specify)		cemetery, cremetory or or Zion Mem	orial P	ark	5-12	Cumber	land, MD
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	,/	22. NAME /	ANO ADDRESS OF FA	CILITY		
	Janes 7	& Cou	101/1			Funeral Hor	ne	
z	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	s. List only one ceuse of	n eech line.	Col	ode or dying, suc	n as cardiec or resp	ratory arreet	Approximate interval Between Onset and Desth
CERTIFICATION	Sequentisity liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	c	S A CONSEQUENCE OF					
MEDICAL	PART II. Other significant condition	ne contributing to death	h but not resulting I	in the underlyli	ng ceuse given in	Part I. 24a. WAS AN REFIE OF		24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	NO SOLITION			LACE OF DEATH (Ch	eck only one)		
PHYSICIAN:	1 TES 2 NO	HOSPITAL: Inpatient 2 - ER/O	Putpatient 3 DOA	OTHER: 4 Nursing Hor	ne 5 🗆 Residence	6 Other (Specify)		
ВУ РН	27. MANNER OF OEATH  Natural 5 Pending Investigation	28e. DATE OF INJUR (Month, Day, Yea		URY W	JURY AT ORK? YES 2 NO	28d. OEŞCRIBE HOW II	NJURY OCCUR	ED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (S	JRY — At home, ferm, a (pecify)	treet, factory, offi	ce	281. LOCATION (Street of City or Town, State)	and Number or F	Burel Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	SICIAN: To the best of my kn ER: On the basis of examins	owledge, death occurre	od at the time, dat n, in my opinion,	e end plece, end due death occured at the	to the ceuse(e) end man	ner ee atated.	use(e) end manner ee stated.
BEC	290. GIGNATURE AND TITLE OF CERTIFIE	N	N A	~ /	29c. LICENSE NUN		29d. DATE SI	GNED (Month) Day, Year)
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF	DEATH (ITEM 27)	Print)	D 148	65	9	TIVIN
	Dr. R. Barrera,	Memorial H	ospital Me	edical I	Building,	Cumberlan	d, MD	21502
	MAY 1 3 19	92	the first					



	FOR		STATE OF N	MARYLAN	D / DEPAR	RTMEI	NT OF H	(FALTH	AND	MENT	N HYGIF	9 2 NE	2	4913
	1. DECEDENT'S NAME (First	, Middle, Last)	GERA		CERTIF	ICAT	GER	DEA	ГН	2. DAT	REG. N E OF DEATH TH	O.	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUME	BER	5. SEX		s. last birthday)		ER 1 YEAR	IF UNDER		_	12,	1992		9:10 A
	096-14-0757		1 1 M 2 □ F	69	YRS.	MONTH		HOURS	MIN,	(Moi	ith, Day, Year)	,	Country	
	9e. FACILITY NAME (If not in			0,9		9h C1	TY, TOWN C	DR LOCATI	ON OF D		26-22		MA NTY OF DE	SS.
DIRECTOR	Memorial H	ospita				-	mber.		ON OF D	EAIH			.lega	
E	10e. STATE	10b. COUNT	Y		10c, CIT	Y. TOWN	OR LOCAT	TION						10d. INSIDE CITY
8	MARYLAND	ALL	EGANY		CI	IMB	ERLA	ND						LIMITS?
	10e. STREET AND NUMBER		, ,					. ZIP CODI	E			10g. CITI		1X YES 2 NO
8	501 WASHI	NGTON	STREET					215	0.3					
BY FUNERAL	11. MARITAL STATUS  1 Never Merried 2  3 Widowed 4 Divo	Married	12. WAS DECEDEN FORCES? 1. IF YES, GIVE W	EVER IN U.S YES 2 MR OR DATES	ARMED NO	1:	If yes, sp	ENDENT C	F HISPAI	n, Puerlo	N? (Specify Y Rican, etc.)		S.A.  14. RACE Black, Specify	- American Indian, White, etc.
ETED	15. DEC	EDENT'S EDU	CATION	184	. DECEDENT'S					16	b. KIND OF B	USINESS/IND	USTRY	
PLET	Elementary/Secondary (0		College (1-4 or 5 a		(Give kind of a life. Do NOT us	se retired	.)			R	u.s.	ARM	u	
COMPL	17. FATHER'S NAME (First, M	iddle, Last)									Middle, Maide		3	
<u> </u>	GILBERT S	SIEGEI	R						ORA	(,,		,	117 5 7 5	
0	190. INFORMANT'S NAME (7				19b. MAILING	ADDRE	SS (Street a			Plourie Nuir	abor City or To	INKNO	Code)	
2	PENNY AND	N HENI	RII											D 21502
	20e. METHOD OF DISPOSITI  1 M Buriel 2 Cremetio 4 Donation 5 Other 21. SIGNATURE OF FUNERAL	n 3 🗆 Rame (Specify)		20b. PLA	CEAND DATE ( c. crematory or o INGTO	of DISPO	OSITION (Na e) A T 1  R. NAME AN	me of	EM	5-/8-9	72 A	RLING	City or Tow	n, State
	23. PART I. Enter the ## ahock, or he immEDIATE CAUSE (Find disease or condition resulting in death)	iart fallura.	complications that List only one csu	caused the	daath. Do r	2	02 G	REE	NE S	ST.	CUMB	ERLAN	VD . MI	P.A. D. 21502 Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditi if any, leading to imme- causa. Enter UNDERLYI CAUSE (Disease or inju- that initiated events reaulting in death) LAS	ons, diata NG ry	DUE TO	OR AS A COM	MEDUENCE OF	<b>-</b> ):						*5		
I: MEDICAL	PART II. Othar algnifica	nt condition	a contributing to	death but n	ot rasuiting i	n tha u	inderlying	cause g	lven in	Part i.	24e. WAS A PERFO	RMED?	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH?  YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO	MEDICAL	HOSPITAL:	FR/Outpatien	3 [] DOA	OTHE	R:	ACE OF DE						
ВУ РНУ	27. MANNER OF DEATH  1 Netural 5	Pending restigation	28a. DATE OF (Month, De	INJURY	28b, TIMI		28c. INJL WOI 1 Y	JRY AT			SCRIBE HOW	INJURY OCC	URED	
10	3 Suicide 8 0	Could not be letermined	26e. PLACE Of building,	HUJURY — A	t home, farm, a	treet, fa	ctory, office			281. LO	CATION (Street or Town, State	end Number	or Rural Ros	ute Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTI	FYING PHYSIC	CIAN: To the best of	my knowledge amination and	, death occurre	d at the	time, data opinion, de	and place, eath occur	and due	to the ca	use(s) and mo	nner as state	od.	and menner as stated.
O BE	296. SIGNATURE AND TITLE	or continuen						29c. LICE		IBER			SIGNEO (A	Aonth, Day, Year)

Cumberland, MD 21502



30. NAME AND ADDRESS OF PERSON

31. DATE FILED (Month, Day, Year)

Vik Poonai

Dr.

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

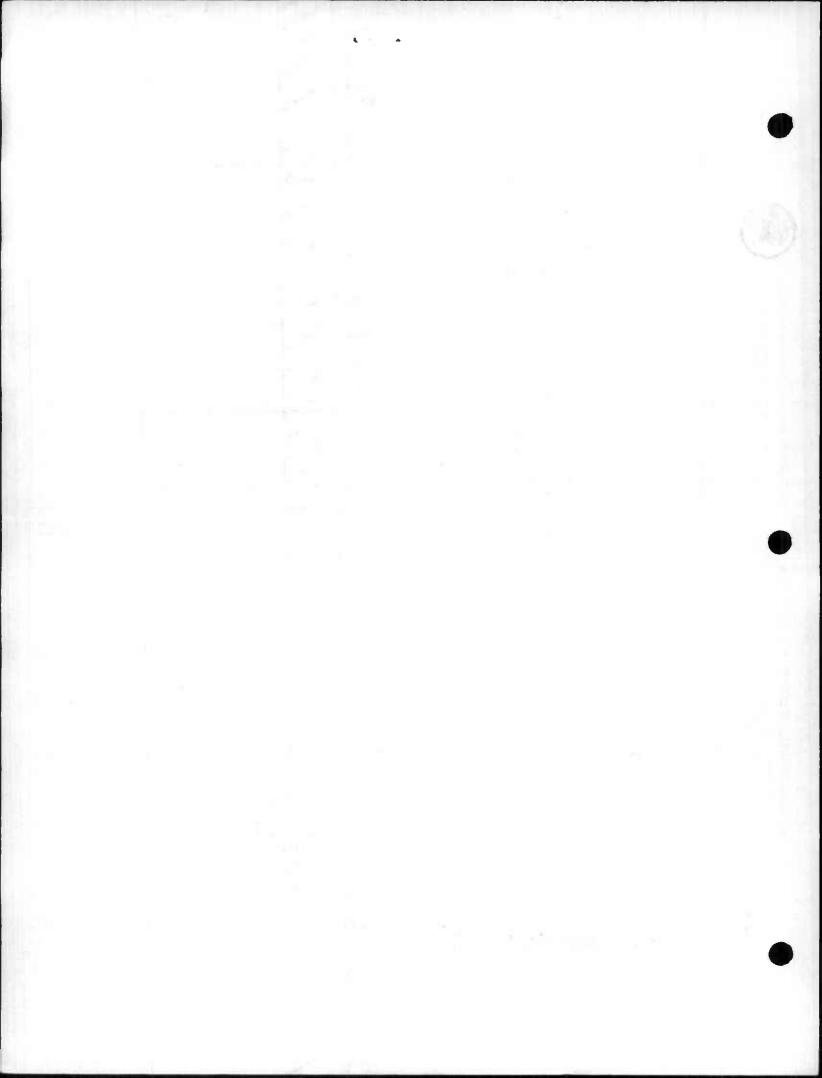
955 Frederick Street

and the second

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hydlene prior to burial, cremation, or removal.  IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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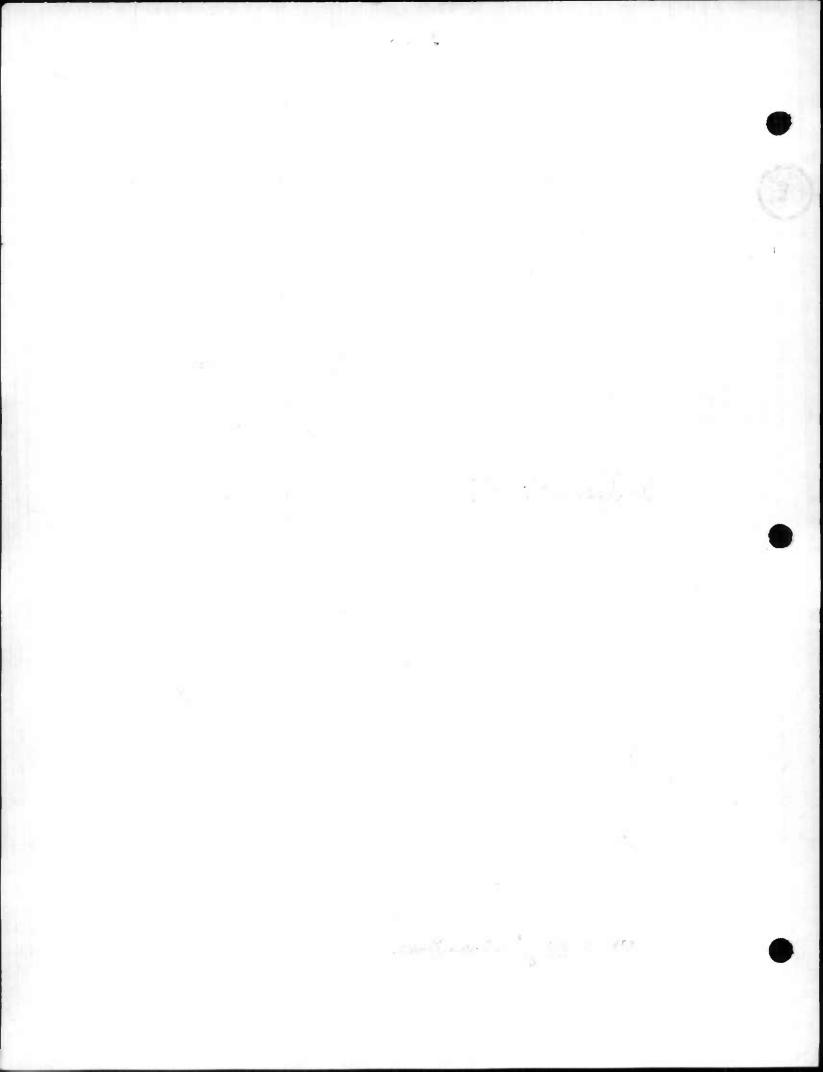
6

REGISTRAR  1. DECEDENT'S NAME (First, Middle,	I net)	- 01			OF DEATH	0.54	REG. N		1	a THE OF SPATE
						MO	NTH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	R. Stir	6. AGE (In yrs. les	t birthday)	IF UNDER 1 Y	EAR IF UNDER 24 HRS	_	May	8 19		1:00 P PLACE (State or Foreign
217-01-9757	1   M 2   F	90	YRS.		AYS HOURS MIN.	10.4	onth, Day, Year)	1901	Country	1)
9a. FACILITY NAME (If not institution	A	70		9b. CITY, TO	OWN OR LOCATION OF		J 14		HTY OF D	gland
Moran Manor		Home		West	ernport	. MI		Al	lega	any
	OUNTY		10c. CIT	TY, TOWN OR L	OCATION					10d. INSIDE CITY LIMITS?
MD A	llegany		M	ester	nport M	D				1 TYES 2 NO
10e. STREET AND NUMBER					101. ZIP CODE			10g. CITI	ZEN OF W	THAT COUNTRY?
315 Vine S	t. Wester	nport.	MD		21562				USA	
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S. AR 1 🔲 YES 2 💭	ALEE'S		DECENDENT OF HIS				14. RACE	- American Indian, White, etc.
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE	WAR OR DATES	10	1 🗆	YES 2 NO Spe	ioffy:	to rivean, otc.)		Specif	
15. DECEDENT	4 5011017011	1				-			Whi	ite
(Specify only highes	t grade completed)	(G		Work done during material.)	ng most of working		166, KIND OF I	BUSINESS/INC	DUSTRY	
Elementary/Secondary (0-12) 8th	College (1-4 or 8	(+)		,		U.	On T	7		
17. FATHER'S NAME (First, Middle, Li		I H	onise	wife	16. MOTHER'S	NAME /Fin	Own I			
George P.										
19a, INFORMANT'S NAME (Type/Prin		19	b. MAILING	ADDRESS (S	treet end Number or Ru	ral Bouta N	MacFa	erlan	Code)	
Mrs. Doroth					lan Rd.					1562
200. METHOD OF DISPOSITION	ea Koss				of cemetery, cremetory			LOCATION —		
1 XBurial 2 Cremation 3 C 4 Donation 5 Other (Specific		other pl	lace)		Cemeter					
21. SIGNATURE OF FUNERAL SERV	ICE LICENSEE		rec	22. NAI	ME AND ADDRESS OF	FACILITY	I WE	ster	HOOL	L. MD
► William 7	11	A /								
23. PART i. Enter the disease shock, or heart fa IMMEDIATE CAUSE (Final	s, or complications the liure. List only one ca	at caused the danuse on each line	n.	not enter the		uch es c	ardisc or re	spiratory sn		Approximate Interval Betwe
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

A SOCIAL SECURITY NUMBER  A SOCIAL SECURITY NUMBER  A SOCIAL SECURITY NUMBER  S. SEY  B. AGE (by yet, lest bethody)  B. EMCHOT SECURITY NUMBER  S. SEY  TOP  YES  B. AGE (by yet, lest bethody)  B. EMCHOT SHOWER IN HOURS IN HOUSE, IN HOUSE	1. DECEDENT'S NAME (First, Middle 14	ist)	CER	HICAI	E OF	DEAL	н		REG. NO.		-	
1. SECOND IN NUMBER OF THE PROPERTY OF THE PRO								MONTH	DAY		YEAR	3. TIME OF DEATH
Security Control   Security Co				nday) IF UNDE	R 1 YEAR	JE IMOER	24 MDS				BIDTIM	
Memorial Hospital  Seconty Oriented Park  10. Allegany  Seconty Oriented Park  Seconty Oriented Park  10. Allegany  Seconty Oriented Park  10. Allegany  Seconty Oriented Park  10. Allegany  Seconty Oriented Park  10. Allegany  Seconty Oriented Park  10. Allegany  Seconty Oriented Park  10. Allegany  Seconty Oriented Park  Seconty Oriented Park  10. Allegany  Seconty Oriented Park  10. Allegany  Seconty Oriented Park  10. Allegany  Seconty Oriented Park  10. Allegany  Seconty Oriented Park  10. Allegany  Seconty Oriented Park  10. Allegany  Seconty Oriented Park  Seconty Oriented Park  Seconty Oriented Park  Seconty Oriented Park  Seconty Oriented Park  Seconty Oriented Park  Seconty Oriented Park  Seconty Oriented Park  Seconty Oriented Park  Seconty Oriented Park  Seconty Oriented Park  Seconty Oriented Park  Seconty Oriented Park  Seconty Oriented Park  Seconty Oriented Park  Seconty Oriented Park  Seconty Oriented Park		1 M 2 F		MONTHS	Y	1		12/2/	12	l°	Country	)
See STATE   See SCORT   See STATE   See SCORT   See STATE   See STATE   See STATE   See STATE   See STATE   See SCORT   See STATE   See	9a. FACILITY NAME (If not institution, ga	ive street and number)		9b. CIT	Y, TOWH	OR LOCATIO	N OF DE	ATH		9c. COUNT	Y OF DE	ATH
Section   Street   And notween   No. Headed City   Section   Street   And notween   All cognity   Section   Street   And notween   All cognity   Section				Cui	mber	land				A11e	egan	ıy
The STREET AND NUMBER  10.3 THAT I COUNTER OF WHAT COUNTERS OF WHAT COUNTE	The second secon		10-	CITY TOWN	OBLOCA	TION	_					
10.13   Harding AVe.   12.502   10.15   10.1	A	legany										LIMITS?
Note Name   1   Note Name   1   Note   1	10e. STREET AND NUMBER	_										HAT COUNTRY?
State   Stat	1 Never Married 2 Narried	IF YES, GIVE WAR O	ES 2 NO		If you, s	pecify Cuban	, Maxican	, Puarto Ricar	pecify Yea on, atc.)	or No- 14	Specify	y:
Charles Clary Sullivan  The Monator Clary Sullivan  The Mo	15. DECEDENT'S E	DUCATION	16a, DECEDE	NT'S USUAL O	CCUPATI	ON		16h KIN	ID OF BUSI	MESS (INDITIO		White
The Anners Name (Piers, Modes, Last)  Charles Clary Sullivan  19s. MOTHER'S NAME (Piers Name (Piers) Modes, Makine Susans)  Virginia Mae (Wright)  19s. MALINO ADDRESS (Store and Modes of Modes)  19s. MALINO ADDRESS (Store and Name of Name Piers)  19s. MALINO ADDRESS (Store and Name of Name Piers)  19s. MALINO ADDRESS (Store and Name of Name Piers)  19s. MALINO ADDRESS (Store and Name of Name Piers)  19s. MALINO ADDRESS (Store and Name of Name Piers)  19s. MALINO ADDRESS (Store and Name Of Name Piers)  19s. MALINO ADDRESS (Store and Name Piers)	Elementary/Secondary (0-12)		(Give kin life. Do N	id of work done IOT use retired.)	during m	ost of working	7					
Charles Clary Sullivan  Virginia Mae (Wright)  196. IMPORMANTS NAME (Propried)  Charlotte Maxine Sullivan  1013 Harding Ave., Cumber Room Number, City or Kent, Risks, 20 Cody)  20. METHOD of pensorstron  21. Section of the Cody Cody Cody Cody Cody Cody Cody Cody			BOLL	.ter					Brew	ing C	0.	
Sea, METHOR OPENSOR THE GROWN NUMBER OF Part Route Number or Part Route Number or Part Route Number City or Rem., State, 26 Code)  Charlotte Maximum State  1013 Harding Ave., Cumberland, MD 21502  286. METHOR OF GROWN STATE, 26 Code)  10 Bas METHOR OF GROWN STATE AND THE STATE OF ROUTE PROBLEM NUMBER OF REAL TY STATE AND THE STATE AND T		7174								,		
Charlotte Maxine Sullivan  1013 Harding Ave., Cumberland, MD 21502  28a. METHOD of Disposition 18 Units 2 Are Commission 18 Units 2 Are Commission 18 Units 2 Are Commission 18 Units 2 Are Commission 19 Units 2 Are Commission 19 Units 2 Are Commission 21 Decarror Fractive Structures 22. NAME ANA Adoption of Part I Decard of Opinion 23. PART I. Enter the diseases, or complicational that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, infrared Between Sequentially list conditions, in any, lasding to immediate Charles (Disease or Inclusive Commence Opinion) 25. WAS CASE REFERENDE TO MEDICAL EXAMINED TO UP TO (OR AS A CONSCOURCE OP):  26. WAS CASE REFERENDE TO MEDICAL EXAMINED TO UP TO (OR AS A CONSCOURCE OP):  27. WAS CASE REFERENDE TO MEDICAL EXAMINED TO UP TO (OR AS A CONSCOURCE OP):  28. WAS CASE REFERENDE TO MEDICAL EXAMINED TO UP TO (OR AS A CONSCOURCE OP):  29. WAS CASE REFERENDE TO MEDICAL EXAMINED TO UP TO (OR AS A CONSCOURCE OP):  20. WAS CASE REFERENDE TO MEDICAL EXAMINED TO UP TO (OR AS A CONSCOURCE OP):  21. WAS CASE REFERENDE TO MEDICAL EXAMINED TO UP TO (OR AS A CONSCOURCE OP):  22. WAS CASE REFERENDE TO MEDICAL EXAMINED TO UP TO (OR AS A CONSCOURCE OP):  23. WAS CASE REFERENDE TO MEDICAL EXAMINED TO UP TO (OR AS A CONSCOURCE OP):  24. WAS CASE REFERENDE TO MEDICAL EXAMINED TO UP TO U		Sullivan										
20. PLACE OF DESCRIPTION   DATE   20. LOCATION - City or Town, State   Donation & Other (Specify)   DATE   20. LOCATION - City or Town, State   Donation & Other (Specify)   DATE   20. LOCATION - City or Town, State   Companion & Other (Specify)   DATE   20. LOCATION - City or Town, State   Companion & Other (Specify)   DATE   20. LOCATION - City or Town, State   Companion & Other (Specify)   DATE   Lefter the diseases, or complications in the caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, and the caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, and Description   DUE to (on As A consequence or):    Approximate   Due to (on As A consequence or):   Due to (on As A		e Sullivan										
21. SIGNATURE FUNDER LICENSES  22. NAME AND ADDRESS OF FACILITY Kight Funeral Home 21502  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, historic for resulting in death of the caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, historic for resulting in death of the caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, historic for resulting in death of the caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, historic for resulting in death of the caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, historic for the cause. Enter UNDERLYING CAUSE (Closes or no liquit) in death of the cause cause. Enter UNDERLYING CAUSE (Closes or no liquit) that initiated events resulting in death but not resulting in the underlying cause given in Part I.  25. WAS CASE REFERRED TO MEDICAL PROPERTY INDERLYING CAUSE (Closes or no liquit) that initiated events resulting in the underlying cause given in Part I.  26. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  26. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  27. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  28. PLACE OF DEATH (Check only one)  29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  28. PLACE OF DEATH (Check only one)  29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  29. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  29. PLACE OF DEATH (Check only one)  20. NAMER ALL OF DEATH (Check only one)  20. DE	20a. METHOD OF DISPOSITION 1 Burial 2 X Cremation 3 R	emovel from State	20b. PLACE AND D	ATE OF DISPOS	SITION /N	eme of		DATE	200 1 004	TION CIA	T	rn, Stata
22. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrast, and proximate shock, or heart felture. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSCOURNCE OF):  Sequentially list conditions, if any, isading to immediate CAUSE (Pinal disease or condition resulting in death) LAST  DUE TO (OR AS A CONSCOURNCE OF):  DUE TO (OR AS A CONSCOURNCE OF):  CAUSE (Pinal disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSCOURNCE OF):  DUE TO (OR AS A CONSCOURNCE OF):  CAUSE (Pinal disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSCOURNCE OF):  DUE TO (OR AS A CONSCOURNCE OF):  CAUSE (Pinales or injury that initiated events resulting in the underlying cause given in Part I.  24a. WAS ANAUTOPSY PRIMOR TO COMMETTON OF CAUSE (Pinal disease):  DUE TO (OR AS A CONSCOURNCE OF):  25b. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 WO  25b. MANCE AND FERST  1 VES 2 WO  25c. MANCE AND FERST  1 VES 2 WO  25c. MANCE AND FERST  1 VES 2 WO  25c. MANCE AND FERST  25c. LOCATION (Street and Number or Furnish Route Number)  25c. LOCATION (Street and Number or Rumin Resulted)  25c. LOCATION (Street and Number or Rumin Resulted)  25c. LOCATION (Street and Number or Rumin Resulted)  25c. LOCATION (Street and Number or Rumin Rumin Rumin Rumin, Interest), feetory, office  25c. LOCATION (Street and Number or Rumin Rumin Rumin Rumin)  25c. LOCATION (Street and Number or Rumin Rumin Rumin)  DUE TO (OR AS A CONSCOURS)  25c. LOCATION (Street and Number or Rumin Rumin Rumin Rumin)  DUE TO (OR AS A CONSCOURS)  25c. LOCATION (Street and Number or Rumin Rumin Rumin Rumin)  DUE TO (Street and Street)  DUE TO (OR AS A CONSCOURS)  25c. LOCATION (Street and Number or Rumin Rumin Rumin Rumin)  DUE TO (OR AS A CONSCOURS)  25c. LOCATION (Street and Number or Rumin Rumin Rumin)  DUE TO (OR AS A CONSCOURS)  DUE TO (OR AS A CONSCOURS)  25c. L	4 Donation 5 Other (Specify)		Smithsb	urg Cr	emat	corium	n 5/	15/92	Smit	hsbu	ra.	MD 21783
22. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardisc or respiratory arrest, abook, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Final diseases or condition) resulting in death)  DUE TO (OR AS A CONSCOURNEC OP):  DUE TO (OR AS A CONSCOURNE OP):  DUE TO (OR AS A CONSCOURNE OP):  DUE TO (OR AS A CONSCOURNE OP):  DUE TO (OR AS A CONSCOURNE OP):  DUE TO (OR AS A CONSCOURNE OP):  DUE TO (OR AS A CONSCOURNE OP):  DUE TO (OR AS A CONSCOURNE OP):  DUE TO (OR AS A CONSCOURNE OP):  DUE TO (OR AS A CONSCOURNE OP):  DUE TO (OR AS A CONSCOURNE OP):  DUE TO (OR AS A CONSCOURNE OP):  DUE TO (OR AS A CON	21. SIGNATURE OF FUNCTION SERVICE	LICENSER	_	22.	NAME A	ND ADDRES	S OF FAC	Kiq Kiq	ht Fi	mera.	l Ho	ome 21502
IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSCOURNCE OF):  PART II. Other algorificent conditions, cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSCOURNCE OF):  DUE TO (	CC CCCCA IL	- IMI		30	19-3	II De	catu	r St.	, Cum	berla	nd,	MD
PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF PEATH  1 Natural  28a. DATE OF INJURY  1 Natural  29a. DATE OF INJURY  1 Natural  29a. DATE OF INJURY  29a. DATE OF	If any, laading to immediate cause. Enter UNDERLYING CAUSE (Diseese or Injury that initiated events	bDUE TO (OR A	S= ps	CE OF):	Ka							
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF SEATH 1 Metural 5 Pending Investigation 3 DOA 4 Number of Rural Route Number. 28. PLACE OF INJURY AT WORK? 1 YES 2 NO  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29a. CERTIFIER (Check only one)  29b. SIGNATURE AND TITLE OF FERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type. Print)  Dr. Vik Poonai PO Box 338 Cumberland, MD 21502  31. DATE FILED (Month, Day, Wear)  32. EGISTRARS SIGNATURE		d	(C	1.5/2t	1	9			·			
EXAMINER?  1 YES 2 HO  27. MANNER OF BEATH  1 Netural 5 Pending Investigation 3 DOA 28b. PLACE OF INJURY (Morth, Day, Year)  28b. DATE OF INJURY AT WORK? 1 YES 2 NO  28b. PLACE OF INJURY AT NOTICE OF INJURY AT WORK? 1 YES 2 NO  28b. PLACE OF INJURY AT WORK? 1 YES 2 NO  28b. PLACE OF INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK?	PART II. Other algoriticent condit	iona contributing to deat	h but not reault	ing in the un	iderlyin	g cause gi	van in P		PERFORM	ED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATN?
EXAMINER?  1 YES 2 HO  27. MANNER OF BEATH  1 Netural 5 Pending Investigation 3 DOA 28b. PLACE OF INJURY (Morth, Day, Year)  28b. DATE OF INJURY AT WORK? 1 YES 2 NO  28b. PLACE OF INJURY AT NOTICE OF INJURY AT WORK? 1 YES 2 NO  28b. PLACE OF INJURY AT WORK? 1 YES 2 NO  28b. PLACE OF INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK? 1 YES 2 NO  28c. INJURY AT WORK?	25. WAS CASE DESERBED TO MEDICAL	T										
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1 Natural 2 Pending Investigation 3 Sulcide 4 Could not be datarmined 28s. PLACE OF INJURY — At home, farm, street, factory, office 29s. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beat of the medical countries on and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29s. SIGNATURE AND TITLS OF FERTIFIER 29s. Discovery (Month, Day, Vear) 2 Signature 2 Signature 2 Signature 2 Signature 2 Signature 2 Signature 2 Signature 2 Signature 2 Signature 2 Signature 2 Signature 2 Signature 2 Signature 3							idenca 8	Other (Spe	ecity)			
28a. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 8 Could not be datarmined 28a. PLACE OF INJURY — At home, farm, street, factory, office 29a. CERTIFIER (Check only one)  1 CERTIFYING PHYSICIAN: To the best of in the eledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.  29b. SIGNATURE AND TITLE OF PERTIFIER  29c. LICENSE NUMBER D 36766  29c. LICENSE NUMBER D 36766  29d. DATE SIGNED (Month, Day, Vear)  29d. DATE SIGNED (Month, Day, Vear)  29d. DATE SIGNED (Month, Day, Vear)  21 Signature And Address of Person who completed cause of Death (ITEM 27) (Type, Print)  21 DATE FILED (Month, Day, Vear)  32 BEGISTRAR'S SIGNATURE	1 Natural 5 Pending	(Month, Day, Yes	TY 28b.		WC	RK?		28d. DESCRIE	E HOW INJ	URY OCCUR	ED	
(Check only 1 Decerifying Physician: To the best of the selection of the leads of the selection of the leads of the selection of the leads of the selection of the leads of the selection of the leads of the selection of the leads of the selection of the leads of the selection of the leads of the selection of the leads of the selection of the leads of the selection of the leads of the selection of the leads of the selection of the leads of the leads of the selection of the leads of the selection of the leads	3 Sulcide 8 Could not I	ounding, arc. (	JRY — At home, fa Specify)	rm, street, fact	ory, offic			28f. LOCATION	N (Street and wn, State)	Number or	Rural Ro	ute Number,
29c. LICENSE NUMBER D 36766  29d. DATE SIGNED (Mohn, Day, Year)  30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. Vik Poonai PO Box 338 Cumberland, MD 21502  31. DATE FILED (Month, Day, Year)	(Check only CERTIFYING PH	YSICIAN: To the best of the li	ledge, death oc	curred at the ti	lme, data	and place, a	and due to	o the cause(a)	and manne	or an stated.	auan/a)	and manner as stated
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)  Dr. Vik Poonai PO Box 338 Cumberland, MD 21502  31. DATE FILED (Month, Day, Year)  32. BEGISTRAR:S SIGNATURE												
Dr. Vik Poonai PO Box 338 Cumberland, MD 21502  31. DATE FILED (Month, Day, Your) 32. DEGISTRAR'S SIGNATURE	O. hu	day 12						SER .	2	DATE S	1 10	Month, Day, Wear)
31. DATE FILED (Month, Day, Year) 32. BEGISTRAR'S SIGNATURE					, MI	2150	)2			1		
		32. REGISTRAR'S SI	GNATURE									



IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

4. SOCIAL SECURITY NUMBER  4. SOCIAL SECURITY NUMBER  5. SEX  1. De 2 1 1 1 2 2 1 1 1 2 1 2 1 1 1 2 2 1 1 1 2 1 2 1 1 1 2 1 2 1 1 1 2 1 2 1 1 1 2 1 2 1 1 1 2 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 2 1 1 1 1 2 1 1 1 1 1 2 1	1. DECEDENT'S NAME (First, Middle, Las	10	С	ERTIF	ICATE	OF	DEAT	ГН	2. DATE O	REG. NO			3. TIME OF DEATN
\$ SOCK SECRETY NUMBERS   \$ S. SC.   \$ A. ACC (in yr. mice beneating)   \$ 10 mice   \$ 10 mi			Hari	e.	1007	4					199	YEAR	6:40
## SHOLET NAME (Play Meson, Last)	4. SOCIAL SECURITY NUMBER		8. AGE (In yrs. In	st birthday)								8. BIRTI	HPLACE (State or Foreign
THE SIGNATOR FOR CREDENT  100. STREET AND NUMBER  40 RODIN HOOD ROAD BOX 493  11. MANTAL STATUS  11. MANTAL STATUS  11. MANTAL STATUS  12. MO DECEDENT STORM AND PROCESS 11   1 See 2   1 See 2   1 See 2   1 See 2   1 See 3   2 See 3 SEE 3 SE	213-80-4017	1 🗆 M 2 🗐 🗲	34	YRS.	MONTHS	DAYS	HOURS	MIN.					12
THE STOREMS OF DECEDENT    100. STATE   100. COUNTY   100. CITY, TOWN OR LOCATION   100. SHEED CITY LIMITS   100. MINTS	90. FACILITY NAME, (If not institution, gly	stepet and number)	1 1	- 1	9p. gity,	TOWN C					9c. COL	NTY OF C	DEATH
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Mattriagn   Marting   Mattriagn   Mattri		NTY		10c. CIT	Y, TOWN OF	LOCAT	ION			-			10d. INSIDE CITY
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I. NATIVE STATE   1   New December Year IN U.S. ANMED   12, Was Dece	10e. STREET AND NUMBER		11-11								10g. CIT	IZEN OF	WHAT COUNTRY?
Some continued   SOME continued   Some contributing to death but not resulting in the underlying cause given in Part I.   Sequenced   Some contributing to death but not resulting in the underlying cause given in Part I.   Sequenced	40 Robin Hood	Road Box	493				2107	78				USA	
Specify   Spec											e or No-	14. RAC Blac	E — American Indian, k, White, atc.
St. DECEDENT'S EDUCATION   Coltage (1-d or 5 +)   Se. DECEDENT'S USUAL OCCUPATION   Give fined even to decising most of working file be NOT use mirred.]		IF YES, GIVE W	AR OR DATES										ally:
Cashier   Cash	15. DECEDENT'S E	DUCATION	16a, D	ECEDENT'S	USUAL OC	CUPATIO	ON .		16b, J	(IND OF BU	SINESS/IN	DUSTRY	willce
12 Cashier  Tr. RATHET'S NAME (First, Middle, Latt)  John Riley  19. MACHANT'S NAME (First, Middle, Middle, Latt)  John Riley  19. MACHANT'S NAME (First, Middle, Midd				Give kind of a. Do NOT u	work done di se retired.)	uring mo	st of working	g					
John Riley   Margaret Kenna	12	1		Ca	ashie	r				Groce	ery		
THE INFORMANT'S NAME (TypesPrint)  THE MAILING ADDRESS (Sinest and Number of Rural Route Number, City or Town, State, Zip Code)  40 Robin Hood Rd., Havre de Grace, MD 21078 Box 4  41 Robin Hood Rd., Havre de Grace, MD 21078 Box 4  42 Raka Robin R							18, MOT	NER'S NA	ME (First, Mi	ddle, Msiden	Surneme)		
RUSSell Scott  40 Robin Hood Rd., Havre de Grace, MD 21078 Box 4  20a, METHOD OF DISPOSITION 1 Burlat 2D.Comentation 3 Removal from State 20b, PLACE AND DATE OF DISPOSITION/Name of camelete, committed places 20b, PLACE AND DATE OF DISPOSITION/Name of camelete, committed places 20b, PLACE AND DATE OF DISPOSITION/Name of camelete, committed of													
Name   Name													
Cameley, crematory or other places   Cameley, crematory or other places   Cameley, crematory or other places   R. A. FEYTIS & Co. Inc. 5/13   West Chester, PA								Hav					
23. PART I. Enter the diseases, or complications that said the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, abock, or heart fellure. List only one cause of each line.    Approximate interval Bate of disease or condition resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):	1 Donation 5 Other (Specify)		cemetery, cr	rematory or o	cis &	Co.	Inc		5/13				
23. PART I. Entar the diseases, or complications that cause of the death, Do not anter the mode of dying, such as cardiac or respiratory arrest, anotok, or haart feiture. List pnly one cause on each line.    Approximate interval Batw   Approximate interv	Kersten 1	Jones U	ngle	sbe	A Ta	arri	ng-C	argo Mar	Fune	2100	01 - 33	199	١.
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQU	23. PART I. Enter the diseases, D ahock, or heart fellur	er complications that	caused the d	eath, Do	not anter t	the mo	de of dy	ing, auc	h aa cardi	c or resp	iratory as	reat,	
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS		a	sere		179	13	Ve		en	1			
Sequentially list conditions, if any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONS		DUE 10	OR AS A CONSI	EQUENCE O	F):	1	2	0	Fin	11.			
Cause. Enter UNDERLYING CAUSE. (Disease or Injury that Initiated events resulting in dasth) LAST  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  DUE TO (OR AS A CONSEQUENCE OF):  d.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other algnificent conditions contributions contributions contributions cause given in Part I.  PART II. Other algnificent conditions contributions cause given in Part I.  PART II. Other algnificent conditions cause given in Part I.  PART II. Other algnificent conditions cause given in Part I.  PART II. Other algnificent conditions cause given in Part I.  PART II. Other algnificent conditions cause given in Part I.  PART II. Other algnificent conditions cause given in Part I.  PART II. Other algnificent conditions cause given in Part I.  PART II. Other algnificent conditions cause							M	~~	-				
that Initiated events resulting In death) LAST  d.  PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART III. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  PART II. Other significant conditions contribut	cause. Enter UNDERLYING												
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO 25e. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 25e. PLACE OF DEATH (Check only one)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 27e. MANNER OF DEATH  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  28. DATE OF INJURY (Month, Day, Year)  29. DATE OF INJURY (Month, Day, Year)  29. PLACE OF INJURY At home, ferm, street, factory, office  29. LOCATION (Street end Number or Pural Pouts Number, Dutling Number, Check Page 1990)	that initiated events	DUE TO (	OR AS A CONSE	EOUENCE O	F):								
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. DATE OF INJURY 1 Million stc. (Specify)  28. DATE OF INJURY 28. INJURY AT WORK?  1 Novestigation  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  28. INJURY AT WORK?  1 Novestigation  29. DATE OF INJURY (Month, Day, Year)  29. DATE OF INJURY (Month, Day, Year)  29. DATE OF INJURY (Month, Day, Year)  20. DATE OF INJURY (Month, Day, Year)  20. DATE OF INJURY (Month, Day, Year)  20. DATE OF INJURY (Month, Day, Year)  20. DATE OF INJURY (Month, Day, Year)  20. DATE OF INJURY At WORK?  20. DATE OF INJURY At home, ferm, street, factory, office  20. DATE OF INJURY OF Pural Route Number, Characteristics  20. DATE OF INJURY At home, ferm, street, factory, office	resulting in death) LAST	d											
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. PLACE OF DEATH (Check only one)  28. PLACE OF DEATH (Check only one)  29. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  20. PLACE OF DEATH (Check only one)  21. Manner OF DEATH  22. INJURY A language of the second of the sec	PART II. Other algnificent conditi	ona contributing to	death but not	resulting	in the unc	deriving	Cause (	alven in	Part I	MAS AN	AITTOPSY	241	WEDE AUTORSY ENDIN
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1  YES 2 NO  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  1  Nutural 5  Pending Investigation  28. DATE OF INJURY						, , , ,				PERFO	RMED?		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Propertient 2 ER/Outpettient 3 DOA  26. PLACE OF DEATH (Check only one)  OTHER: 4 Norsing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH  1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be  26. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  26. PLACE OF DEATH (Check only one)  27. MANNER OF DEATH  28. INJURY WORK?  1 YES 2 NO  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY  (Month, Day, Year)  28. INJURY TOWNSKY  1 YES 2 NO  28. PLACE OF DEATH (Check only one)  28. DATE OF INJURY  28. INJURY TOWNSKY  1 YES 2 NO  28. DATE OF INJURY OCCURED  28. LOCATION (Street and Number or Rural Route Number, Dutliding, etc. (Specify)									_	1   YES	∑ □ NO		
EXAMINER?  1 YES 2 NO  1 Pending 2 Accident 3 DOA  280. DATE OF INJURY (Month, Day, Year) 3 Suicide 6 Could not be  280. PLACE OF INJURY — At home, ferm, street, factory, office  280. PLACE OF INJURY — At home, ferm, street, factory, office  281. LOCATION (Street and Number or Bural Route Number, Duilding, etc. (Specify)									_				1   YES 2   NO
1 YES 2 NO 1 Typestlent 2 ER/Outpetlent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)  27. MANNER OF DEATH 1 Nitures 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be 280. PLACE OF INJURY At home, ferm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number, Duilding, etc. (Specify)						26. PL	ACE OF D	EATH (Ch	neck only one)				
New   S   Pending   (Month, Day, Year)   INJURY   WORK?   2   Accident   Accident   S   Could not be   286. LOCATION (Street and Number or Rural Route Number, Dullding, etc. (Specify)   Specific			ER/Outpatient	3 DOA			• 5 □ Ae	sidence	6 🗆 Other	(Specify)			
3 Suicide 6 Could not be 28. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify)	1 Natural 5 Pending	(Month, De			ME OF	28c. INJ WO	URY AT				INJURY OC	CURED	
	recognit	28e. PLACE OF	INJURY - At h	ome, ferm,	street, facto	ry, office						r or Rural	Route Number,

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No 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

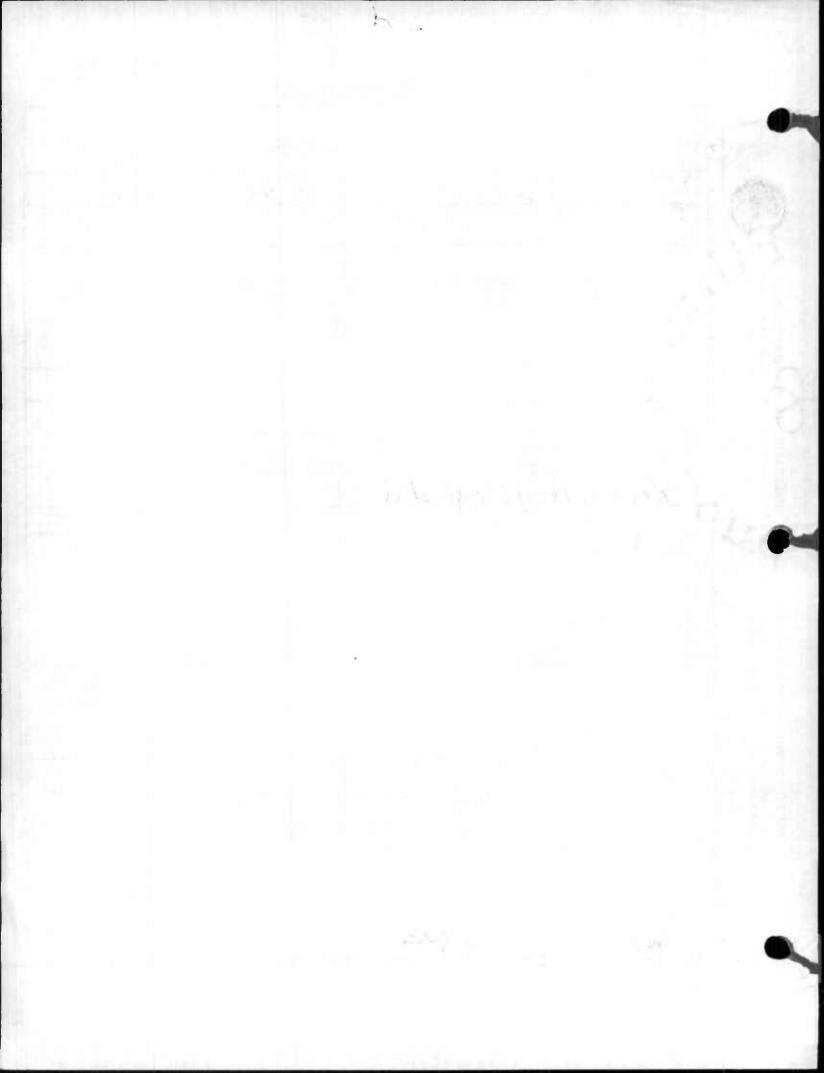
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P. REGISERAB'S SIGNATURE
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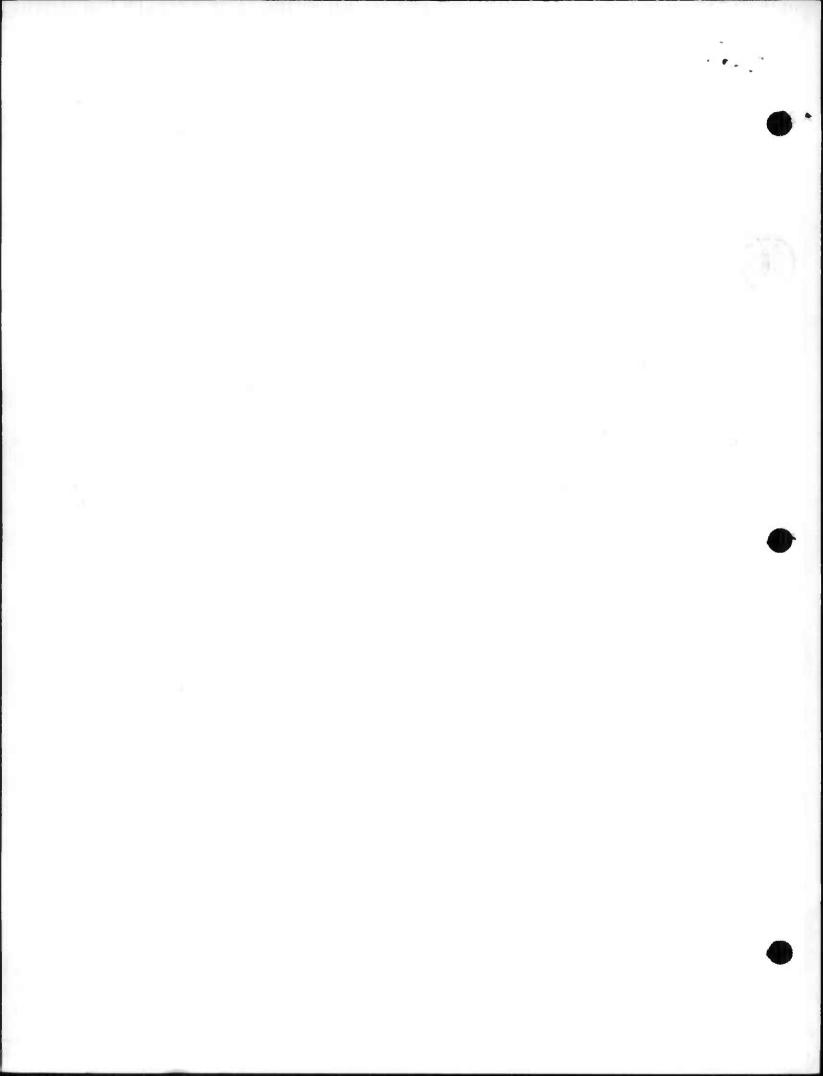
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10 THE HUSPITAL OR ALLENDING PHISIOIAN: THE IAM TEQUIES that the beautiful to enclose whom is a country of the teaming of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		IMPORTANT: It Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medfoel examiner must be notified at
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2	10	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	M

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 92 FOR STATE REGISTRAR 1 -1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY Wandell W. Townsend 9:00 May 1992 4. SOCIAL SECURITY NUMBER 7. DATE OF BIRTH (Month, Day, Year)
May 27, # SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign DAYS HOURS West Virginia 232-24-4557 1 🛛 M 2 🗌 F 68 YRS. 1923 9e. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATH Glen Burnie 1241 Kimberly Lane Anne Arundel DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Maryland Anne Arundel Glen Burnie 1 YES 2 NO FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1241 Kimberlu Lane 21061 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 □ NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No—If yee, specify Cuben, Mexican, Puerto Ricen, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Merried 2 Merried
3 Divorced BY WW II White ETED. 15. DECEOENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) College (1-4 or 5 +) COMPLI Steamfitter H.S. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Leland Townsend Mary Simmons BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 1241 Kimberly Lane GlenBurnie, Md. 21061 Dorothy L. Townsend 20s, METHOD OF DISPOSITION
1 | Removal from State
4 | Donetion 6 | Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION -- City or Town, State All Saints Cemetery Reisterstown, Md. 22. NAME AND ADDRESS OF FACILITY 11824 Reisterstown Rd. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Time Eline Funeral Home Reisterstown. Md. 21136 23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate ahock, or heart feliure. Liet only one ceuse on each line. interval Between Onset and Deeth IMMEDIATE CAUSE (Fine) DUE TO (OR AS A CONSEQUENCE OF): disease or condition reaulting in deeth) Bone CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 | YES 2 | NO 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 Inpatient 2 ER/Outpatient 3 DOA 4 - Nursing Home 6 Reeldence 6 - Other (Specify) 27. MANNER OF DEATH 28e. OATE OF INJURY (Month, Day, Year) 26b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investigation Natural 1 YES 2 NO 84 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 26t. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basic of azamination and/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(e) and menner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE 02783 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2 Mayer Gorbaty, 95 Aquahart Rd. M.D. Glen Burnie. Md. 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE whie Davidson-Rendalls MAY 19'92

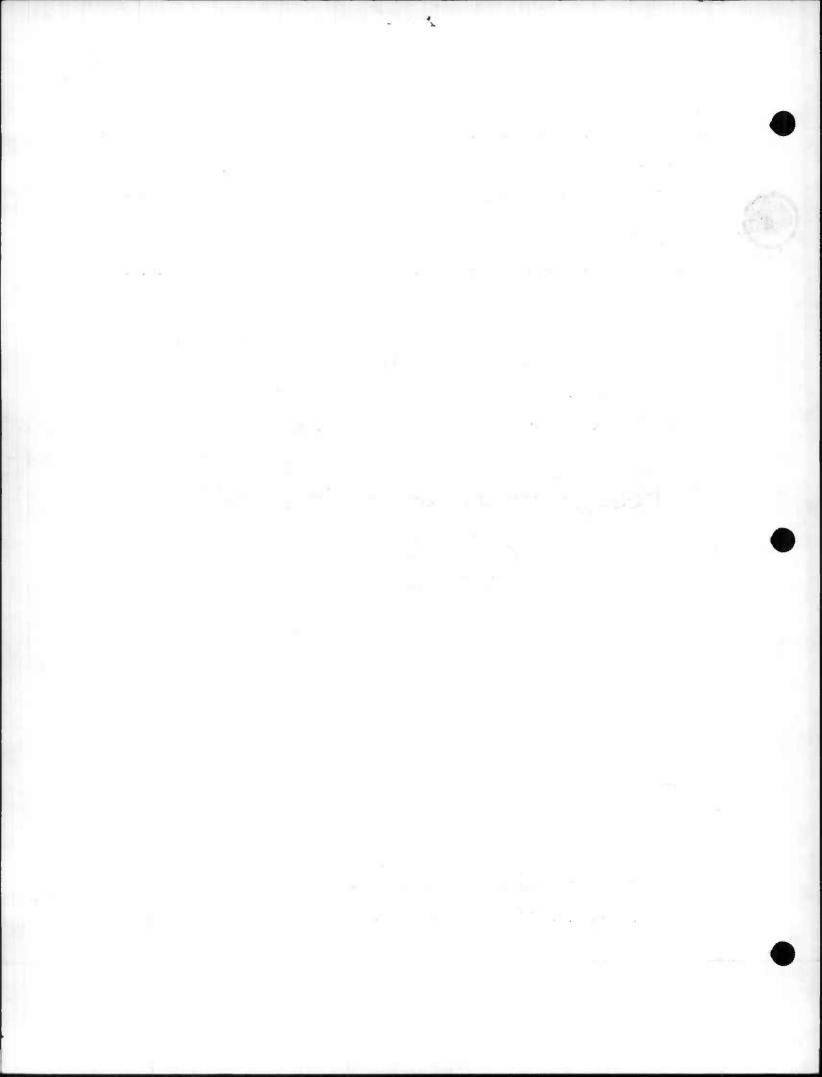
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PRINCIPAL IN THE LAW TEQUIES USE USE DESIGNED TO COLUMN AS THE LAW TEQUIES AND THE LAW	this certificate has been signed by the attending physician and completely filled in by the fi	
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FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCLENE

	CEDENT'S NAME (First, Middle, Last)		OLITTI	IOAILO	F DEATH	2. DATE OF	DEATN		T	3. TIME OF DEA	TH
	Willard A. Th	ompson Sr				Mav	12	199	YEAR 2	6:10	Ам
4. SOC	CIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.	7. DATE OF				LACE (State or Fi	
	3-32-1533	1 🕅 M 2 🗆 F	92 vrs.	MONTHS DAY		(Month, D	sy, Ybar)		Country	)	
	CILITY NAME (If not institution, give a	treet and number)		9b. CITY, TOW	N OR LOCATION OF DI		20,	1900		ryland_	
Re	sidence: 152 M		Road		ryville				Ceci		
10e. S1			10c. CIT	Y, TOWN OR LO	CATION					10d. INSIDE CITY	,
	ryland	Cecil		Perry	ville					1XXYES 2	NO
15	TREET AND NUMBER 2 Mill Creek R	oad, Conco	rd Apts.		101. ZIP CODE	903		U.S		HAT COUNTRY?	
3 🗓 V	ARITAL STATUS Never Merried 2 Merried Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2XXVO	II yes	DECENDENT OF HISPAI , specify Cuben, Mexico YES 2 X X Specific Control of the Con	in, Puerto Rica	Specify Yee in, etc.)	or No-	14. RACE Black, Specify	- American Indi White, etc. White	en,
Eio Ei 17. FAT	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	work done during	ATION most of working	100000		SINESS/INDU			
Ele	emantary/Secondery (0-12)	College (1-4 or 5+)	ille. Do NOT u					perat			
Ei	ght Years		Self-Em	ployed				Gas S	tati	on	
17. FAT	THER'S NAME (First, Middle, Last)				18. MOTNER'S NA						
100 IN	Clinton L.	Thompson			Ge	orgie	Ste	bbing	S		
130. 114	NFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Stre	et end Number or Rural	Route Number,	City or Tow	n, State, Zip	Code)		
Ge	enevieve I. Bar	row'	Por	t Depo	sit, Mary	land	21904	+			
20a M	NETNOD OF DISPOSITION Burlal 2 Cremation 3 Rem	noval from State	20b. PLACE OF OISPO	SITION (Name o	cemetery, cremetory or		20c. LO	CATION C	ity or Tov	vn, State	
4 🗆 D	Donation 5 Other (Specify)		Hopewell				Po	rt De	posi	it, Mar	ylar
21. 810	CHATURE OF FUNERAL SERVICE LI	CHILE Y OF	nu. Sr	Lee	A. Patter	son &		Funer	al H	Home	
Sequif eny cause CAUS that i	uentially list conditions, y, leading to immediate lee. Enter UNDERLYING SE (Disease or injury initiated events liting in death) LAST	B. DUE TO FOR	AS A CONSEQUENCE OF								
PART	T II. Other algnificant condition	na contributing to de	ath but not resulting	in the under	ying cause given in		Ia. WAS AN PERFOI	RMED?	24b.	WERE AUTOPSY I	TO
_						_   '	_ res a	s V DMo		OF DEATH?	
25. WA	AS CASE REFERRED TO MEDICAL			2	8. PLACE OF DEATH (C	_		s K Mo		OF DEATH?	
25. WA	XAMINER?	HOSPITAL:	R/Outpatient 3 DOA	OTHER:		heck only one)		· · · · · · · · · · · · · · · · · · ·		OF DEATH?	
25. WA EX 1   27. MA	XAMINER?  YES 2 XHO  ANNER OF DEATH  XIMITURE 5 Pending		JURY 26b. TIR	OTHER: 4   Nursing  AE OF 28c  JURY	8. PLACE OF DEATH (C) Home 5 X Mesidence INJURY AT WORK? YES 2 NO	heck only one)  6  Other (5	Specify)	INJURY OCC	CURED	OF DEATH?	
25. WA EX 1   27. MA	XAMINER?  VES 2 XXIO  ANNER OF DEATH	1 Inpatient 2 E 28s. DATE OF IN (Month, Day,	JURY Year) 26b. Till IN	OTHER: 4   Nursing  ME OF 28c  JURY M 1	Home 5 M Hesidence INJURY AT WORK?  YES 2 NO	heck only one)  6  Other (3  28d, DESC)	Specify)	INJURY OCC		OF DEATH?	
25. WA EX 1   27. MA 1 X	XAMINER?  YES 2 XXIO  ANNER OF DEATH  XIMITURE 5 Pending Investigation  Accident Investigation  Sulcide 6 Could not be determined  CERTIFIER 1 XXCERTIFYING PHYS	28a. DATE OF IN (Month, Day.  28a. PLACE OF I building, etc.	JURY Year) 26b. Till IN	OTHER: 4 Nursing  AE OF 28c  JURY M 1  street, factory,	Home 5 % Kesidence INJURY AT WORK?  YES 2 NO office	6 Other (5 28d, DESCI	Specify) NBE HOW ON (Street Town, State)	end Number	or Rural R	OF DEATH?  1 YES 2   Note that the second of	NO
25. WA EX EX EX EX EX EX EX EX EX EX EX EX EX	XAMINER?    YES 2 XXVO   ANNER OF DEATH   XMedural	28e. DATE OF IN (Month, Day).  28e. PLACE OF I building, etc.  28e. PLACE OF I building, etc.	JURY 26b. Till (No. 1) 26b. Ti	OTHER: 4 Nursing AE OF JURY M 1 street, factory, red at the time, on, in my opinio	Home 5 % Kesidence INJURY AT WORK?  YES 2 NO office	6 Other (3 28d. DESCF 281. LOCATI City or e to the cause e time, date er	Specify) NBE HOW ON (Street Town, State)	and Number	or Rural R	OF DEATH?  1 YES 2   Note that the second of	NO stated.
25. WA EX 1   27. MA 1   2   3   4   3   4   3   4   3   4   5   5   6   6   6   6   6   6   6   6	XAMINER?  PES 2 XX0  ANNER OF DEATH  XIMITURE 5 Pending Investigation  Suicide 6 Could not be determined  CERTIFIER 1 XXCERTIFYING PHYS  MEDICAL EXAMIN	28a. DATE OF IN (Month, Day.  28a. PLACE OF I building, etc.  28a. PLACE OF I building, etc.  28a. PLACE OF I building, etc.	JURY 26b. Till (No. 1) 26b. Ti	OTHER: 4 Nursing AE OF JURY M 1 street, factory, red at the lime, on, in my opinic	Home 5 % Kesidence INJURY AT WORK?  YES 2 NO office  dete and place, end du on, death occured at th	beck only one)  6  Other (3  28d. DESC)  281. LOCATI City or  10 1he cause 11ma, date of	Specify)  NBE HOW  ON (Street fown, State)  (e) end mand place, en	end Number  and the toth  and the toth  and the toth	or Rural R	OF DEATH?  1 YES 2   Note: Number,  Number,	NO stated.



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DR /	OURS	E
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frous after death. Page 6 may be retained by the hospital or	A L	11 11
SPIT	NER.	Ë
9	5 3	TA
出	THE	20
2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the filed within 72 hours after death with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND / Ce	DEPAI ERTIF	RTMENT OF H	IEALTH /	AND N	MENTAL HYGIEN REG. NO		2 14919
	1. DECEDENT'S NAME (First, Middle, Last	Elsie	E. Tru	uitt				2. DATE OF DEATH OF MONTH	-16-9	- 12: //
	4. SOCIAL SECURITY NUMBER 214-10-8692	5. SEX 1	6. AGE (In yrs. last		IF UNDER J YEAR MONTHS DAYS	IF UNDER 2	MIN.	7. DATE OF BIRTH (Month, Day, Year) Oct. 20,	- 6	8. BIRTHPLACE (State or Foreign Country) Pennsylvania
TOR	9a. FACILITY NAME (If not institution, give Union Hospital RESIDENCE OF DECEMENT		County		96. CITY, TOWN C				9c. COUN	TY OF DEATH ecil
DIRECTOR	Maryland Ceci				ry, town on Locat	ION				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER  401 Gallaher Ro	ad			10f	2192	1			EN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. ARI I YES 2 X N MAR OR DATES	MED IO	If yes, spe	ENDENT OF	HISPANI Maxican	C ORIGIN? (Specify Yea , Puerto Ricen, stc.)		14. RACE — American Indian, Bleck, Whita, etc. Specily: White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION to completed) College (1-4 or 5	+) (Giv	Do NOT us	usual occupation work done during mode retired.)	ON st of working		Profess		
BE CO	17. FATHER'S NAME (First, Middle, Last) William H.	artman						ME (First, Middle, Maiden Lucy Alice	Keek	
10	Bunny H. Hender	son	19b					elkton, MI		Code) 921
	20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Rer 4 Donation 5 Other (Specify)	noval from Stata	cemetery, cren	metory or o	of disposition (Ne other piece) Cemetery			5-201		ill, Maryland
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE 6,2	Lick	رم	22. NAME AN Hicks 103 V	D ADDRESS HOME	Stoc	T Funerals	s, PA	III, Mary Land
	23. PART I. Enter the disease, or ehock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. List only one cau	ise on each line.		Heart for	de of dying	g, auch	as cerdiec or reepi	ratory erre	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	OR AS A CONSECU	Core C	raths Te flee			e		
PHYSICIAN: MEDICAL CI	PART II. Other eignificent condition	ns contributing to	deeth but not re	eulting (	in the underlying	ceuse giv	ven in P	Part t. 24a. WAS AN PERFOR 1 TYES 2	MEO?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	ACE OF OEA				
PHYS	1 VES 2 NO  27. MANNER OF DEATH	28a. DATE OF		28b. TIM	4 Nursing Home	URY AT	-	Other (Specify)  28d. DESCRIBE HOW II	NJURY OCCU	JREO
ВУ	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE O				'ES 2 🗌 I	_	281. LOCATION (Street a City or Town, State)	nd Number o	r Rural Route Number,
COMPLETED								o the cause(a) and man		i. cause(a) and manner as stated.
BE CC	296. SIGNATURE AND TITLE OF CERTIFIE		4			29c. LICENS	SE NUMB			SIGNEO (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON W			27) (Туре,	, Print)	Da	2)		3/	16/42

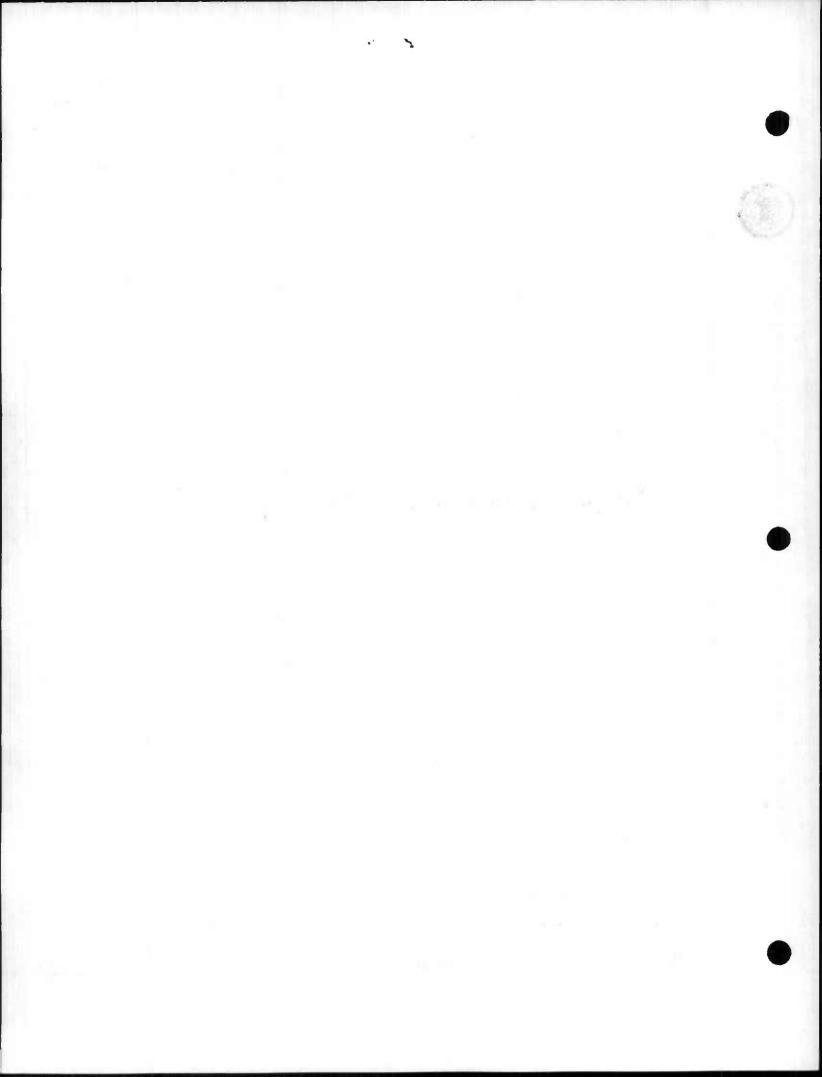
S.S. Sachdev, M.D. - 118 North Street, Suite 3-B - Elkton, MD

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			1. DECEDENT'S NAME (First, Middle, Lest)		- 7						2. DATE O	- 04	1000	YEAR	3. TIME OF DEATH
			Robert J. Turner	5. SEX	6. AGE (in yrs. le	st birthday)	IF UNDER	T VEAR	IF UNDER	24 HBS	Apri 7. DATE O		1992		11:30 A N
	1400	ı î	213-68-3671	XX M 2 D F	37	YRS.	MONTHS	DAYS	HOURS	MIN.	12-8	Day Year) -54	- 1	Countr	timore, MD
1	-		9a. FACILITY NAME (If not institution, give s	treet and number)			9b. CITY	r, TOWN C	OR LOCATE	ON OF DE			9c. COUN		
		OR	1203 South Linwoo	d Avenue			Bal	timo	re				Balt	imoı	re City
640		DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNT	Y		10c, CIT	Y, TOWN	OR LOCAT	TION					1	10d. INSIDE CITY
	F.		Maryland Bal	timore (	City	Bal	timo	re							YES 2 NO
ė	ansit permit	ERAL	1203 South Linwoo	d Avenue				101	212				USA		VHAT COUNTRY?
MARYLAND 21215-0020 retained by the hospital or attending physician.	the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Married Married 3 Divorced	FDRCES?	NT EVER IN U.S. A I YES 2 X MAR OR DATES	ND		If yes, sp-	ENDENT Coocify Cuba	n, Mexica	NC ORIGIN? In, Puerto Ric Y	(Specify Yes	or No-		- American Indian, t. White, atc.
21215 al or atteno	se as	ETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. D	ECEDENT'S	USUAL O	CCUPATIO	ON est of working	og .	16b. J	IND OF BUS	SINESS/INDU	STRY	
VD 21	detached for u	COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5	+)	sult	se retired.)				Co	nsult	ing C	ompa	any
MARYLAND retained by the hospit	i be detach	BE CO	17. FATHER'S NAME (First, Middle, Last) William E. Turner								ME (First, Mil Arms		,		
	-	TO B	190. INFORMANT'S NAME (Type/Print) Penny Turner		11	L203	SOUT	s (Street a	nd Number	or Rural F	Poute Number		n, State, Zip i 1more		D 21224
BALTIMORE, 24 hours after death. Page 6 may be	ector, page must be		20e. METHOD OF DISPOSITION 1	oval from Stata	20b. PLACE	AND DATE (	OF DISPOS	SITION (Na	ime of		DATE		CATION — C		
IMC Page	direct In		4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		Baltin	nore			ON C			Lau	rel,M	ayla	and
ALT Jeath.	tuneral di I. examiner	1	1.0.000	Dago Cont	1/0.		F1	eck	Fune	ral	Home,				
after after	d in by the or removal. medical		23. PART i Enter the diseases, or o	complications the	at call sed the d	math. Do n	76	01 S	andy	Spr ng. suci	ing R	oad c or reepi	Laure	st.	MD 20707 Approximata
hours	nor re		ehock, or heart feilure. iMMEDIATE CAUSE (Final	Liat only one can	use on each sig	0			,						intarval Batween Onset and Daath
	completely filled in by the funeral director, ial, cremation, or removal.  event, the medical examiner must		disease or condition	. Metast	atic Can									-	5 months
C 68760, executed within	to burial, o	N	Sequentially list conditions,	Carcin	oma of 1	the S	toma	ch							19 months
<b>2</b> 8	sician and c prior to buris traumatic	ATIC	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A CONSE	DUENCE OF	F):								
.O. Certific	attending physician ntal Hygiene prior t y, or other traur	CERTIFICATION	CAUSE (Disesse or injury that initiated events resulting in desth) LAST	DUE TO	(OR AS A CONSE	OUENCE OF	F):								
	y the attended Mental Injury, o	11	DART II On a singlificant one distant	d							_				
ECORDS quires that the	ed by th and any Ir	MEDICAL	PART II. Other significant condition	s contributing to	deeth out not	reeulting (	in the Ur	nderlying	g ceuse g	iven in		4a. WAS AN PERFOR	MED?	24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
H Joe	of Heal	- 11									_				1 YES 2 NO
AL he law	n 23	SICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PL	ACE DF D	EATH (Che	eck only one)				
VITAL IAN: The law	certificate has been the State Oept, of I, or Item 23 sho	SIC	1 YES 2 NO	HOSPITAL: 1 Inputient 2	ER/Outpatient	DOA DOA	OTHER 4   Nur		e 5 (X) Re	sidence	6 🗆 Other (	Specify)			
OF PHYSIC	with with	r PHY	27. MANNER OF DEATH  (X) Netural 5 Pending	26a. DATE DE (Month, L		26b. TIM	E OF URY M		URY AT	ND	28d. DESC	RIBE HOW IN	NJURY OCC	JRED	
DIVISION OR ATTENDING F	after de	red BY	2 Accident Investigation 3 Suicide 6 Could not be determined	26s, PLACE C building	OF INJURY — At h	ome, ferm, s	street, fac				261, LOCAT City or	ION (Street a Town, State)	nd Number o	or Rural R	oute Number,
DIV AL OR A	AL DIREC 72 hours 11 Hem	APLET	29a. CERTIFIER (Check only one)												
TIASOL		COMPL	2 MEDICAL EXAMINE		xamination and/or	Investigatio	n, in my c	pinion, d				nd placa, and	d due to the	ceuse(s)	and menner as stated.
뿔	TO THE FUNES be filed within IMPORTANT:	38 C	296. SIGNATURE AND TITLE OF CERTIFIED	ceach	no.					0418				-21	(Month, Day, Year) - 92
	3	2	30. NAME AND ADDRESS OF PERSON WH Donald M. Barrick					Cha	ise.	Ste	410	Balt			
	/			,					,		,			- > ''	

32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

31, DATE FILED (Month, Day, Year)

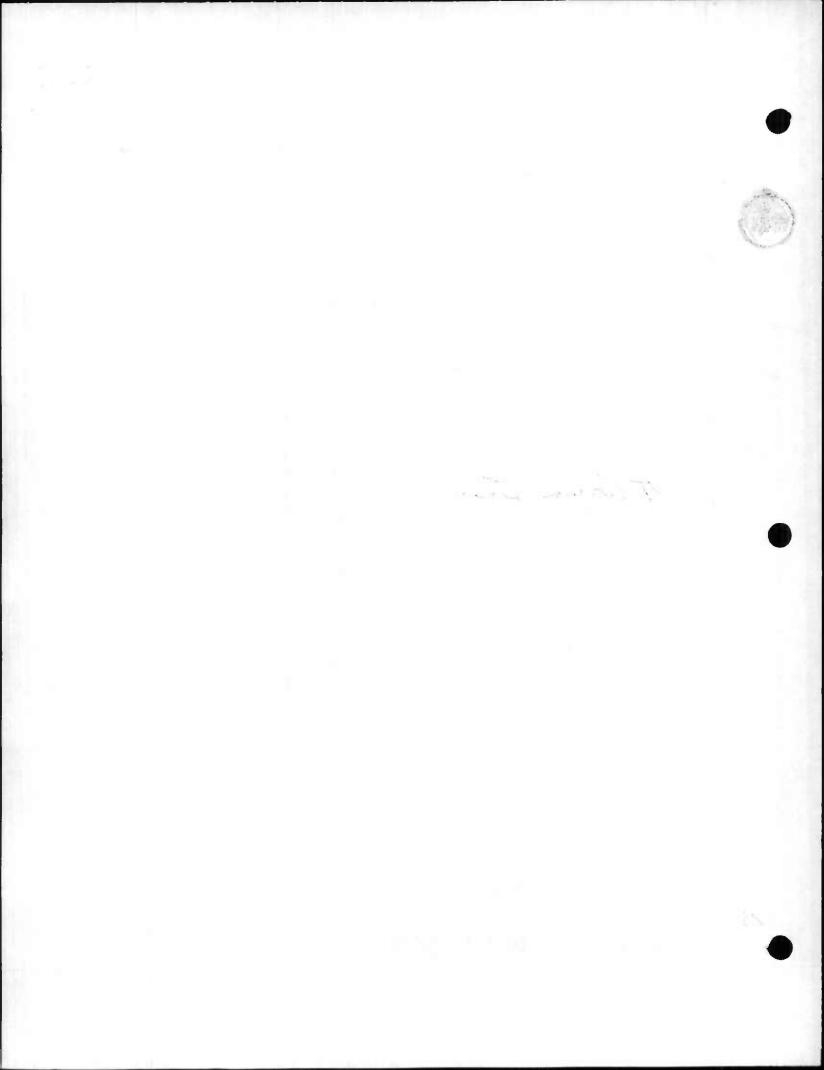
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	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF	HEALTH AND	MENT	AL HYGIEN			172	
	1. DECEDENT'S NAME (First, Middle, Lest)	)			DEATH		E OF DEATH		3	3. TIME OF DEA	ATH
	Margaret Ann W.	Tyma				May		992	YEAR	3:31	Ам
	4. SOCIAL SECURITY NUMBER 242-26-5974	1 □ M 2XXF	E (In yrs. last birthday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mo	TE OF BIRTH onth, Day, Year)  7 11, 1		Country	h Caro	-
~	9a. FACILITY NAME (If not institution, give	street end number)		9b. CITY, TOWN	OR LOCATION OF			9c. COUNT	Y OF DEA	ATN	
СТО	5902 85Th Place			New Ca	rrollton			Prin	ce G	eorge'	S
BY FUNERAL DIRECTOR		George's	1.774-17	Carrol						Od. INSIDE CIT LIMITS?	
RAL	100. STREET AND NUMBER 5902 85 Th Place				of ZIP CODE				EN OF WH	tates	
UNE	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED		CENDENT OF NISP	ANIC ORIG	IN? (Specify Voc			- American Ind	0
	1 Never Merried Merried 3 Wildowed 4 Divorced	FORCES? 1 YE	S ZY NO	If yes,	pecify Cuben, Mexic S 2 XXNO Spec	cen, Puerte	o Rican, etc.)		Specify:	White, atc.	nen,
ED	15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	16a. DECEDENT'S	USUAL OCCUPATION done during it	ION	16	Sb. KIND OF BUS	SINESS/INDU		MILLEC	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemake	e retired.)	iosi or working	C	wn hom	е			
00	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S N	IAME (First	, Middle, Maiden	Sumeme)			
BE	Griffin D. Watki	ns			Margie						
9	19e. INFORMANT'S NAME (Type/Print)				and Number or Rura						
	Stephen Tyma 200. METHOD OF DISPOSITION				lace, Nev						784
	XX Buriel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	ob. PLACE AND DATE Of the Cheltenha	m Natio	onal 5/1	15/92	Che		am, N	, sı⇔. Marylar	nd
	21. SIGNATURE OF FUNERAL SERVICE LI	ICENSEE Dy			Lincoln Bladensi					Md 20	0722
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition reaulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Metastati DUE TO (OR AS	s a consequence of Lc Cancer	):						interval Bonast and I Date 4 Mor	ay nths
PHYSICIAN: MEDICAL CE	PART II. Other algorificant condition	d	but not reaulting in	tha underlyl	ng ceuse given ir	Pert i.	24a. WAS AN PERFOR 1 YES 2	MED?	CO	ERE AUTOPSY F MILABLE PRIOR DMPLETION OF F DEATH?	CAUSE
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. I	LACE OF DEATH (C	heck only o	one)				
14S	1 YES XX NO  27. MANNER OF DEATN	1 Inpatient 2 ER/OL 28e, DATE OF INJURY	rtpetient 3 DOA	4 - Nursing Ho	ne Residence	1					
BY P	XX Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	26b. TIME INJU	IRY W	JURY AT ORK? YES 2 NO	28d. DE	SCRIBE NOW IN	JURY OCCU	RED		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sp	RY — At home, farm, st lecify)	reet, tectory, offi	Ca	28f. LO	CATION (Street e.	nd Number or	Rural Rout	te Number,	
COMPLETED		ICIAN: To the best of my kno								nd menner ee s	stated.
W	29b. SIGNATURE AND TITLE OF CERTIFIE	R / -	1-01	1	29c. LICENSE NU	MBER	T	29d. DATE S	IGNED (M	onth, Day, Year)	
TO B	Bruce,	Selver / X	Harry De	turas	3336			May	12,	1992	
	Dr. Bruce Silver,	2101 Medica	1 Park Dr		lver Spr	ino	Mď				
	31. DATE PILED (Month, Day, Year) MAY 1 5 1992	Julia Davids	on-Randelle				114				

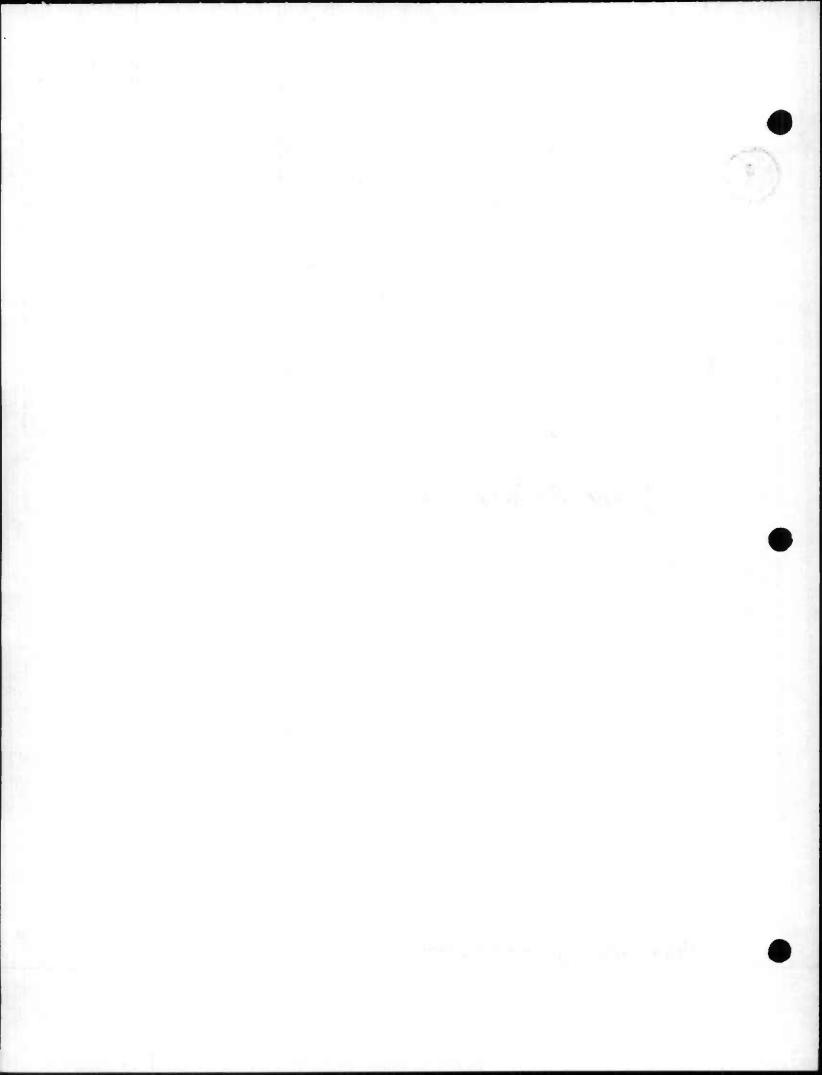


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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directions.	noval.
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31. DATE FILEO (Month, Day, Year) MAY 1 3 1992

32. REGISTRAR'S SIGNATURE
JUNE Davidson-Randell

	1. DECEDENT'S NAME (First, Middle, Last	1)						2. DATE	OF DEATH			3. TIME OF DEAT
	LYNN		TAYL	OR				MONT 0.5		DAY Ω6	YEAR Q2	07:47AM
	4. SOCIAL SECURITY NUMBER		B. AGE (In yrs. I	last birthday)	IF UNDER 1 Y		R 24 HRS.	7. DATE	OF BIRTH	-	_	THPLACE (State or For
	196-54-1401	1 🗆 M 2 💢 F	31	YRS.	MONTHS G	AYS HOURS	MIN.		17,	1960		NSYLVANI
oc.	9e. FACILITY NAME (If not institution, give	street end number)			9b. CITY, TO	WN OR LOCAT	ION OF DE	ATH		9c. COL	JNTY OF	DEATH
DIRECTOR	PRINCE GEORGE S	HOSPITAL C	ENTER		CHE	VERLY				PRIN	ICE (	GEORGE
1	10s. STATE 10b. COUN				, TOWN OR I							10d. INSIDE CITY
	LAN MD PRINC	CE GEORGE'S	5	LAN	IDOVER							1 X YES 2
\$	10e. STREET AND NUMBER					101. ZIP COC	E			10g. CIT	TIZEN OF	WHAT COUNTRY?
FUNERAL	2216 BRIGHTSEAT					2078				USA		
	11. MARITAL STATUS  1 Never Married 2 Married	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WA		NO THE	If ye	DECENDENT	an, Mexican	, Puerto	17 (Specify Yo Rican, etc.)	e or No—	Blac	CE — American India ck, White, etc.
) BY	3 Widowed 4 XDivorced										BLK	
ū	15. DECEDENT'S ED (Specify only highest grad	de completed)	1 1	DECEDENT'S I (Give kind of with the Do NOT use	ork done duri	PATION ng most of worki	ing	168	KIND OF BU	JSINESS/IN	DUSTRY	
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2	17. FATHER'S NAME (First, Middle, Lest)		1= v-	I. DEC	101111		HER'S NAM	E (First	Middle, Melder	n Sumame)	_	
ш	JAMES E. TERRY J	JR .							OHNSON			
0	19s. INFORMANT'S NAME (Type/Print)		1	19b. MAILING	ADDRESS (S	reet and Numbe	r or Rural R	oute Num	ber, City or To	wn, State, Zi	ip Code)	
2	GERALDINE BROWN			200 W	ASHIN	GION S	T #	216	WIIM	INGTO	N, D	ELAWARE .
	20a. METHOD OF DISPOSITION 3.7 1 D Burial 2 D Cremation 3.23 Re	mount from State		EANDDATEO				DAT		OCATION -		
1	4 Donation 5 Other (Specify)		GREE	ENTOWN	"CEME	TERY		5-	L1-92	CHES	TER,	PENNSYL
	21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE	- /	1		4 LAND						HOME 20785
	aseph a	2 peni	Reno	dr.				M,	THIND	NEK I	עוייו	20705
	23. PART I Enter the diseases, or shock, or heart fallure	complications that	caused the	teath. Do n								
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	IMMEDIATE CAUSE (Finei	. List only one caus	e on aach-fir	ne.	ot anter the	moda of dy	ing, such	aa cen	liac or resp	piratory ar	rest,	Approxima Interval Be Onset and
		LUPUS	ERYTHI	ne. EMATOS	SUS	moda of dy	ing, such	aa cer	liac or resp	piratory ar	rest,	Interval Be
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CIAIN: MEDICAL CENTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	a. LUPUS DUE TO (C HEMMO) DUE TO (C EMBOLI C. DUE TO (C	ERYTHE DR AS A CONSI RHAGIC OR AS A CONSI US RIGH OR AS A CONSI	EMATOS EQUENCE OF NECRO EQUENCE OF HT LUN EQUENCE OF	SUS ): OSIS O ): UG ): OTHER:	F ADRE	NALS given in F	Part i.	24a. WAS AI PERFO	N AUTOPSY RMED?		b. WERE AUTOPSY FINANJABLE PRIOR TO COMPLETION OF COOP DEATH?
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D BI FRISICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other aignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation 3 Suicide 6 Could not be	a. LUPUS DUE TO (C HEMMOI  DUE TO (C EMBOLI  C. DUE TO (C  d.  DUE TO (C  d.  POSPITAL: 1   Inpatient 2   (Month, Day, 26a, PLACE OF	ERYTHIOR AS A CONSI CHAGIC OR AS A CONSI US RIGH OR AS A CONSI US RIGH OR AS A CONSI ER/Outpatient JURY Year) INJURY — At h	EMATOS EOUENCE OF NECRO EOUENCE OF HT LUN EOUENCE OF	OTHER: 4   Nursing of   2et   Mr	F ADRE.  Tying couse  18. PLACE OF D  Home 5   R  INJURY AT  WORK?	NALS  given in F	Part i.	24a. WAS AI PERFO YES  YES  To (Specify)  CRIBE HOW	N AUTOPSY RMED? 2 NO INJURY OC	24	b. WERE AUTOPSY FINANJABLE PRIOR TO COMPLETION OF COOP DEATH?
ED BT PRISICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST  PART II. Other aignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigation	a. LUPUS DUE TO (C HEMMOI  DUE TO (C EMBOLI  C. DUE TO (C d.  DOE TO (C d.  HOSPITAL: 1   Inpatient 2   1 288. DATE OF IN (Month, Day,	ERYTHIOR AS A CONSI CHAGIC OR AS A CONSI US RIGH OR AS A CONSI US RIGH OR AS A CONSI ER/Outpatient JURY Year) INJURY — At h	EMATOS EOUENCE OF NECRO EOUENCE OF HT LUN EOUENCE OF	OTHER: 4   Nursing of   2et   Mr	F ADRE.  Tying couse  18. PLACE OF D  Home 5   R  INJURY AT  WORK?	NALS  given in F	Part i.	24a. WAS AI PERFO	N AUTOPSY RMED? 2 NO INJURY OC	24	b. WERE AUTOPSY FINANALABLE PRIOR 1 COMPLETION OF CO OF DEATH?  1 YES 2 N
PLETED BY PHYSICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST  PART II. Other aignificant conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	a. LUPUS DUE TO (C HEMMOI  DUE TO (C EMBOLI  C. DUE TO (C  d.  DUE TO (C  28a. DATE OF IN (Month, Day, 28a. PLACE OF building, at	ERYTHIOR AS A CONSI CHAGIC OR AS A CONSI US RIGH OR AS A CONSI US RIGH OR AS A CONSI ER/Outpatient JURY Year) INJURY — At h c. (Specify)	EMATOS EOUENCE OF NECRO EOUENCE OF HT LUN EOUENCE OF rasulting is	OSIS O  i:  IG  OTHER: 4   Nursing OF   28- INTERED   1-	F ADRE	NALS  given in F  PEATH (Chee	Part I.  Other 28d. OES  28f. LOC  City	24a. WAS AI PERFO YES  e)  r (Specify)  CRIBE HOW  ATION (Street	N AUTOPSY RMED? 2 NO INJURY OC end Numbe	24	b. WERE AUTOPSY FINANALABLE PRIOR 1 COMPLETION OF CO OF DEATH?  1 YES 2 N
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director, page 5 should be detached to the funeral director and the funeral director	be med within 12 Hours after Death with the State Dept. Of regain and mental hygiene prior to buriat, defination, of femoval,	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
CEDENT'S NAME (First, Middle, Last)	Augustus Tiens	2. DATE OF DEATH DAY

REGISTRAR				ERTIF	ICATE	OF DEA	TH	REG. NO	).		
	obeat				885	JR.		DATE OF DEATH MONTH D	AY 9	YEAR	3. TIME OF DEATH 2. P. M
1.41-24	-5390	145 M 2 🗆 F	6. AGE (In yrs.	lasi birthday) YRS.	MONTHS C	EAR IF UNDE	R 24 HRS. 7. Min. 5	Month, Day, Year)	31	Country	Jersey
98. FACILITY NAME (# 57/6 DA) RESIDENCE OF	iey .	STREET			1	TAL H				ZE G	Folge S
10e. STATE	10b. COUNT	t bedree	is	_	Y, TOWN OR	LOCATION LOCATION	GH15				10d, INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUM  57/6 D  11. MARITAL STATUS	BER					101. ZIP COO	DE				States
3 Widowed 4		12. WAS DECEDENT FORCES? 1 ( IF YES, GIVE WA	X YES 2	ARMED NO	lf y		en, Maxican, P	ORIGIN? (Specify Yeuerto Rican, etc.)	or No-	14. RACE Black, Spacif	- American Indian, White, etc. y:
9th Grad	DECEDENT'S EDU y only highest grade try (0-12)	CATION completed) College (1-4 or 5+)		(Give kind of the Do NOT un	USUAL OCCI work done duri ee retired.)	ng most of work	ing	166. KIND OF BU	siness/indi		
17. FATHER'S NAME (Fit	st, Middle, Last)						THER'S NAME (	First, Middle, Maiden		CIIC	
Robert	A. Tib	bs, Sr.					Len	a Robin	son		
19e. INFORMANT'S NAI	AE (Type/Print)			19b. MAILING	ADDRESS (S	treet and Numbe	or or Rural Route	Number, City or Tow	m, State, Zip	Code)	
Shirley	M. Tib	bs		5716	Dave	y St.	, Cap	itol Hg	ts.,	MD	
20a. METHOD OF DISP 1 Donation 5 0	netion 3 - Rem		20b. PLAC	EANDDATE	of disposition in the place in the color in	N (Name of	etery	5/16 20c. LO	Suit:	Sty or Toy	<sub>vn, State</sub> I, Marylaı
21. SIGNATURE OF PUR	ERAL SERVICE LI	CENSEE	unt.	111	22. NA S	tewar	t Fun	eral Ho Rd., N	me		
Sequentially list co if any, laading to in cause. Enter UNDE CAUSE (Disease or that initiated events resulting in death)	nmediate RLYING Injury	с	OR AS A CONS	SEOUENCE O	F):	LICE YAIC	ULAR	DISMBE			YERRS
that initiated events resulting in death)		d	OR AS A CONS	EQUENCE O	F):						
PART II. Other sign	ificant condition	e contributing to d	leath but no	t reaulting	in the unde	rlying cause	given in Pari	24a. WAS AN PERFOI	RMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRIEXAMINER?  1 YES 2 NO.  27. MANNER OF DEATH	ED TO MEDICAL	HOSPITAL:				26. PLACE OF I	DEATH (Check o	only one)			
1 YES 2 NO		1   Inpatient 2	ER/Outpatient	3 🗆 DOA	OTHER:	Home 5 DA	esidence 6 🗆	Other (Specify)			
2 Accident	Pending investigation	26e. DATE OF II (Month, Da)	( Year)		M	c. INJURY AT WORK?	□ NO	d. DESCRIBE HOW I			
	Could not be determined	26s. PLACE OF building, at	tc. (Specify)	home, farm,	street, factory	, office	261	I. LOCATION (Street City or Town, State)	and Number	or Rural Ro	oute Number,
		ICIAN: To the best of n									and manner es stated.
29b. SIGNATURE AND T	Declore	chil -	Exam	Medical	Cal		ENSE NUMBER	2		SIGNED (	(Month, Day, Year)
PAUL A.  31. DATE FILED (Month,	DeVa	2EMD 4	203 (		72 B01	y Ro	1 Hy.	DIVITTA	& M	D	20181
MAY1	3 1992	Julia Da	vidson-7	andala.							

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DIVISION OF VITAL RECORDS, P.O. BOX 68760	
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages filed within 72 hours after death with the State Degr. of Health and Mental Hydiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 28 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CE	ERTIFICATE	OF DEAT	[H		REG NO

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF HE	ALTH AND ME	NTAL HYGIENE REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Last, Marguerite D	eenihan	Т			DATE OF DEATH		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		Tucker	e Imperio I was a		05 03		M
	578-22-2328		. MC		HOURS MIN	DATE OF BIRTN (Month, Day, Year)	Count	
	9a. FACILITY NAME (If not institution, give	44	00			4/30/24		hington, DC
TOR	Prince George's			Cheve	LOCATION OF DEATH		Prince	George's
<u> </u>	10a. STATE 10b. COUN	гу	10c. CITY, T	OWN OR LOCATIO	N .			10d. INSIDE CITY
L DIF	Maryland Pri	nce George's		Hyatts	sville			LIMITS? 1 X YES 2 NO
RA	4206 75th Avenue			10f. 2			10g. CITIZEN OF	
NE.	11. MARITAL STATUS	12 WAS DECEDENT FUED I	NUC ANDRES		20784		USA	
BY FUNERAL DIRECTOR	13. WAS DECENDENT OF		Ify Cuban, Maxican, Puarto Rican, etc.) Biac					
0	15. DECEDENT'S EDI	JCATION	16a. DECEDENT'S US	IIAL OCCUPATION		Tark your or suc		White
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)			done during most		16b. KIND OF BUSI	INESS/INDUSTRY	
PLI	12	College (1-4 or 5+)	House				wn Home	
OM	17. FATHER'S NAME (First, Middle, Last)		nouse		to Morrison Marie			
Ö	Patrick Joseph	Deenihan			18. MOTHER'S NAME (			
BE	19a. INFORMANT'S NAME (Type/Print)	Decliman		ш		e Agnes L		
2	Edward C. Tucker	Two			Number or Rural Route			
	20a. METNOD OF DISPOSITION				ie, Hyatts			20784
	1X Buriel 2 Cremation 3 Ren	novel from State 20t	netery, crematory or other Lincoln	DISPOSITION (Neme place)	ool		ATION City or To	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL BERVICE U	Ft	.Lincoln				ntwood, N	Maryland
	V/ / X	17	0	Francis	Gasch's	Sons Fun	eral Hom	ne PA
	1 Yacker	Triend		4739 Ba	ltimore A	Avenue. H	vattsvil	le, MD 2078:
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events.	a. DUE TO (OR AS A	ach line.  CONSEQUENCE OF):  CONSEQUENCE OF):	tary ork	distre	y By	ntory errest,	Approximate Intervel Batween Onset end Daath
	resulting in death) LAST	d						
PHYSICIAN: MEDICAL	PART II. Other algorificent condition  Severe of	reme ob	tructing in the	he underlying o	suse given in Part geofren	24s. WAS AN A PERFORM PERFORM VES 2 (	ED?	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			E OF DEATH (Check or	nly one)		
YSI	1 TYES 2 NO	1 popularit 2 ER/Outp		THER:  Nursing Home	5 🗆 Rasidenca 🥫 🗆	Other (Specify)		
H	27. MANNER OF DEATN	(Month, Day, Mear)	28b. TIME DI	28c. INJURY	Y AT 1 28d	. DESCRIBE NOW IN	PRY OCURED	
B	1 Natural 5 Pending 2 Accident Investigation		ANM	M 1 YES		1	IA	
COMPLETED	3 Suicide 8 Could not be detarmined	28s. PLACE OF INJURY building, etc. (Spec	- At home, term, street	it, factory, offica	281.	LOCATION (Street and City or Town, State)	d Number or Rural R	loute Number,
<b>W</b>	29a. CERTIFIER							
₹	(Check only one) 2 MEDICAL EXAMINI	ICIAN: To the beat of my know	edge, death occurred at	tha time, data and	d place, and due to th	e cause(a) and menn	er as stated.	
8		R: On the basis of examination	and investigation, in	i my opinion, desti	n occured at the time,	data and place, and	dua to the cause(a	) and manner as stated.
TO BE	HILLARD TITLE OF CERTIFIE	Jan.	e mi		DITTE	79	29d. OATE SIGNEO	Month, Day, Year)
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	MAYFIED HOM 1992"	Las Hauston's sign	NVRE			- / 10	MD	20737

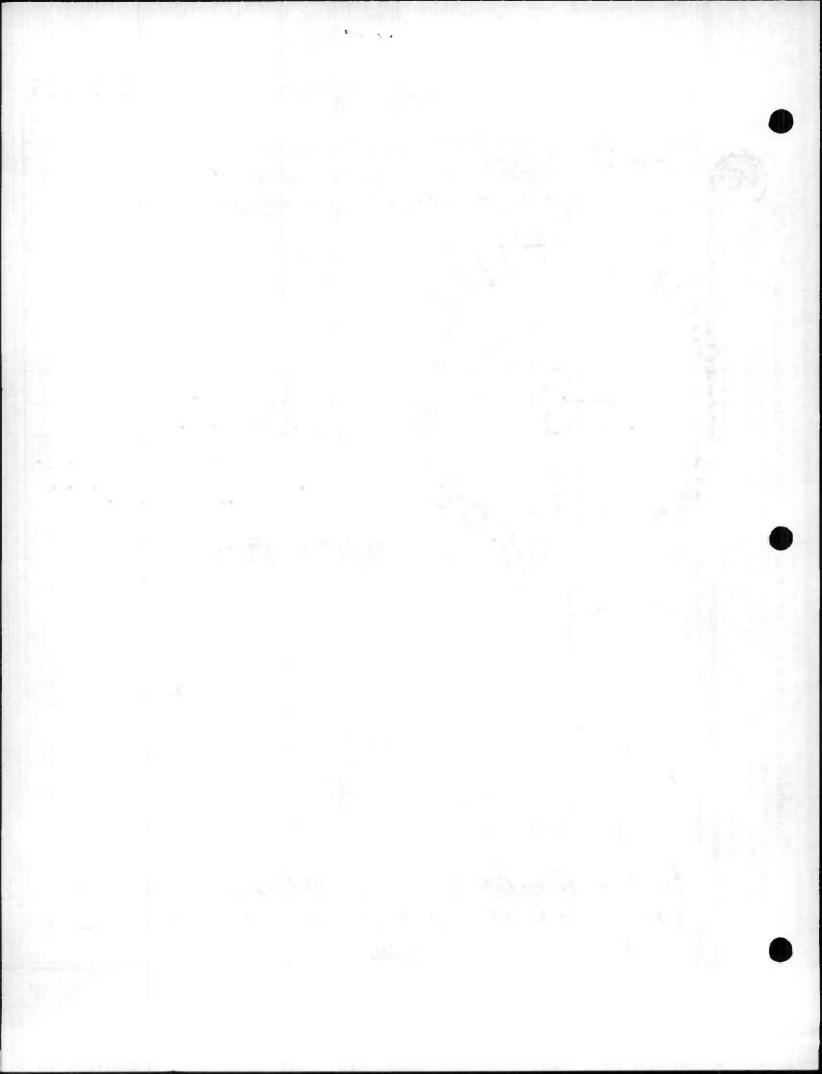
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MERCENTER MERCED 1810 KEMBERTH AS FREEZE

J.	1. DECEDENT'S NAME (First, Middle, Las.	" HARRY	MERRILI	L TRESS		2. DATE	REG. NO.		3. TIME OF
	Harry	MERRIL	1 middle	TRESS	00	MONT	TH DAY		YEAR 121
	4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthde	y) IF UNDER 1 YEAR		7. DAT	OF BIRTH		BIRTHPLACE (State
	213-07-1875		30 YRS.	MONTHS DAYS	HOURS MIN.	May	th, Day, Year)	11	Pennsylv
	9a. FACILITY NAME (If not institution, give	1 11	. 1 /	96. CITY, TOWN	OR LOCATION OF			9c. COUNTY	Y OF DEATH
D I	RESIDENCE OF DECEDENT	morial Hos	pHal	Have	EDE C	RAC	e	Ha	RFORD
DIREC	10a. STATE 10b. COUN	ITY	10c. C	CITY, TOWN OR LOC	CATION				10d. INSIDE
		arford		Aberde	en				1 X YES 2
RAL	10s. STREET AND NUMBER				10f. ZIP CODE				N OF WHAT COUNTE
FUNER	631 Jennifer La		MILLO ADALED		21001			US	
	1 Never Married 2 Merried	12. WAS DECEDENT EVER FORCES? 1   YES	S 2 100	If yes,	ECENDENT OF HISPA specify Cuben, Mexic	an, Puerto	N? (Specify Yes o Rican, etc.)	or No.— 14	Black, White, etc.
ВУ	3 Widowed 4 Divorced	W 125, GIVE WAY ON	DAIES	, , ,	ES 2 X NO Spec	ny:			Specify: White
딢	15. DECEDENT'S ED (Specify only highest gra	DUCATION ide completed)	(Give kind o	'S USUAL OCCUPA	TION most of worlding	160	b. KIND OF BUSIN	NESS/INDUS	TRY
CET	Elementary/Secondary (0-12)	College (1-4 or 5+)		Setter		D	lactio	Po++1	e Manufa
COMPL	17. FATHER'S NAME (First, Middle, Lest)		Die	better	18 MOTHER'S N		Middle, Maiden Su		e Mariura
ш	George A.	Tres	ssler		Lyd		M.	_	Bowers
0	19a. INFORMANT'S NAME (Type/Print)			NG ADDRESS (Stree	t end Number or Rura			State, Zip Co	ode)
2	Hazel I. Tressler	r	613	Jennifer	Lane, Ak	erde	en, Md.	2100	1
	20a. METHOD OF DISPOSITION  1 X Burlel 2 Cremation 3 Re			EOFDISPOSITION		DAT	TE 20c, LOCA	ATION — City	y or Town, State
	4 Donation 5 Other (Specify)		<u>el Air l</u>	Memorial	Gardens	4-2	27-92		Bel Air
	ABUSINE S	C10V-00	mas	// Howar 1317	Cokesbur	comas ry Rd	., Abin	gdon,	Md. 210
	23. PART I. Enter the diseases, of shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	a. ONE TO (Se as	aach lina.	Howa 1317 o not antar the n	rd K. McC Cokesbur	Comas ry Rd	., Abin	igdon,	Md. 210
RTIFICATION	iMMEDIATE CAUSE (Final disease or condition	a. OPE TO (OR AS	aach lina.	Howa: 1317 D not enter the n CCEPU OF):	rd K. McC Cokesbur noda of dylng, au	Comas ry Rd	., Abin	igdon,	Md. 210
AL CERTIFI	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. OBE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d.	A CONSEQUENCE	Howa: 1317 p not antar the n CCEPU OF): OF):	rd K. McC Cokesbur noda of dying, au	Comas ry Rd ch as car	., Abin	OUS	Md. 210  Approintervionaet  Conset  Appropriate Autority  Analiable Propriete Autority  Analiable Propriete Autority  Analiabl
MEDICAL CERTIFI	immediate Cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. OBE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  d.	A CONSEQUENCE	Howa: 1317 p not enter the n CCCPC OF): OF):	rd K. McC Cokesbur noda of dying, su ) TCC	Comas ry Rd ch ae can	24s. WAS AN AL PERFORMI	OUS	24b. WERE AUTOPS AWAILABLE PF COMPLETION
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition a, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions.	a. ONE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  but not resulting	Howa: 1317 o not antar the n CCCCC OF): OF):  OF):  26. OTHER:	rd K. McC Cokesbur noda of dying, su ) TC	Comas ry Rd ch se can life i Part I.	24a. WAS AN AL PERFORMI	OUS	Md. 210  Approintervionset  Cab. Were Autope Prompletion OF DEATH?
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PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions are sufficient conditions.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending	a. DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS  d. DUE TO (OR AS)  d. DUE TO (OR AS)	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  but not resulting	Depth of Sec. II	rd K. McC Cokesbur noda of dying, su  TC  Ing ceuse given in	Part I.	24a. WAS AN AL PERFORMI	UTOPSY	Md. 210  Approintervi Onset  24b. WERE AUTOPHANILABLE PR COMPLETION OF DEATH?  1  YES 2
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TED BY PHYSICIAN: MEDICAL CERTIF	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions and investigation inves	a. DUE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. DUE TO (O	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  but not resulting  ripetient 3 DOA  28b. T	HOWA: 1317 o not antar the n CCCPU OF): OF):  OF):  OF):  OF):  OF):  OF):  In the underlying heart of the normal state of the	rd K. McC Cokesbur noda of dying, su  TC  Ing ceuse given in  PLACE OF OEATH (C  TO THE S   Residence NJURKY AT YORKS 2   NO  Ice	Part I.  Pert I.  1 Part I.  28d. Det	24a. WAS AN AL PERFORMI  1 YES 2  OF (Specify)  SCRIBE HOW INJECTION (Street and or Town, State)	UTOPSY EE?  WHO UTOPSY EE?  WHO INTERPRETATION OF THE STATE OF THE STA	Md. 210  Approintervi Onset  24b. WERE AUTOP: AMALABLE PR COMPLETION OF DEATH?  1 YES 2
ED BY PHYSICIAN: MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions and investigation inves	B. List Drily one cause on  a. OBE TO (OR AS  b. DUE TO (OR AS  c. DUE TO (OR AS  d. One contributing to deeth  DOE TO (OR AS  d. DUE TO (	A CONSEQUENCE  A CONSEQUENCE  A CONSEQUENCE  but not resulting  ripetient 3 DOA  28b. T	HOWA: 1317 o not antar the n CCCPU OF): OF):  OF):  OF):  OF):  OF):  OF):  In the underlying heart of the normal state of the	rd K. McC Cokesbur noda of dying, su  TC  Ing ceuse given in  PLACE OF OEATH (C  TO THE S   Residence NJURKY AT YORKS 2   NO  Ice	Part I.  Pert I.  1 Part I.  28d. De:	24a. WAS AN AL PERFORM  1 YES 2  OF (Specify)  SCRIBE HOW INJ.  CATION (Street and or fown, State)  use(a) and manner and place, and o	UTOPSY ED?  Who de stated. It was to the country occurs.	Md. 210  Approintervi Onset  24b. WERE AUTOP: AMALABLE PR COMPLETION OF DEATH?  1 YES 2



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RAT	REC	OLS :	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by 1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: Il Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at
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用	품	filed	POF
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REGISTRAR			MENT OF HEALTH AND CATE OF DEATH		REG. NO.		
BARBARA	(NMN)	WEBER	NEBER	2. DATE O	F DEATH DAY	9 A	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER NONE	1   M 2   F	14 YRS. "	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN.	18-1	Day, Year)	Ge	rmany
90. FACILITY NAME (If not institution, give sti Fallston General RESIDENCE OF DECEDENT	Hospital	F	allston. MD	DEATH		a (Pa	
100. STATE 10b. COUNTY	N/A		rown on Location adwigshafen, R	н с	ermany		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10e. STREET AND NUMBER	igstr 27	Î	101. ZIP CODE N/A			ermany	HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	B 2 NO	13. WAS DECENDENT OF HISP. If yes, specify Cuben, Mexic  1  YES 2 XNO Specific Speci	cen, Puerto Ri			— American Indien, White, atc.
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondery (0-12)	ATION completed) College (1-4 or 5 +)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use HOUSE	k done during most of working retired.)	16b. I	CIND OF BUSINESS/I	NDUSTRY	
17. FATHER'S NAME (First, Middle, Lest) Anthony,	Vogt		2-7-6-1116	nna —	ddle, Malden Sumeme Vogt		
19a. INFORMANT'S NAME (Type/Print) Wilfred Cholett			odress (Street end Number or Rure yberry Road, E				21040
20e. METHOD OF DISPOSITION 1 X Burlel 2 Commation 3 Regret 4 Donetion 5 Other (Specify)	val from State	ob. PLACE OF DISPOSIT			200 LOCATION LIVE	dwigsh ermany	nafen, R H
21. SIGNATURE OF FUNERAL SERVICE LIG	ENSEE / / /						
THOUSEN X.	1/c (an	most in	22. NAME AND ADDRESS OF HOWARD K. M. 1317 Cokesbu	cComas ry Roa	III Fund d Abing	eral H don, N	Home P.A. Maryland 21
23/PART I. Enter the diseases, or canock, or neart fellura. In the second secon	ast only one cause on the active of	each line.	1317 Cokesbu	ry Roa	d Abing	don, N	Approximate interval Between
shock, or faert feilura.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	electic	1317 Cokesbut anter the mode of dying, au	ry Roa	d Abing	don, N	Approximate interval Between
shock, or fisert feilura.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	B A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:	1317 Cokesbut anter the mode of dying, at Cardunainus	ry Roa	d Abing	don, N	Maryland 21
shock, or fisert fellura.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	B A CONSEQUENCE OF:  A CONSEQUENCE OF:  A CONSEQUENCE OF:  Dut not resulting in	1317 Cokesbut anter the mode of dying, at Cardunainus	ry Roa	d Abing	don, N	Approximate interval Between
shock, or faert feilura.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition  Light Cause Cause (Cause Cause)  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	each line.  S A CONSEQUENCE OF:  B A CONSEQUENCE OF:  B but not resulting in	1317 Cokesbut anter the mode of dying, at Cardunainus	ry Roa	ad Abings ec or respiratory  24a. WAS AN AUTOPS PERFORMED? 1 VES 2 No	don, N	Approximate interval Between Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth Onset and Dasth
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30. NAME AND ADDRESS OF PERSON WIND COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

RICHARD J. COLFER MD

32. REGISTRAR'S SIGNATURE
Gulia Savidson-Randall

RICHARD &

DHMH-16 Rev 1/89

1		-	STATE REGISTR	
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

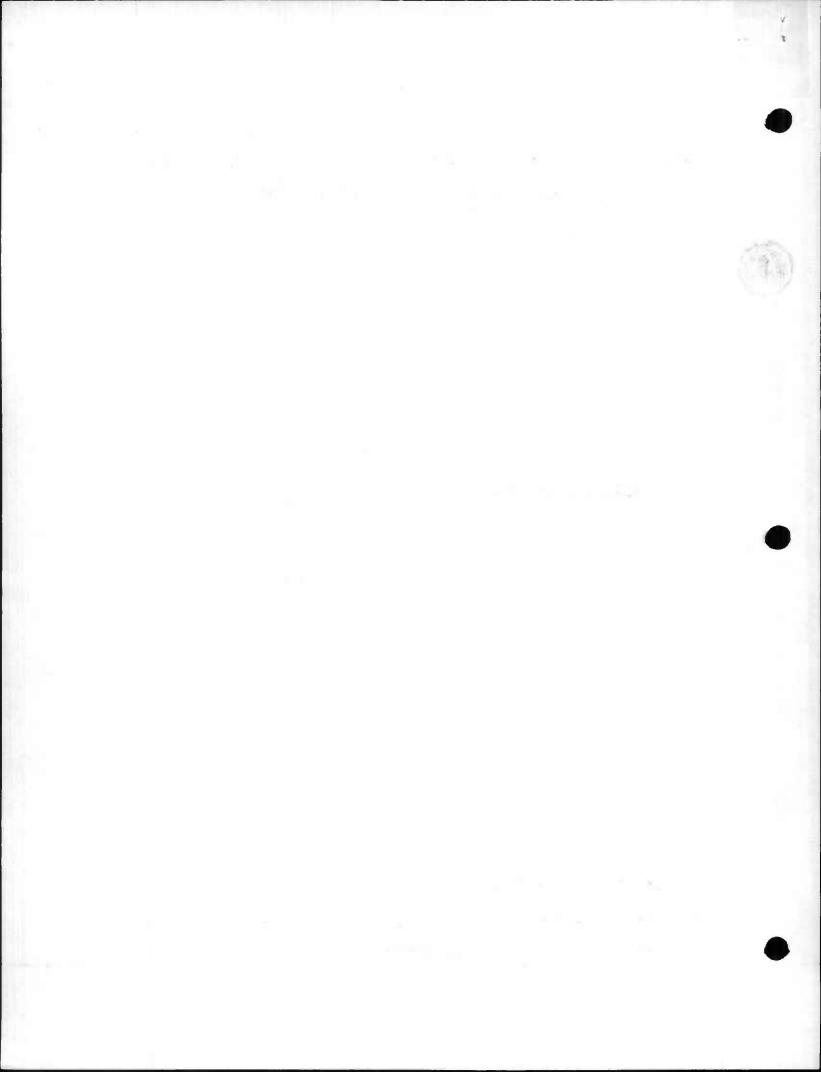
	REGISTRAR	CERTIFIC	ATE OF DEATH		REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)			2. DATE O	F DEATH	3. TIME OF DEATH
	Frank Weitzel			05	- 18 -	92 2:00 AM
	4. SOCIAL SECURITY NUMBER 5. SEX $216-09-1279$ $1 \times 12 = F$		UNDER 1 YEAR IF UNDER 24 HRS NTHS DAYS HOURS MIN.	(Month,	F BIRTH Day, Year) -30-12	BIRTHPLACE (State or Foreign Country)     Maryland
TOR	9e. FACILITY NAME (If not Institution, give street and number) Frederick Villa Nursing RESIDENCE OF DECEDENT	0 1	Catons vill	DEATH	9c. CO	1timore County
DIRECTOR	10s. STATE 10b. COUNTY  Maryland Carroll County		own or Location Westminster		· · · · · · · · · · · · · · · · · · ·	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 311 Sunshine Way		101. ZIP CODE 2175	7	tog. Cr	TIZEN OF WHAT COUNTRY? U.S.A.
B⊀	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT FORCES? 1 FORCES? 1 IF YES, GIVE WAR	YES NO	13. WAS DECENDENT OF HISI If yes, specify Cuben, Max t Yes 2 NO Spe	Ican, Puerto Ri		14. RACE — American Indian, Black, White, stc. Specify: White
COMPLETED	15. DECEOENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)	16a. DECEDENT'S USI (Give kind of work life. Do NOT use re	done during most of working	16b. I	CIND OF BUSINESS/IN	IDUSTRY
至	1	Inspec	tor		General M	otors Corp.
8	17. FATHER'S NAME (First, Middle, Last)				ddle, Melden Surname)	
BE	Edward Weitzel  19a. INFORMANT'S NAME (Type/Print)	AND MANUNC AD	DRESS (Street and Number or Rur	rbara		
٤	Mr. Paul E. Weitzel		ld Washington			, ,
	20e. METHOD OF DISPOSITION 1 1	20b. PLACE AND DATE OF D	ISPOSITION (Name of	DATE	20c. LOCATION -	- City or Town, Stats
	4 Donation 5 Other (Specify)	Lorraine Pa	ark Cemetery	5/20	Baltim	ore, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  Buan A. Hai	glt	22. NAME AND ADDRESS OF Haight Fune: Svkesville	ral Hor		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	R AS A CONSEQUENCE OF):	tiple in	Perte	d Socie	Onset and Dasth
MEDICAL	PART II. Other algolificant conditions contributing to de	eath but not resulting in t	ha undariying causa givan		24s. WAS AN AUTOPSY PERFORMED? It YES 24 NO	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					
PHYSICIAN:	EXAMINER? HOSPITAL:		26. PLACE OF DEATH (			
Ě	27. MANNER OF DEATH 28s. DATE OF IN	JURY 28b. TIME O		7	RIBE HOW INJURY OF	CCUREO
BY	1 Natural 5 Pending (Month, Day,	Year) INJURY	WORK?  M 1 VES 2 NO			
		NJURY — At home, farm, atred :. (Specify)	t, factory, office		TION (Street and Number Town, State)	er or Rural Route Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To this best of my one) 2 MEDICAL EXAMINER: On the basis of sxan					
	291. SIGNATURE AND TITLE OF SERVICES		29c, LICENSE N			TE SIGNED (Month, Day, Year)
BE O	and the state of t		D09	1496	Þ 4	118/92
٩	30. NAME OOD ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type, Pri	edan wh	Ze -	Balta.	7421228
	31. DATE SLED (Aboth, Day Shar) 32. REGISTRART	SIGNATURE			7	1300

BALTIMORE, MARYLAND 21215-00 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

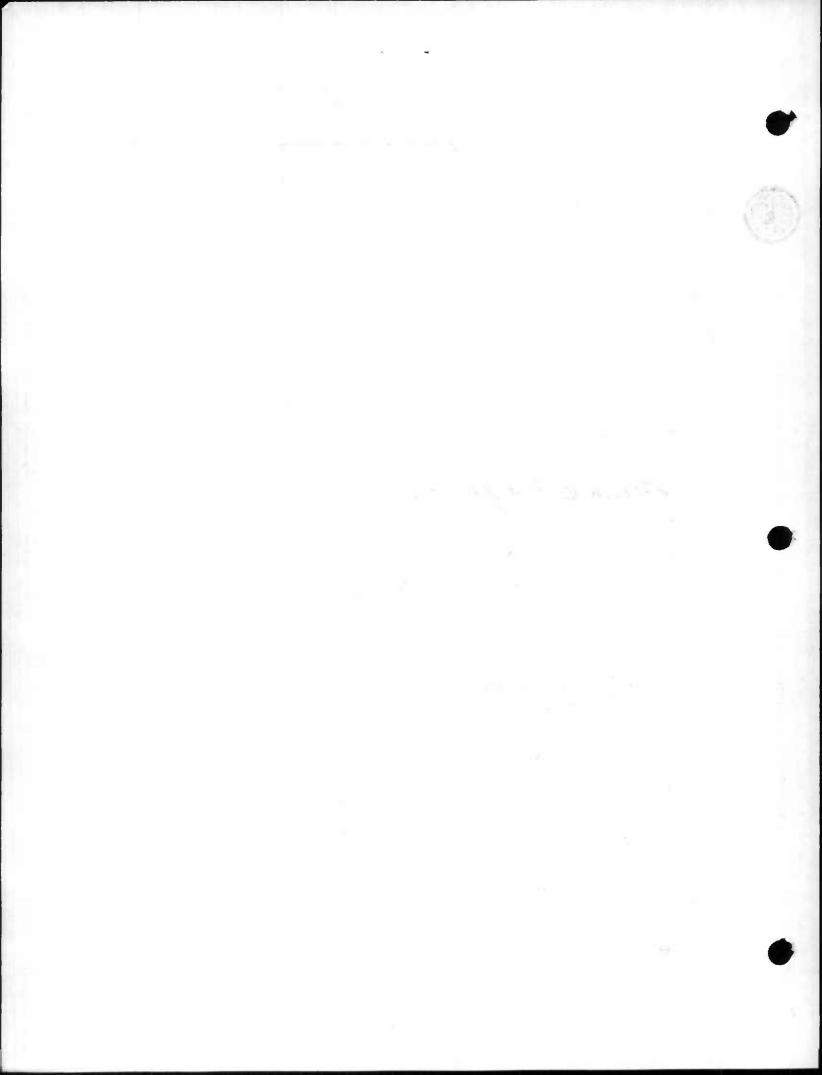
Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,



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	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DEPAR CERTIF	RTMENT OF	HEALTH AND	MENTA	L HYGIEN				
	1. OECEDENT'S NAME (First, Middle, Last)						OF DEATH		400	3. TIME OF DEATH	
	Irene	Wagner				5 .			2	3:30 AM	
	136-09-7020	5. SEX 8	74 YRS.	IF UNDER 1 YEAR MONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE (Mont	OF BIRTH		Country	PLACE (State or Foreign	
TOR	90. FACILITY NAME (If not institution, give s Union Hospital RESIDENCE OF DECEDENT		96. CITY, TOWN Elk	DEATH	9c. COUNTY OF			АТН			
- DIRECTOR	10e. STATE 10b. COUNTY Delaware New	Castle		10c. CITY, TOWN OR LOCATION  Newark						10d. INSIDE CITY LIMITS? 1 TYPES 2 NO	
FUNERAL	34 Aronimink Dr	rive		101. ZIP CODE 109. CITIZEN USA					HAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT I FORCES? 1 I IF YES, GIVE WAR	YES 2X NO	13. WAS DECENDENT OF HISPANIC ORIGING IN year, specify Cuban, Mexicon, Puerle 1 YES XXNO Specify:			GIN7 (Specify Yes or No. 14, RAC			- American Indian, White, etc.	
COMPLETED	15. OECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	(Give kind of life, Do NOT u	165	ON ost of working	168	. KIND OF BU	SINESS/INDUS	TRY	***************************************	
MP	12		Homem	aker			Own F				
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First,	Middle, Meiden	Surname)			
TO BE	Stanley Rogalsk  190. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	Agatt and Number or Rura	a Wi Aoute Num	encze	n, State, Zip Co	ode)		
	William J. Wagn	er, Jr.	34 A:	ronimir	k Driv	e, N	ewark	DE	1	9711	
	20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Removal from State  20b. PLACE AND DATE OF DISPOSITION (Name of carriety or other place)  20c. LOCATION — City or Town, State										
	21. SIGNATURE OF FUNERAL SERVICE LIC	Maye ver, Jr	4, 9,	Spice	or ADDRESS OF F	ikin	Fune	ral H	Iom	, Delawar e, Inc. Castle.DF	
CERTIFICATION	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arreat, shock, or heart feiture. List only one cause on each line.  IMMEDIATE CAUSE (Finel disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):  OUE TO (OR AS A CONSEQUENCE OF):										
: MEDICAL CE	PART II. Other significant condition - Alzhorwa's - Deluptrale		n tha underlyln	g cause given in	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  I YES 2 NO		
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specific)										
РНУ	27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF IN. (Month, Day,	JURY 28b. TIM	E OF 28c. INJ	URY AT	_	CRIBE HOW II	NJURY OCCUR	RED		
ED BY	2  Accident Investigation 3  Suicide 6  Could not be determined	26e. PLACE OF II building, etc	NJURY — At home, term, s . (Specify)		M 1 YES 2 NO			OCATION (Street and Number or Rural Route Number, ity or Town, State)			
COMPLETED	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC ONE)	CIAN: To the best of my	knowledge, death occurre	od at the time, date	end place, and du	e to the cau	se(e) and man	ner as stated.	ousefe)	and menner ee stated	
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER	Seread	ارحا		29c. LICENSE NU					Month, Day, Year)	
	30. NAME AND ADDRESS OF PERSON WHO S. Sachdev, MD  31. DATE FILED (Month, Day, Marc)	- 118 N	• Street.	Print) Suite	3-B F1	ktor	Ma	cvlan	a 1	1021	
	31. DATE FILEO (Month, Day (ber)	AZ REGISTRANS	SIGNATORE de DE	24100	2 D/HI	A COL	IId.	ryran	u Z	1371	



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REGISTRAR						DEATH		MEN IAI	HYGIEN			
1. DECEDENT'S NAME (First, Middle, Last)			CATIF	ICAI	E OF	DEATE	1	2. DATE	REG. NO		1	. TIME OF DEATH
							1	MONTE		2	YEAR )	7/6
4. SOCIAL SECURITY NUMBERY WO	5. SEX	6. AGE (In yrs. I	est birthday)	IF UNDE	R 1 YEAR	IF UNDER 24	HRS.	7. DATE	OF BIRTH		8. BIRTHPL	ACE (State or Forei
215-40-0225	1 <b>X</b>	49	YRS.	MONTHS	DAYS	HOURS	MIN.	1 - 2 8	-43		Country)	Virgin
9s. FACILITY NAME (If not institution, give a	treet end number)			9b. CITY, TOWN OR LOCA						9c. COUNTY OF DEATH		тн
120 W. Village	Road		Elkton					Cecil			il	
RESIDENCE OF DECEDENT				10c. CITY, TOWN OR LOCATION								
Md.	Cecil		10c. CIT		E1kt							Od. INSIDE CITY LIMITS?
10e. STREET AND NUMBER			1									XXYES 2 N
	o Dond				101	ZIP CODE 219	221			10g. CITIZ	U.S	AT COUNTRY?
120 W. Villag	12. WAS DECEDEN	T FICE WILLS	24450	1.0								
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	MAR OR DATES	NO	13.	If yea, apo	ENDENT OF I	Mexican	, Puarto F	? (Specify Yei ican, etc.)	or No—	14. RACE - Black, \ Specify:	- American Indian, Whita, etc. White
15. DECEDENT'S EDUC (Specify only highest grade	CATION	18a, D	ECEDENT'S	USUAL C	CCUPATIO	ON		16b.	KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	fe. Do NOT u	work done se retired.)	during mo:	st of working						
12			enior Operator				Air Products					
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NAME (First,			AE (First, A	st, Middle, Maiden Surname)			
Herbert Walls						Frances Moore						
19a. INFORMANT'S NAME (Type/Print)					RESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)							
Phyllis A. Walls 120 W. Village Rd., Elkton, Md. 21921												
Alab )	ENGER O	0	<u>y</u>	22.	NAME AN	aptis MADORESS Funer	OF FAC	HLITY	25		Mai	n St.,
23. PART i. Enter the diseases, love ahock, or heert fellure.  IMMEDIATE CAUSE (Finei disease or condition resulting in death)	Examplications the List only one call as a series of the call of t	at caused the cuse on each lin	death. Do	Gnot enter	ee ]	Funer	al al	HON	ne 25 E1	9 E. kton	Mai , Md	n St., 2192 Approximatinterval Bet
23. PART i. Enter the diseases, joy of ahock, or heart feliure.	a. STORE TO	at csuaed the c use on each lir	death. Do	Gnot enter	ee ]	Funer	al al	HON	ne 25 E1	9 E. kton	Mai , Md	n St., 2192 Approximatinterval Bet
23. PART i. Enter the diseases, loy of ahock, or heert fallure.  iMMEDIATE CAUSE (Finei disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. STATES TO DUE TO DUE TO d.	t caused the cuse on each line (OR AS A CONSI	death. Do ne.	G not enter	r the mod	Funer	al al	Hon as cerd	ne 25 E1	9 E. kton iratory arre	Mai, Md	Approximate interval Betto Onset end I
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23. PART i. Enter the diseases, loy of ahock, or heert fallure.  iMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART ii. Other aignificent conditions of the same sequence.	a. S. TOUE TO BE CONTRIBUTION OF THE POSPITAL:	of course of the	death. Do ne.	G G G G G G G G G G G G G G G G G G G	r the mod	Funer de of dying g ceuse give	of FACC al.	Hon as cord	25 E1 iac Dr respi	9 E. kton iratory arre	Mai, Md	Approximate interval Betto Onset end I
23. PART I. Enter the diseases, love ahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condition A. A. A. A. A. A. A. A. A. A. A. A. A.	DUE TO	t caused the cuse on each line of the course of the course of the course of the course of the course of the customer of the cu	resulting	or HE	r the moderiying  28. PL  R: rsing Home  28c. INJI  WO	de of dying ceuse give	of FACC al.	Hon as cord	25 E1 iac Dr respi	9 E. kton iretory arres	Mai, Md	Approximate interval Betto Onset end I
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23. PART I. Enter the diseases, loy a shock, pr heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST  PART II. Other algnificent condition  PART II. Other algnificent condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural   Pending investigation   Investigation   Netural   Investigation   Netural   Investigation   Could not be determined	B. DUE TO  B. DUE TO  B. DUE TO  B. DUE TO  COMMITTEE TO THE PROPERTY OF THE P	TOTAL AS A CONSIDER OF INJURY — APPLIEUR — APPLIEUR OF INJURY — APPLIEUR	resulting 28b. Till Inc.	OTHE 4 Number of Street, face	r the moderiying  28. PL  R: raing Home  28c. INJI  WO V  ttory, office	de of dying ceuse give  ACE OF DEA	of FACE CALL	HOR	25 E1 lac Dr respi  24a. WAS AN PERFOR 1 VES 2  (Specify)  CRIBE HOW I	AUTOPSY IMED?	Mai, Md  24b. W  A  C  D  1	n St., 2192 Approximate interval Bet Onset end I
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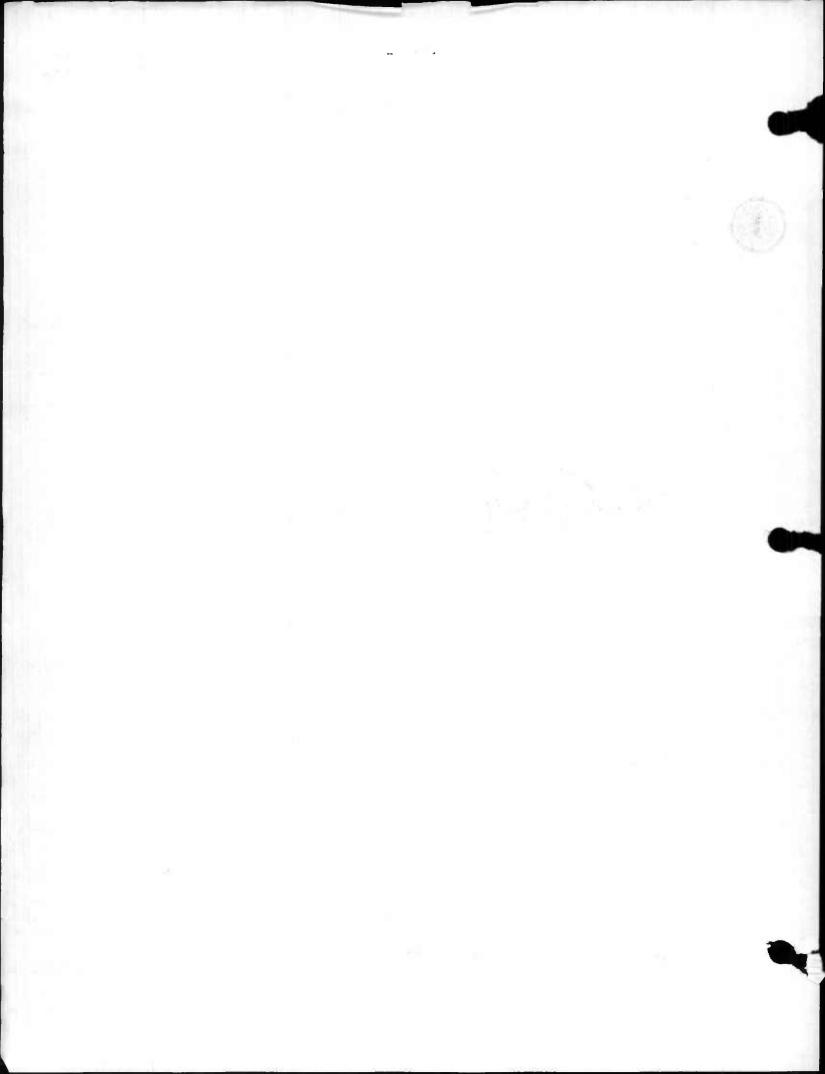
MAY 13'92

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PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE





burial-transit

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n by the funeral director, page 5 should removal.

× Filled

and completely filk burial, cremation,

prior to

the attending physician Mental Hygiene prior to

Signed !

MARCOMOS

31. DATE FILED (Month, Day, Year) 4'92

KORELL MO

32. REGISTRAR'S SIGNATURE

his Favidson-Randell

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₹	The
DIVISION OF VITAL RECORDS, P.O. BOX 88/60,	ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft
A DO CO	ATTENDING
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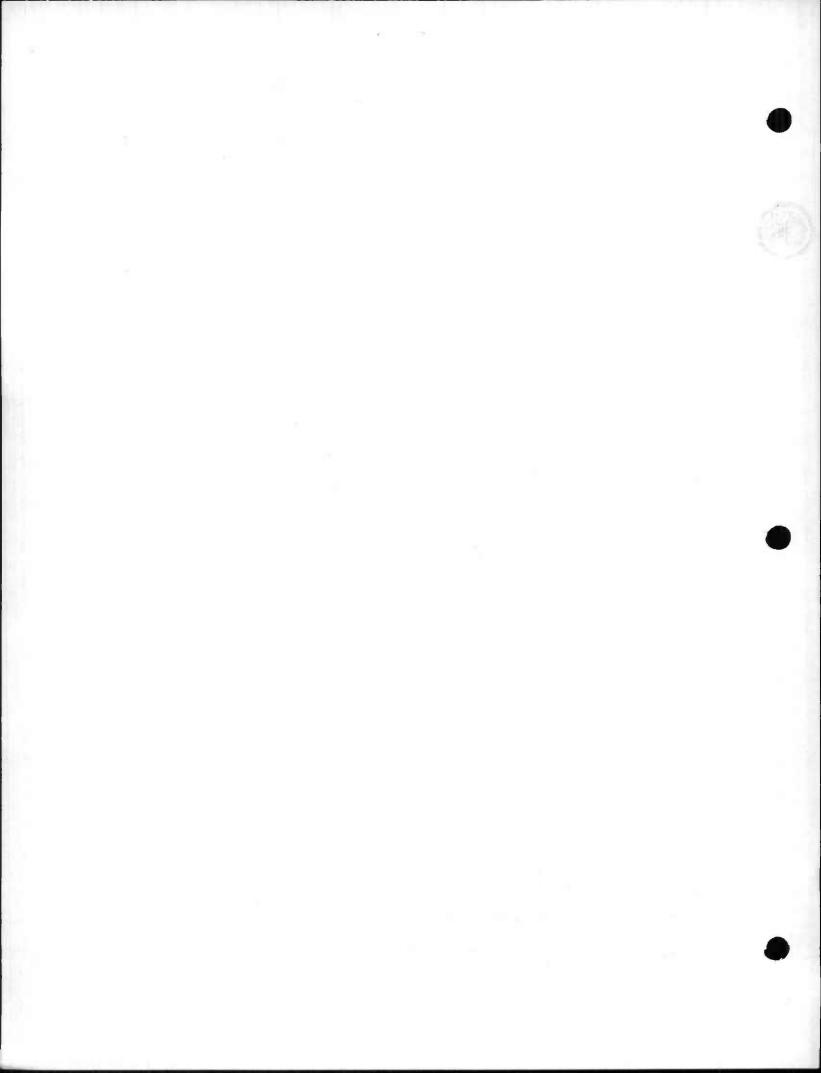
92 14930 1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH 2. DATE OF DEATH YEAR Mary Willis 05 6:08 В. 1992 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX 8. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 11/1/1973 DAYS HOURS MIN 222-58-9197 1 M 2 X F 18 YRS. Wilmington, DE 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF OFATH DIRECTOR University Hospital N/A Baltimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Cecil Conowingo 1X YES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 110 McGlothlin Road 21918 U.S.A. 11. MARITAL STATUS 12. WAS DECEOENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or Ho-14. RACE — American Indian, Black, White, stc. If yes, specify Cuban, Mexican, Puarto Ri 1 YES 2 X NO Specify: 1 Nover Married 2 Married IF YES, GIVE WAR OR DATES Specify: White BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/IHOUSTRY entary/Secondary (0-12) College (1-4 or 5+) N/A Student Education once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Mitchell W. Willis, Sr. Mary Ellen Still BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Larry Webb 110 McGlothlin RD. Conowingo, MD 21918 9 20b. PLACE AND DATE OF DISPOSITION (Name of complete, Cremeter, or other place) CO. 20e, METHOD OF DISPOSITION
1 ☐ Burlal 2 🖄 Cremation 3 ☐ Removal from State 20c. LOCATION — City or Town, State DATE must 5/16 West Chester, PA 4 Donation 6 Other (Specify) 21. SIGNATURE OF FÉNERAL SERVICE CICENSES examiner 22. NAME AND ADDRESS OF FACILITY Crouch Funeral Home 127 South Main St. North East, MD 21901 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory screet, Approximata shock, or heart failure. List only one cause on each line. interval Between IMMEDIATE CAUSE (Finel Onsat and Death the disease or condition DULTIPUS DY UST DUE TO (OR AS A CONSEQUENCE OF): Phyonis resulting in death) event, traumatic CERTIFICATION Sequentially list conditions, **OUE TO (OR AS A CONSEQUENCE OF).** is any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events other 1 OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? MEDICAL 24a, WAS AN AUTOPSY amy 1 YES 2 THO t. of Heal. 1 NES 2 NO has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATH (Check only one) certificate I the State HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 8 □ Other (Specify) 1 X YES 2 NO 1 ☐ inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 27. MAHHER OF DEATH 28a. DATE OF IHJURY (Month, Day, Year) 05/12/1992 28b. TIME OF 28c. IHJURY AT WORK? After this cu death with t marked, 26d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 4:45P.M 1 TES 2 NO BY Driver in Auto/Auto Impact 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, offica building, atc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide DIRECTOR: A hours after ditem 28 is .00 6 Could not be determined COMPLETED 4 Homicide Street 275 at Craigtown Road 29a. CERTIFIER

//Check only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. TO THE HOSPITAL (TO THE FUNERAL DE DE filed within 72 hours important: If in 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. 296. SINATURE AND TITLE OF CERTIFIER 29c. LICENSE HUMBER 29d. DATE SIGHED (Month, Day, Year) BE /13/1992 O.C.M.E 2 NESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore, Maryland 21201

DHMH-16 Rev 1/89



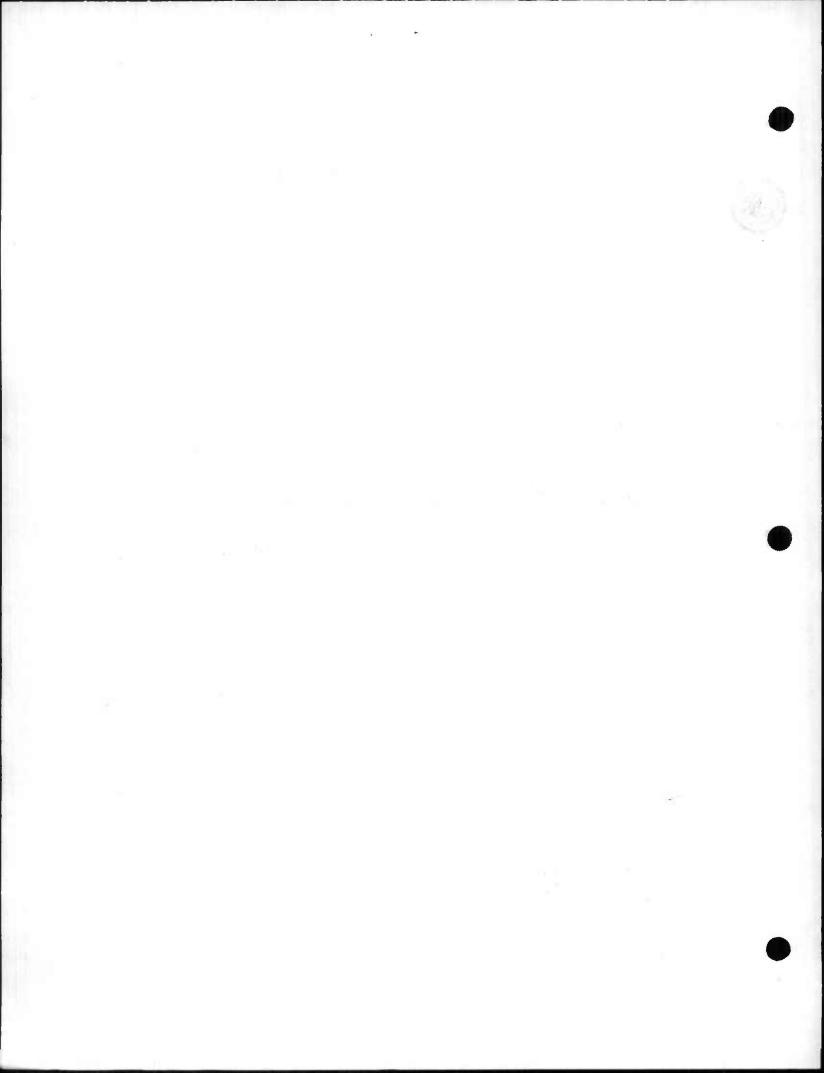
1 - STATE REGISTRAR		CE	:HIIF	ICAI E O	F DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH		3. TIME OF DEATH
Margaret	E.			Ward		05 14	19	92 10:55 A M
4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last		IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
218-70-3492	1 M 2 X F	34	YRS.			June 14,	1957	Maryland
9e. FACILITY NAME (If not institution, give	2-12/12/2014				N OR LOCATION OF DE	EATH	9c. COUN	NTY OF DEATH
Shock Trauma Cen	ter			Balt	imore		Balt	timore City
10e. STATE 10b. COUNT	Y		10c. CITY	Y, TOWN OR LO	CATION			10d. INSIDE CITY
Maryland Cec	il		Elk	c Mills	3			LIMITS?
10e. STREET AND NUMBER					101. ZIP CODE			ZEN OF WHAT COUNTRY?
4 Frame Row Road					21920			5.A.
11. MARITAL STATUS  1 Never Merried 2 Married	12. WAS DECEDENT E FORCES? 1	YES 2 X NO		If yes,	specify Cuban, Mexica		e or No-	<ol> <li>RACE — American Indien, Black, White, etc.</li> </ol>
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES		101	'ES 2 X NO Specify	y:		Specify: White
15. DECEDENT'S EDU (Specify only highest grade		(GM	ve kind of w	USUAL OCCUP	ATION most of working	16b. KIND OF BU	SINESS/IND	USTRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	He. I	Do NOT us	retired.) Pechnic		Automo	41	
17. FATHER'S NAME (First, Middle, Last)		14.1	ine i	rechnic				
Frank L. W	lard				18. MOTHER'S NA	ME (First, Middle, Maiden Margaret	,	nport
19e. INFORMANT'S NAME (Type/Print)						Route Number, City or Tow		
Frank L. Ward		1				- Elkton,	MD 2	21921
20e. METHOD OF DISPOSITION 1 ☐ Burlal 2 【X Cremation 3 ☐ Rem	noval from State	cemetery, crem	natory or ot			5-16		Cify or Town, State
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LIN	CENSEE	R.A.	Ferr	is & C	-			ester, PA
· Colph	8 24	ish.	/			or Funeral		
				1 1211	ton MD	21021-5521		
23. PART I. Enter the diseases, Dr	complications that c	aused the dea	ith. Do n	ot anter tha	node of dying, auc	21921-5521 h aa cardiec or resp	iratory arm	
immediate cause (Final	complications that c List only one cause	aused the dea on each line.	nth. Do n	ot anter tha	node of dying, auc	21921-5521 h aa cardiac or respi	iratory arr	est, Approximate Interval Between Onset and Death
ahock, or heart failure.	complications that c List only one cause	aused the dear on each line.	ith. Do n	ot anter tha	node of dying, suc	21921-5521 h aa cardiac or respi	iratory arr	Interval Between
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

мду 18 92

Jaha Bairdson-Randall

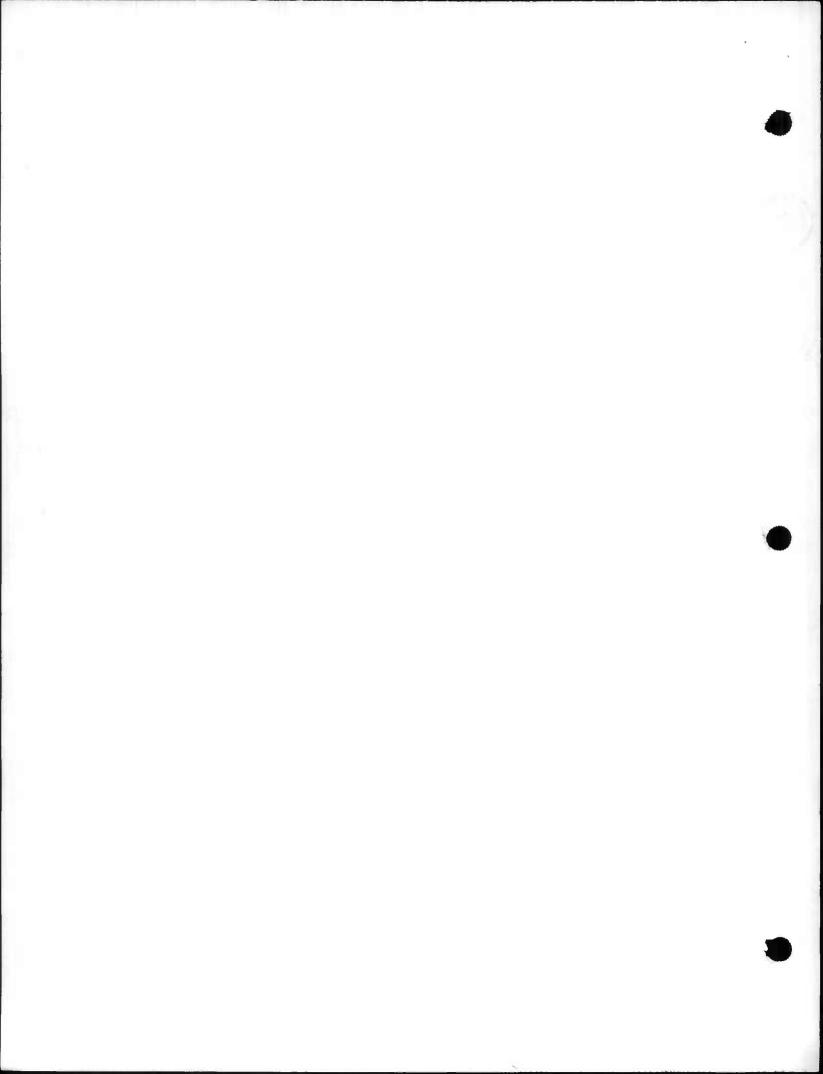


TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)										
Olare	nne	W/11	112-	0		2. DATE OF DEATH				
4. SOCIAL SECURITY NUMBER		GE (In vrs. las		F UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH	1 92. 10. BIR	THPLACE (State or Foreign		
577 44 8844	1√XM 2 □ F	56		ONTHS DA		(Month, Day, Year)	1024	muy Hampton County, S.C		
9e. FACILITY NAME (If not institution, give s		30		h CITY TON	WN OR LOCATION OF D		96. COUNTY OF			
4	medical	de.	1			150	PG	7		
RESIDENCE OF DECEDENT	Manich		Andrew HB							
10e. STATE 10b. COUNT	Υ		10c. CITY, T	TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?		
Maryland	P.G.		Cam	p Sp	rings			1 XX X ES 2 NO		
10e. STREET AND NUMBER					101. ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?		
5211 Taft Roa	d				20748		United	d States		
11. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. AR	MED 10		DECENDENT OF HISPA s, specify Cuban, Mexic	NIC ORIGIN? (Specify Yes	BI	ACE — American Indian, ack, White, etc.		
1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WAR				YES 2 NO Speci		Sp	becity: Black		
15. DECEDENT'S EDU	ICATION	16a DE	CEDENT'S US	IIIAL OCCIU	MATION	140 KIND OF BUIL	SINESS/INDUSTRY	,		
(Specify only highest grade	completed)	(G	ive kind of wor. Do NOT use i	k done during	g most of working	ISB. KIND OF BO.	SINESS/INDUSTRI			
Elementary/Secondary (0-12)	College (1-4 or 5+)		Secr		V	Go	V.			
17. FATHER'S NAME (First, Middle, Last)			2001	2 4 4 4		AME (First, Middle, Melden				
Frank William	S					la McGui	•			
19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING AI	DDRESS (Str		Route Number, City or Tow				
Fredrita Fair	Williams					0	C			
20g_METHOD OF DISPOSITION 1 \( \times \text{Burlet} \) 2 \( \text{Cremetlon} \) 3 \( \text{Ren} \) Ren		20b. PLACE	OF OISPOSIT		of cornetory, cremetory or	20c. LO	CATION — City or	rown, State Chelten		
1 ABuriel 2 Cremetion 3 Rem	noval from State	other ni	lenel			metery C	helten	ham Chelten		
21. SIGNATURE OF TUNERAL SERVICE L	CENSEE	,		22. NAM	IE AND ADDRESS OF F	ACILITY		IVIO		
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23. PART I. Enter the disease, or	www	4.00				ng Road,		Approximate		
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	c. Hyper to one to (on	AS A CONSE	OUENCE OF):	r Sel	ierofre Co	auvagese	n. 7000)	ore		
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resulting in deeth) LAST	d	ith but not					I AUTOPSY :	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
PART II. Other significent condition	d	ith but not				Part I. 24e. WAS AN PERFO	I AUTOPSY :	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO		
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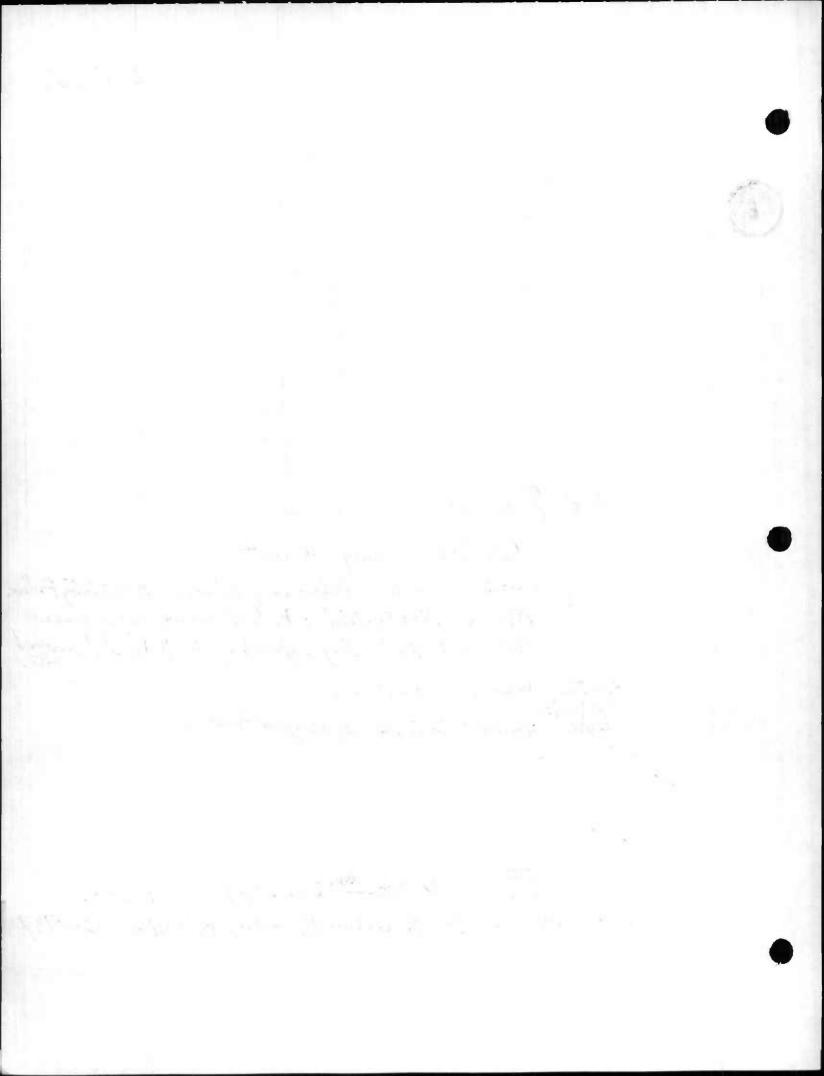
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REGISTRAR		CERTIF	ICATE (	OF DEAT	Н	REG. NO		
1. DECEDENT'S NAME (First, Middle, La Ellen F. Wh	nelton					2. DATE OF DEATH	" 199 <sup>2</sup>	2 9:35 M
4. SOCIAL SECURITY NUMBER 028-09-1526	1 🗆 M 2XXF	76 YRS.	MONTHS DA	EAR F UNDER 2	4 HRS.	7. DATE OF BIRTH (Month, Day, Year) 12-27-1	.915	BIRTNPLACE (State or Foreign Country) Boston, MA
99. FACILITY NAME (If not institution, gi VIIIa Rosa N RESIDENCE OF DECEDENT	Nursing Ho	me		chelly:				of DEATH
Nirginia Fair	INTY		ry, town on L	OCATION				10d. INSIDE CITY LIMITS? 1 YES 2 NO
IOe. STREET AND NUMBER	D1 #1117			10f. ZIP CODE 2.2.1	02			N OF WHAT COUNTRY?
1800 Old Meadow  II. MARITAL STATUS  I Never Married 2 Merried  II. Widowed 4 Divorced	ROAD, #111/ 12. WAS DECEDENT E FORCES? 1   IF YES, GIVE WAR	VER IN U.S. ARMED	If ye	DECENDENT OF	NISPANIO, Mexicon,	C ORIGIN? (Specify Yer Puerto Rican, etc.)		6. RACE — American Indian, Black, White, etc. Specify: White
15, DECEDENT'S I (Specify only highest g Elementary/Secondary (0-12)		16a. DECEDENTS (Give kind of the Do NOT to	work done durir use retired.)	PATION ng most of working	,	16b. KIND OF BU		the Holy Cross
r. Father's NAME (First, Middle, Last) Thomas F. Dorsey					Cathe	E (First, Middle, Malden	Surname) Cronin	
90. INFORMANT'S NAME (Type/Print) Villiam A. Whelt	ton (Husband					#1117 MC		Va. 22102
Roe. METHOD OF DISPOSITION    X Buriel 2   Cremetion 3   F	-	20b. PLACE AND DAT	TE OF DISPOSI	TION (Name		DATE 20c. LC	CATION — CI	ty or Town, State
PL SIGNATURE OF PUNERAL SERVICE	LIGHNEE 7		Fra	me and addres incis Ga	s of FAC	s Sons Fu	ınera1	Home, P.A. 11e, Md. 20781
iMMEDIATE CAUSE (Finel disease or condition	are. List only one ceuse			W-2 950 3 1 * -		es cardiec or resp	iratory srret	Approximate interval Between
disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	S. DUE TO (OI	on eech line.	Cere born	W-2 950 3 1 * -			iratory srret	Approximate interval Between
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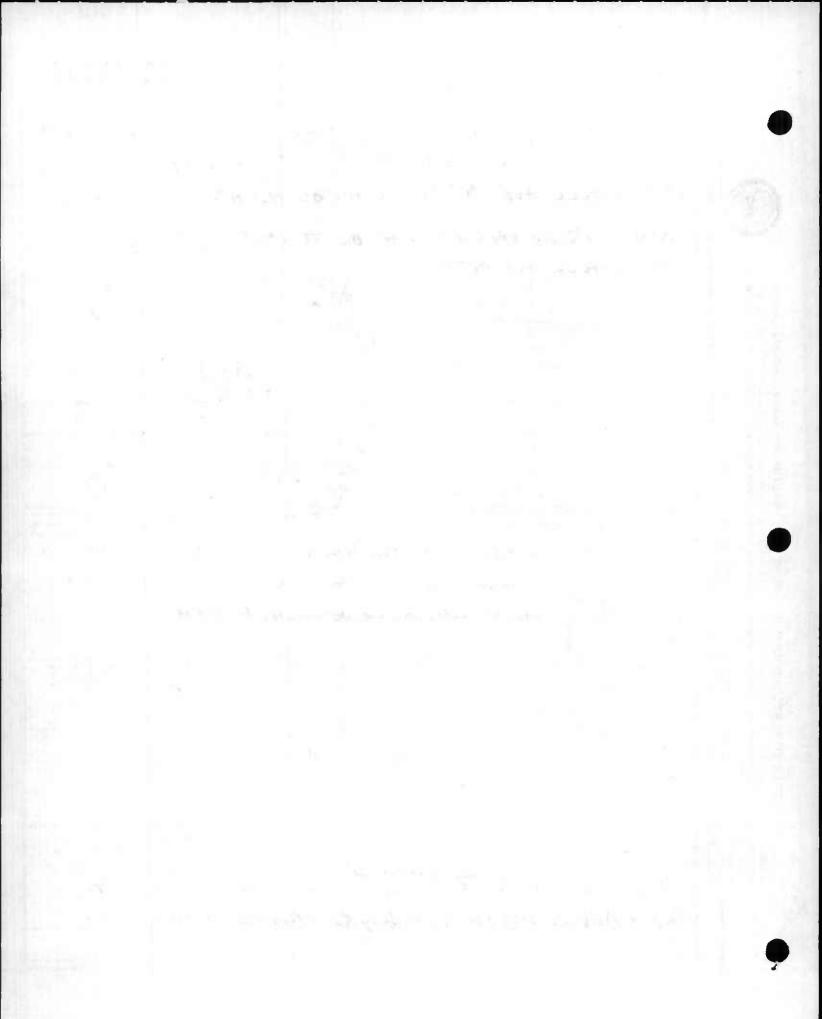
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or a	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for usi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 29 is marked or item 23 shows one laters or other transmission areas the modified
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1 Never Merried 2 Married IF YES 3 Wildowed 4 Divorced IF YES 3 Wildowed 4 Divorced IF YES 15. OECEOENT'S EQUATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College 2  17. FATNER'S NAME (First, Middle, Last)  Guy F. Terry  19a. INFORMANT'S NAME (TyperPrint)  Kenneth C. Wiram (Husb 20a, METHOD OF DISPOSITION 1 Like Burles 2 Cremetion 3 Removal from 3 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE-LICENSEE Abock, or heart fallura. List only information in the sease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DECEDENT EVE ES? 1   VI S, GIVE WAR OF	18s. DEC 18s. DEC 19s. Sec	MED NO STEELS WE AND DATE OF BELL NO MAILING 408 W. MIDDATE OF BELL NO MET OF BEL	y, town on tsvil  13. Walter State of the st	TOWN OF LOCATION OF STREET AND ST	ZIP CODE  20705  NDENT OF HISPA city Cuben, Maxic Z No Special to working  ts. MOTNER'S NA  Georg d Number or Rural ceet, Be a Comete D ADDRESS OF FA S Gasch altimore e of dying, suc	NIC ORIGIN? (Span, Puerto Rican, Puerto Rican, Puerto Rican, Puerto Rican, Puerto Rican, Puerto Rican, Puerto Rican, Puerto Rican, Middle Gia DeC. Route Number, Ci eltsvil DATE ETY 05/10 CCILITY S SONS AVE. Ith as cardiac contact the puerto Rican	S. De Maiden Sul amp by or Fown, S 200. LOCAL DC4/92  Fune	Ind  9c. COUNTY OF  10g. CITIZEN OF  U.S.A  F No. 14. RA  Ble  Spe  PESS/INOUSTRY  Ppt. of  Idryland  TION — City or  Adelph  Tral Hon	10d. INSIDE CITY LIMITS? 1 Y YES 2 \( \text{NO}\) F WHAT COUNTRY?  ACCE — American Indian, ack, White, atc.  White  Agricultur  d 20705				
99. FACILITY NAME (If not institution, give street and number to the content of t	DECEDENT EVE ES? 1   Y   Y   Y   Y   Y   Y   Y   Y   Y	188. DEC SEC SEC SEC SEC SEC SEC SEC SEC SEC S	MED TO NOT US. TETA	y, town on tsvil  13. Walter State of the st	Street and Str ION (Name AND ION (Name AND ION (Name AND ION ION ION ION ION ION ION ION ION ION	R LOCATION OF D  COLOR  ZIP CODE  20705  NDENT OF HISPA  CITY CUBAN, Maxic  ZIN NO Special  Teleston of Working  T	NIC ORIGIN? (Span, Puerto Rica	D OF BUSIN  S. De  Maiden Sur  amp  Ite, M  20c. LOCA  04/92  Fune	Ind  9c. COUNTY OF  10g. CITIZEN OF  U.S.A  F No. 14. RA  Ble  Spe  PESS/INOUSTRY  Ppt. of  Idryland  TION — City or  Adelph  Tral Hon	iod. INSIDE CITY LIMITS?  10d. INSIDE CITY LIMITS?  1\mathbb{Z} YES 2 \( \) NO  F WHAT COUNTRY?  ACC — American Indian, ack, White, atc.  ack, White, atc.  White  Agricultur  d 20705  Town, State  hi. Marylan  me, P.A.  Approximate interval Between				
RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Maryland  Prince Geo  10c. STREET AND NUMBER  4408 Yucca Street  11. MARITAL STATUS  1 Never Married  2 Married  15. OECEOENT'S EQUCATION  (Specify only highest grade completed)  Elementary/Secondary (0-12)  12. Vas if FORC IF YES  College 12  17. FATNER'S NAME (First, Middle, Last)  Guy F. Terry  19a. INFORMANT'S NAME (Type/Print)  Kenneth C. Wiram (Husb  20a. METHOD OF DISPOSITION  1 N. Burtist 2 Cremestion 3 Removal from 5  4 Donastion 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVIPE UCENSEE  23. PART I. Entar the disesses, or complicating abock, or heart failura. Lilat only of the college	Drge's  Drge's	188. DEC SEC SEC SEC SEC SEC SEC SEC SEC SEC S	Be1  MED (10)  CEEDENT'S EVEN KIND OF A CO NOT USE A CO N	USUAL COCCUMORA do no composition de la composition del composition de la composition de la composition de la composition de la composition de la composition de la composition de la composition del composition de la composition de la composition de la composition del composition del composition del composition del composition del composition del composition del composition del compositio	AS DECEIVES, Specific North Manager 100 (Name and a mode)	ZIP CODE  20705  NDENT OF HISPA  City Cubsn, Maxic  X No Special  Telest, Me  Ceet, Be  ADDRESS OF FA  S Gasch  Altimore  of dying, suc	NIC ORIGIN? (Span, Puerto Rican, Puerto Rican, Puerto Rican, Puerto Rican, Puerto Rican, Puerto Rican, Puerto Rican, Puerto Route Number, Cill DATE Puerty 05/10 CILITY S Sons Ave. It has cardiac contact the puerto Rican Ri	o of Busin  S. De  Maiden Sui  amp  1e, M  20c. Local  74/92  Fune	P C  10g. CITIZEN OF  U.S.A  r No. 14. RAA Ble Spel  ESS/INOUSTRY  Ppt. of  Arrane)  Stein, Zip Code)  [aryland TION — City or  Adelph  eral Hone  Sydilla	10d. INSIDE CITY LIMITS?  11 YES 2 NO  F WHAT COUNTRY?  LOCE — American Indian, act, white, atc.  White  Agricultur  d 20705  Town, State  hi. Marylan  me, P.A.  Approximate interval Betwee				
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19s. INFORMANT'S NAME (TyperPrint)  KennethC. Wiram (Husb 20s. METHOD OF DISPOSITION 1 \( \text{Normal Burds} \) 2 \( \text{Crems flon} \) 3 \( \text{Removal from } \) 4 \( \text{Done-flon} \) 6 \( \text{Other (Specify)} \) 21. SIGNATURE OF FUNERAL SERVICE-LICENSEE  23. PARY I. Entar the diseases, or complicating abook, or haart failura. List only of the complex o	ons that causone cause or DUE TO (OR A	20b.PLACE A camelary, crear Georgian Ge	408 NADDATE OF METORY OF OF WISH	Yucca Droispositivi ther place   ashing 22. NA Fran 4739 not anter th	Str ION (Name gton AME AND ncis 9 Ba	cet, Be cet, B	Poute Number, Ci	le, M 20c. LOCATO 04/92 Fune	Iaryland TION - City or Adelph Tral Hore	hi. Marylan me, P.A. Md. 20781  Approximate interval Between				
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Acute R Sepsis	PART II. Other algorificant conditions contributing to death but not resulting in the undertally													
Sepsis	AC. TO PERFORMED? 246. WAS AN AUTOPSY PERFORMED? AMAILABLE PRIOR TO													
06 9212	Se D C S NO COMPLETION OF CAUSE OF DEATH?													
Portion to to D Bland with Anguage 10 YES 2 NO														
25. WAS CASE REFERRED TO MIDICAL 26. PLACE OF DEATH (Check only one)														
1 YES 2 NO 1 Tipeti	ent 2 ER/O	Outpatient 3 [	□ DOA	OTHER:		5 Residence		all d						
27. MANNER OF DEATH 26s.	DATE OF INJUR	RY	26b. TIME	E OF 26	Sc. INJUR	RY AT	28d. DESCRIBE		JRY OCCURED					
1 Nstural 5 Pending 2 Accident Investigation	Month, Day, Year	")	INJU		WORK 1 YES	K7 S 2 NO								
3 Suicide s Could not be building, stc. (Specify)  28s. PLACE OF INJURY — A1 home, farm, strse1, factory, office building, stc. (Specify)  28s. PLACE OF INJURY — A1 home, farm, strse1, factory, office City or Town, State)								Route Number,						
29e. CERTIFIER (Check only one)  1 CERTIFYING PNYSICIAN: To the one)  2 MEDICAL EXAMINER: On the box	best of my kn	owledge, deal	th occurre	d at the time,	, dats an	nd place, and due	to the cause(a) :	and manner	r as stated, us to the causel	(s) and manner as stated.				
29b. SIGNATURE AND TITLE OF CERTIFIER	m	03	a	VA		D 2-2				30 - 92				
G. M. DIN , M.D.	ED CAUSE OF	DEATN (ITEM	27) (Type,		GI. M. DIN, H.D. 65/0 Kenilworth Ave., Riverdale M.D. 2073									



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DIVISION OF VITAL RECORDS, P.O.	Ser.	ing
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_	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certific	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending pl
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	1. DECEDENT'S NAME (First, Middle, Las		1		2. DAT	TE OF DEATH	YEAR 3. TIME OF DEA
	Ju	Dy 1.	416	LIAMS	3		92 6
	4. SOCIAL SECURITY NUMBER	1 1		DER 1 YEAR IF UNDER 2 8 DAYS HOURS	(Mo	E OF BIRTH	8. BIRTHPLACE (State or a
	577-66-8694  9s. FACILITY NAME (If not institution, give	2	7 Z YRS. MONTH			-5-49	Washingto
TOR	505 SUPPOUL	4 %	- 11 0	AN I TOC	H 5164		N CO GEUR C
DIRECTOR	10e. STATE 10b. COUR	NEE GEORGE	U CAPIT		6415	L JAC	10d. INSIDE CIT LIMITS?
ERAL	100. STREET AND NUMBER  SPS JUFFO UN	e are aro	16	10f. ZIP CODE	0743	10g. CITI	ZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1. Meyer Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	2 NO	3. WAS DECENDENT OF If yes, specify Cuban,	HISPANIC ORIG	NY (Specify Yes or No— o Ricen, etc.)	14. RACE — American Inc Black, White, etc.
9	15. DECEDENT'S EI (Specify only highest gra		16e. DECEDENT'S USUAL (Give kind of work dor	OCCUPATION ne during most of worlding	16	66. KIND OF BUSINESS/IND	DUSTRY
PLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	me. Do NOT use retired	ERK		GOVT.	
COMP	17. FATHER'S NAME (First, Middle, Last)			18 MOTHS	ER'S NAME /Elest	t, Middle, Maiden Surname)	
ш		bert Willian	ns			L. Baldwi	n
8	19a. INFORMANT'S NAME (Type/Print)					mber, City or Town, State, Zip	
2	Nina R. Gay	lord	7 Cinds	y Lane #:	203 Ca	pital Hts	. MD 2074
	20a×METHOD OF DISPOSITION 1 Dispurial 2 Cremation 3 Re	20b.	PLACE AND DATE OF DISP	OSITION (Name of		TE 20c. LOCATION -	
	4 Donation 5 Other (Specify)	I	Harmony Me	emorial 1	Park 5	-9 Lando	ver Mary
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	2	2. NAME AND ADDRES	OF FACILITY	kins Fune	vel Mary
	> Sumuerly	C. MINCAG	2	7/7/ 120	o. Jen	Kins rune	ral Home
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	23. PART I. Enter the diseases, o	r complications that caused	the death. Do not ant				
	ahock, or heart failure immediate cause (Final	e. List only one cause on es	the death. Do not ant				
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	PTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director page 5 should be detached for use as the burial and	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1. DECEDENT'S NAME (First, Middle, L	NETTIE LE	EE WRIGH		DEATH	2. DATE OF DEATH D	76/92	YEAR 3. TIME OF DEA
	4. SOCIAL SECURITY NUMBER 156 20 8292			IF UNDER 1 YEAR	HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 04/20/14	9	3. BIRTHPLACE (State or F Country)
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		ce Georges	10c. cirv, Lando	ver	TION			10d. INSIDE CIT LIMITS? 1 YES 2
FUNERAL	100. STREET AND NUMBER 2324 Brightseat	Road T-2		101	1. ZIP CODE 20785			ed States
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PLETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 6 th	EDUCATION rade completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use of COOK	rk done during ma	ON ost of working	16b. KIND OF BUS		
E COMPL	17. FATHER'S NAME (First, Middle, Last) DAVID BELL		COOK			RESTAURA		
TO BE	19a. INFORMANT'S NAME (Type/Print) LOVIE LEE WILLI	AMS (SISTER)			ADA and Number or Rural Row .,Philade			
	20a. METHOD OF DISPOSITION 1 🗵 Burlel 2 Cremetion 3 🗆 R 4 🗆 Donation 5 🗀 Other (Specify)	20	Db. PLACE AND DATE OF I	DISPOSITION /Na	ame of	DATE 20c, LO	CATION — CIF	ly or Town, State
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	1 - STATE REGISTRAR	STATE OF MARYLA		MENT OF H		MENTAL HYGI		- 1433/
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
	REGINALD  4. SOCIAL SECURITY NUMBER  1.5			WILLIA		05	19 19	92 3:15 AM
			yrs. lest birthday)	MONTHS DAYS	HOURS MIN.	(Month, Day, Year		BIRTHPLACE (State or Foreign Country)
9)	Se. FACILITY NAME (If not institution, give street		THO.	9b. CITY, TOWN O	R LOCATION OF	March1		Wash.,DC
y	2600 Pinebrook	Ave Ant #	12	LANDOVE				E GEORGES
FUNERAL DIRECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY	nvc. Apc.					FIXEINO	
I R		- 0		, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
1	Maryland Princ	e George's		andove:	ZIP CODE		100 CITIZE	1 VES 2 NO
ER/	2600 Pinebroo	k Ave Ant	#17		20785		log. Offize	
S	11. MARITAL STATUS 12	2. WAS DECEDENT EVER IN I	U.S. ARMED	13. WAS DEC	ENDENT OF HIS	PANIC ORIGIN? (Specify	Yea or No- 1	USA 4. RACE — American Indian,
ВУ	3 Wildowed 4 Divorced	FORCES? 1 YES	ES XNO	1 Tyes, spe	2 NO Spe	icen, Puerto Ricen, etc.) cify:		Black, White, atc. Specify:
	15. DECEDENT'S EDUCAT	TON I	16e. DECEDENT'S	IOLIAL COCUPATIO	A1	Las some an		Black
ETE	(Specify only highest grade con	mpleted) College (1-4 or 5 +)	(Give kind of w life. Do NOT use	ork done during mos	at of working	166. KIND OF	BUSINESS/INDU:	STRY
APL	11th	201090 (1-4 01 3 7)	Lab	orer			PVT.	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		Till		18, MOTHER'S	NAME (First, Middle, Mail	len Sumame)	
BE	Clinton Wink	orne				a Doris		
9	19a. INFORMANT'S NAME (Type/Print)  ROSa Doris T	Williams				al Route Number, City or		ndover, MD
			PLACE AND DATEO			ve. Apt.	# 1A	20795
	20s. METHOD OF DISPOSITION  Description   March   Marc	from State cemet	ery, crematory or oth	ner place) Memori	al Dk	5-16 T.	ave pourso	r, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE		22. NAME AN	D ADDRESS OF	FACILITY		
	* Sumbull	C Busc	se	7474		Jenkins		1 Home er,MD 20785
	23. PART I. Enter the diseases, or com	rplications that caused t	tha death. Do no	ot antar tha mod	da of dylng, a	uch es cardiac or re	aplicatory arres	et, MD 20785
	ehock, or heart falluva. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death) a	MULTIPLE DUE TO OR AS A C		HOT W	ounce	3		Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, b	DUE TO (OR AS A C	CONSEQUENCE OF					
CAT	if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury							į
E	that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF	:				
H	d							
	PART II. Other significant conditions of	ontributing to deeth but	t not resulting la	the underlying	ceuse given	in Part i. 24a. WAS	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL							2 NO	AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
XA.	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PL	ACE OF DEATH (	Check only one)		1 /
SIC	. There are the same	OSPITAL:		OTHER: 4 - Nursing Home	5  ☐ Residence	e 6 Other (Specify)		
F	27. MANNER OF DEATH	26a. DATE OF INJURY (Month, Day, Year)	26b. TIME	OF 2Sc. INJL	JRY AT	26d. DESCRIBE HO	W INJURY OCCU	RED
B	1 Natural 5 Pending 2 Accident Investigation			M 1 7		SUBJECT	SHOT	
	3 Suicide 6 Could not be determined	25s. PLACE OF INJURY — building, atc. (Specify	At home, ferm, at			City or Town, St.	ite)	Rural Route Number,
	no. Centrero						EWOOD A	
COMPLETED	(Check only 1 CERTIFYING PHYSICIAL	N: To the best of my knowled on the basis of essentiation s						cause(s) and manner se stated,
BEC	250. SIGNATURE AND TITLE OF CENTINER		711		29c. LICENSE N	UMBER	29d. CATE S	SIGNED (Month, Day, Year)
10	mut /	ment !	1 pm		O.C.M.	Ξ.	05-	09-1992
	MAKID & GOLU	CAUSE OF CHAT	H (ITEM 27) (Type,		T CUIDEE	r Baltimor	E MADVI	7377 24204
1	31. DATE FILED (Month) Day, Year)	- INIA	*	I I I TITLAT	DITTE.	I THAT I THOU	E LIMIT	AND ZIZUI



Miller J. printer for

FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTA CERTIFIC	MENT OF HEALTH		AL HYGIEN	E	C 1473	Ö
1. DECEDENT'S NAME (First, Middle, Last)	11				E OF DEATN		3. TIME OF DEATN	
DeBray DON	TE	Walters		05	гн ом 09		YEAR 192 11:17. ]	Рм
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER	(4.4	OF BIRTH		BIRTHPLACE (State or Foreign	gn
577-08-1429	1 M 2   F	16 YRS. MO	NTHS DAYS HOURS	MIN. 08		1975	Wash., D.C.	
9a. FACILITY NAME (If not institution, give a	street and number)	98	L CITY, TOWN OR LOCATIO	ON OF DEATN		9c. COUNT	Y OF DEATN	
Prince Georges Ge	eneral Hosp	ital	Cheverly			Princ	e Georges	
10e. STATE 10b. COUNT	Y	10c. CITY, T	OWN OR LOCATION				10d, INSIDE CITY	$\neg$
MD Princ	ce Georges	Suit					1 X YES 2 NO	o .
3817 Swann Road			101. ZIP CODE 2074			10g. CITIZE	EN OF WHAT COUNTRY?	
11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARMED	13. WAS DECENDENT OF	F NISPANIC ORIGI	N? (Specify Yes		4. RACE — American Indian.	
Never Married 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 Y	R DATES	If yes, specify Cuber  1 YES XX NO		Rican, etc.)		Specify: Black	
15. DECEDENT'S EDU (Specify only highest grade	CATION	16a. DECEDENT'S US	UAL OCCUPATION	16	b. KIND OF BUS	INESS/INDUS		$\dashv$
Elementary/Secondary (0-12)	College (1-4 or 8 +)	iffe. Do NOT use re	done during most of working tired.)	7				
10th		Student			Priv	ate		
17. FATNER'S NAME (First, Middle, Last)			18. MOTH	ER'S NAME (First,	Middle, Meiden	Surname)		
Percy Walters				Dora Ann	n Richa	rdson		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street end Number	or Rural Route Nun	ber, City or Town	n, State, Zip C	ode)	
Dora Ann Walters		3817 <b>S</b> v	vann Road	Suitland	I, MD	20746		
20e. METNOD OF DISPOSITION DESCRIPTION 2 Greenston 3 Green Donation 6 Greenston 3 Greenston	oval from State	20b. PLACE AND DATE OF D	SPOSITION (Name of	5-			nd, Maryla	nd
21. SIGNATURE OF FUNERAL SERVICE LIC							FUNERAL HOME	
Symboly (	: Busc	re	7474 Lando					1
23. PART I. Enter the diseases, or cahock, or heart fellura.	complications that cau	sed the death. Do not	enter the mode of dyir	ng, such aa car	diec or reapi	ratory arres	it, Approximate	
	Gunst	rot Wou	nd of (	Chest			Interval Bety Onset and D	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initisted events	c	AS A CONSEQUENCE QF):						
resulting in deeth) LAST	d							
PART II. Other algnificant condition	na contributing to deet	h but not resulting in t	he underlying cause g	iven in Part i.	24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
							1 TYES 2 NO	
25. WAS CASE REFERRED TO MEDICAL			28 BI ACE OF DE	ATH Charles and a				$\dashv$
EXAMINER?  1 XYES 2 NQ	HOSPITAL: 1 ☐ Inpetient 2 🖔 ER/		26. PLACE OF DE THER: Nursing Home 5 Res					$\exists$
27. MANNER OF DEATN	28e. DATE OF INJU (Month, Day, Ye	RY 28b. TIME OF		26d. OE	SCRIBE HOW II	JURY OCCU	RED	
1 Netural 5 Pending 2 Accident Investigation	05 09 19	992 10:47		No Su	biect	shot		
3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, etc. (	URY — At home, lerm, stree Specify)	ot, lectory, office	28f. LOC	CATION (Street a or Town, State)	nd Number or	Rural Route Number,	
4 Homicide determined	in anaı	ctment		4806		rn La	ne Apt. 103	
290. CERTIFIER								
(Check only	CIAN: To the best of my k	nowledge, death occurred a						_ [
(Check only one) 2 2 MEDICAL EXAMINE	CIAN: To the best of my k		n my opinion, death occure	d at the time, date		d due to the	ceuse(s) end manner es state	ed.
(Check only one)  2 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIEF	CIAN: To the best of my k	Chute p	29c. LICEI			29d. DATE S	couce(s) end manner es state	ed.
(Check only one) 2 2 MEDICAL EXAMINE	CIAN: To the best of my k	Chute A DEATH (ITEM 27) (Type, Print	29c. LICEI	ed at the time, date	e end place, en	29d. DATE S	10 1992	ed.

THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

AY 1 3 1992

32. REGISTRAR'S SIGNATURE

DHMH-18 Rev 1/89

erical Main a

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PRINCE GEORGES HOSPITAL CENTER  RESIDENCE OF DECEDENT  WAS COUNTY OF DEATH  PRESIDENCE OF DECEDENT  WAS COUNTY OF DEATH  MATURE STAND HUMBER  SO. CITY, TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY, TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY, TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  INC. WAS SCREENING OR HUMBER  SO. CITY TOWN OR LOCATION  WAS STREET AND HUMBER  SO. CITY TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  INC. WAS SCREENING OR HUMBER  SO. CITY TOWN OR LOCATION  IN MARKET STATUS  TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  IN MARKET STATUS  TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  IN MARKET STATUS  TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  IN MARKET STATUS  TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  IN MARKET STATUS  TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  SO. CITY TOWN OR LOCATION  SO. CITY TO WAS SCREEN OR LOCATION  SO. CITY TO WAS SCREEN OR LOCATION  SO. CITY TOWN OR LOCATION  SO. CITY TO WAS SCREEN OR LOCATION  SO. CITY TO WAS SCREEN OR LOCATI	gton, D.C.
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ElementarySecondary (9:12)   College (14 or 5 +)   Year   Retired   Private	CK
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Sequentially list conditions, series in death   Last only one ceuse on each line.	
Lawrence A. Wooden   Lillian Smallwood   Lil	
The informant's Name (Type/Print)  The mailung address (Street and Number or Rural Fourth Number, City or Down, State)  200. METHOD OF DISPOSITION 1	
Ethel S. Wooden    South	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERTHING CAUSE (Disease or injury that initisted events resulting in death) LAST   LAST	
Typeurtel 2   Cremetion 3   Removal from State	
23. PART II. Enter the diseases, or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. Lief only one couse on each line.    IMMEDIJITE CAUSE (Finel disease) or complications that coused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feiture. Lief only one couse on each line.    IMMEDIJITE CAUSE (Finel disease) or condition resulting in death)   DUE TO (OR AS A CONSEQUENCE OF):    Sequentially list conditions, farm, leading to immediate couse. Enter UNDERIVING CAUSE (Disease or injury that initiated events resulting in death) LAST   DUE TO for AS A CONSEQUENCE OF):    DUE TO for AS A CONSEQUENCE OF):    DUE TO for AS A CONSEQUENCE OF):   DUE TO f	
Stewart Funeral Home  4001 Benning Road, N.E. Wash  23. PARTIL Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feilure. Liet only one ceuse on each line.  IMMEDIATE CAUSE (Finel disease) or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  DUE TO for AS A CONSEQUENCE OF:  DUE TO for AS A CONSEQUENCE OF:  C. DUE TO for AS A CONSEQUENCE OF:  DUE TO for AS A CONSEQUENCE OF:  C. DUE TO for AS A CONSEQUENCE	ryland
23. PASTIL Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart feliure. Liet only one cause on each line.    IMMEDIATE CAUSE (Finel disease) or condition resulting in death)   But to (on as a consequence or):    Sequentially list conditions, farry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST   Due to for as a consequence or):    PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.   24s. WAS AN AUTOPSY PERFORMED?   Consequence or):    25. WAS CASE REFERRED TO MEDICAL EXAMINER?   1   YES 2   NO   1	
23. PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  28. PLACE OF OEATH (Check only one)  28. PLACE OF OEATH (Check only one)  29. DATE OF INJURY  29. DATE OF INJURY  20. DATE OF INJURY AT WORK?  20. DATE OF INJURY AT WORK?  20. DATE OF INJURY AT WORK?  20. PLACE OF INJURY AT WORK?  20. PLACE OF INJURY AT WORK?  20. PLACE OF INJURY AT WORK?  20. PLACE OF INJURY AT WORK?  20. PLACE OF INJURY AT WORK?  20. PLACE OF INJURY AT WORK?  20. PLACE OF INJURY AT WORK?  20. PLACE OF INJURY AT WORK?  20. PLACE OF INJURY AT WORK?  20. PLACE OF INJURY AT WORK?  20. PLACE OF INJURY AT WORK?  20. PLACE OF INJURY AT WORK?  21. PLACE OF INJURY AT WORK?  22. LOCATION (Street and Number or Foursi Route Notify for fown, Striet)	n n c
IMMEDIATE CAUSE (Finel disease or condition resulting in death)  B. DUE TO (OR AS A CONSEQUENCE OF):  DUE TO	Approximats
PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED?  1 YES 2 WO 1 YES 2 WO 5 OF DEATH  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO 1 MOSPUTAL: 1 Mosputal: 1 Month, Day, Year) 28b. Time Of Sec. INJURY AT WORK? 1 Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCUREO 28d. LOCATION (Street end Number or Bural Route No City or Town, Stete)	
25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  25. WAS CASE REFERRED TO MEDICAL  EXAMINER?  1 YES 2 NO  26. PLACE OF OEATN (Check only one)  27. MANNER OF DEATN  1 Netural 5 Pending Investigation  280. DATE OF INJURY (Month, Day, Year)  280. DATE OF INJURY M 280. TIME OF INJURY AT WORK?  1 YES 2 ND  280. DATE OF INJURY M 1 YES 2 ND  280. PLACE OF INJURY AT NORK?  1 YES 2 ND  280. PLACE OF INJURY AT NORK?  1 YES 2 ND  280. PLACE OF INJURY AT NORK?  280. PLACE OF INJURY AT NORK	RE AUTOPSY FINDINGS
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	LABLE PRIOR TO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DEATH?
27. MANNER OF DEATN  1  Netural 5 Pending Investigation  28e. DATE OF INJURY (Month, Day, Year)  28e. DATE OF INJURY (Month, D	YES 2 NO
27. MANNER OF DEATH  1  Natural 5 Pending Investigation  2  Accident Investigation  3  Suicide 8 Could not be determined  28. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1  YES 2 ND  28d. DESCRIBE HOW INJURY OCCUREO	
27. MANNER OF DEATN  1 Natural 5 Pending Investigation  28e. DATE OF INJURY (Month, Day, Year)  28b. TIME OF INJURY WORK?  1 VES 2 ND  28c. INJURY AT WORK?  1 VES 2 ND  28d. DESCRIBE HOW INJURY OCCUREO  28d. DE	
2 Accident Investigation   M 1 YES 2 ND    3 Suicide   8 Could not be determined   28e. PLACE OF INJURY — At home, farm, streat, tectory, office   28t. LOCATION (Street end Number or Rural Route No. City or Town, State)    28e. PLACE OF INJURY — At home, farm, streat, tectory, office   28t. LOCATION (Street end Number or Rural Route No. City or Town, State)	
2 Accident 3 Suicide 8 Could not be determined 4 Homicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, strest, tectory, office building, etc. (Specify) 28t. LOCATION (Street end Number or Rural Route N	
4 Homicide determined City or Town, State)	
290. CERTIFIER	Number,
(Check only Cherk only Christian Physician: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end menner as attated.	
2 MEDICAL EXAMINER: On the basic of exemination and/or investigation, in my opinion, death occurred at the time, date end place, end due to the ceuse(e) end in	menner ee stated.
290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (MINE)	to-5"
Say by T. W. D. Prive George's HC Cla	12
31. DATE PILED MININ, YOU, YOU JR. REGISTRAR'S SIGNATURE	vely, MI
MAY 1/3/1892 Late Savidson-Randelle	vely M)

FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR		CERTIF	CATE OF	DEATH	REG. N	0.	
1. DECEDENT'S NAME (First, Middle, Last)		1 V			2. DATE OF DEATH		3. TIME OF DEATH
SHELTON	C	7a7.7\	LKER			DAY YEAR 5 1992	2 22 3
4. SOCIAL SECURITY NUMBER	5. SEX 8. AGE (In vr	s. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		
F79. M Que	1 M 2 0 F 1 Q	YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)	Cou	THPLACE (State or Foreign into)
5 17-06-9445	7	THS.			8 10	72	D.C.
Sa. FACILITY NAME (If not institution, give s	treet and number)			OR LOCATION OF D	EATH	9c. COUNTY OF	
PRINCE GEORGES H.  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. STREET AND NUMBER  11. MARRITAL STATE  11. MARRITAL STATE  11. MARRITAL STATE  11. MARRITAL STATE  11. MARRITAL STATE  12. MARRITAL STATE  13. MARRITAL STATE  14. MARRITAL STATE  15. MARRITAL STATE  16. MARRITAL STATE  17. MARRITAL STATE  18. MARRITAL STATE  19. MARRITAL ST	OSPITAL		CHEVERI	ĽΥ		PRINCE	GEORGES
RESIDENCE OF DECEDENT							
10a. STATE 10b. COUNTY		10c. CI71	, TOWN OR LOCA	TION			10d. INSIDE CITY
10.6		WA	ISHING	TAN			1 YES 2 NO
10e. STREET AND NUMBER				. ZIP CODE	<del></del>	10a, CITIZEN O	F WHAT COUNTRY?
1113 Fan One	115-5	- 6		2000	>	111	1
11. MARITAL STATUS	TAC 21.1-	)				14>	<u> </u>
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2	NO NO	13. WAS DEC	ENDENT OF HISPA ecity Cuban, Mexico	NIC ORIGIN? (Specify Y an, Puerto Rican, etc.)	ea or No- 14. R/	CE — American Indian, sck, Whita, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES			2 NO Specif		Sp	ecity: 21 /
							DIACK
15. DECEDENT'S EDUC (Specify only highest grade		. DECEDENT'S	USUAL OCCUPATI	ON set of working	16b. KIND OF B	USINESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT us	vork done during me e retired.)				
Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Lest)		Tucken	T-COUR	BELOR	- GA/1	_	
17. FATHER'S NAME (First, Middle, Last)	4				ME (First, Middle, Maide	n Sumame!	
	. WATE'NS			6	I. h	-	. 1
SITELTON C	· MAILINS	_		GWFA	MOMN	JENK	iNS
19a. INFORMANT'S NAME (Type/Print)	DI	19b. MAILING	ADDRESS (Street	7 / /	Route Number, City or To	wn, State, Zip Code)	
GWENDOLYN	DATTLE	1613	East C	apital S	T.S.E., V	VASH, D	C. Z000 3
24 METHOD OF DISPOSITION			F DISPOSITION (N	ame of	DATE 20c. L	OCATION - City or	Town, State
1 Burial 2 Cremation 3 Remo	oval from State confeten	y, crematory or o	WH3 Hin	OtoN	C-11-92	Alplai	Md
21. SIGHAPURE OF FUNERAL SERVICE LIC	ENSEE	3.00		NO ADDRESS OF FA	- 14	1010-411	1
(1) 10	111			1	UNIVE	LSAL M	roetuney In
Tane Us	- Maller		411/	ENNERLY	ST. N. 4		
23. PART i. Enter tha diseases, or o	omplications that caused the	a death. Do n	ot anter the mo	da of dying, au			Approximate
shock, or heart failure.	List only one cause on each	lina.		7		principle of the configuration	interval Batwee
IMMEDIATE CAUSE (Finel disease or condition	de NTIOL						Onset and Deat
resulting in death)	MUUIPLE	YUM	HOT W	TOMOR			
	DUE TO (OR AS A CO	NSEQUENCE OF	7):				
							ļ
Sequentially list conditions, if any, leading to immediate	OUE TO (OR AS A CO	NSEQUENCE OF	7:				
cause. Enter UNDERLYING							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR AS A CO	NSEQUENCE OF	7:				
resulting in death) LAST							
	d						
PART II. Other algnificant condition	s contributing to death but r	not resulting i	n the underlyin	a cause given in	Part i. 24e, WAS A	N AUTOPSY 2	4b. WERE AUTOPSY FINDINGS
					PERFO	PRMEO?	AVAILABLE PRIOR TO
					1 NES	2 🗌 NO	OF DEATH?
							1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF OEATH (CA	neck only one)		
EXAMINER? 1 A YES 2 NO	HOSPITAL: 1   Inpetient 2   ER/Outpatie	y a Nan	OTHER:				
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH	28e. DATE OF INJURY				6 Other (Specify)		
L. MARRIER OF DEATH	(Month, Day, Year) 5-5-1992	28b. TIMI	URY WO	ORK?	28d. OESCRIBE HOW		
1 Metural 6 Dending	15-5-1992		A M 1	YES 2 NO	SUBJECT V	VAS SHOT	
1 Netural 5 Pending 2 Accident Investigation			treet fectory offic	•	281. LOCATION (Stree	end Number or Run	of Boute Number
2 Accident Investigation 3 Suicide 6 Could not be		At home, 1erm, s	most, ractory, orne				RATE INCIDENT
2 Accident Investigation		STREET	and an analysis of the		4700 ALLE	NIOWN RE	.CAMPSPRING
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE OF INJURY — ibuilding, etc. (Specify)						.CAMPSPRING
2 Accident 3 9uicide 6 Could not be determined  29e. CERTIFIER (Check only 1 CERTIFYING PHYSI	26e. PLACE OF INJURY — jbuilding, etc. (Specify)	e, deeth occurre	d at the time, date		to the cause(a) and m	eriner as stated.	.CAMPSPRING
2 Accident 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only	26a. PLACE OF INJURY — ibuilding, etc. (Specify)	e, deeth occurre	d at the time, date		to the cause(a) and m	eriner as stated.	.CAMPSPRING
2 Accident 3 Suicide 6 Could not be determined  29a. CERTIFIER (Check only	26e. PLACE OF INJURY — jbuilding, etc. (Specify)	e, deeth occurre	d at the time, date	leath occured at the	to the cause(a) and m	armer as stated.	CAMPSPRING
2 Accident 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 25 MEDICAL EXAMINE	26e. PLACE OF INJURY — jbuilding, etc. (Specify)	e, deeth occurre	d at the time, date	eath occured at the	to the cause(a) and m	armer as stated. and due to the cause 29d. CATE SIGN	e(e) and manner es stated.
2 Accident 3 9uicide 4 Homicide 6 Could not be determined  29e. CERTIFIER (Check only one) 25 MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	26a. PLACE OF INJURY — building, etc. (Specify)  CIAN: To the best of my knowledge.  R: On the bests of examination and	e, deeth occurre d/or investigation	d et the time, date	leath occured at the	to the cause(a) and m	armer as stated.	o(e) and manner es stated.
2 Accident 3 Suicide 4 Homicide 6 Could not be determined  29a. CERTIFIER 1 CERTIFYING PHYSI One) 25 MEDICAL EXAMINE  29b. SGNATURE AND TITLE OF CERTIFIER	26a. PLACE OF INJURY — building, etc. (Specify)  CIAN: To the best of my knowledg  R: On the besis of examination and  D COMPLETED CAUSE OF DEATH	e, deeth occurre d/or investigation	ed at the time, date n, in my opinion, o  Print)	29c. LICENSE NUI	to the cause(a) and m time, date and place, o	eriner as stated.  end due to the cause  29d. CATE SIGN  5-5-1	•(e) and manner es stated.  ED (Month, Day, Year)
2 Accident 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 25F MEDICAL EXAMINE  29b. SIGNATURE AND TITLE OF CERTIFIER	26a. PLACE OF INJURY — building, etc. (Specify)  CIAN: To the best of my knowledge.  R: On the bests of examination and	e, deeth occurre d/or investigation	ed at the time, date n, in my opinion, o  Print)	29c. LICENSE NUI	to the cause(a) and m time, date and place, o	eriner as stated.  end due to the cause  29d. CATE SIGN  5-5-1	•(e) and manner es stated.  ED (Month, Day, Year)
2 Accident 3 Suicide 6 Could not be determined  29e. CERTIFIER (Check only one) 27 MEDICAL EXAMINE  29b. SIGNATURE AND TITLS OF CERTIFIER	26a. PLACE OF INJURY — building, etc. (Specify)  CIAN: To the best of my knowledg  R: On the besis of examination and  D COMPLETED CAUSE OF DEATH	e, deeth occurre d/or investigation (ITEM 27) (Type,	ed at the time, date n, in my opinion, o  Print)	29c. LICENSE NUI	to the cause(a) and m	eriner as stated.  end due to the cause  29d. CATE SIGN  5-5-1	CAMPSPRING  (e) and manner es stated.  ED (Month, Day, Year)  992

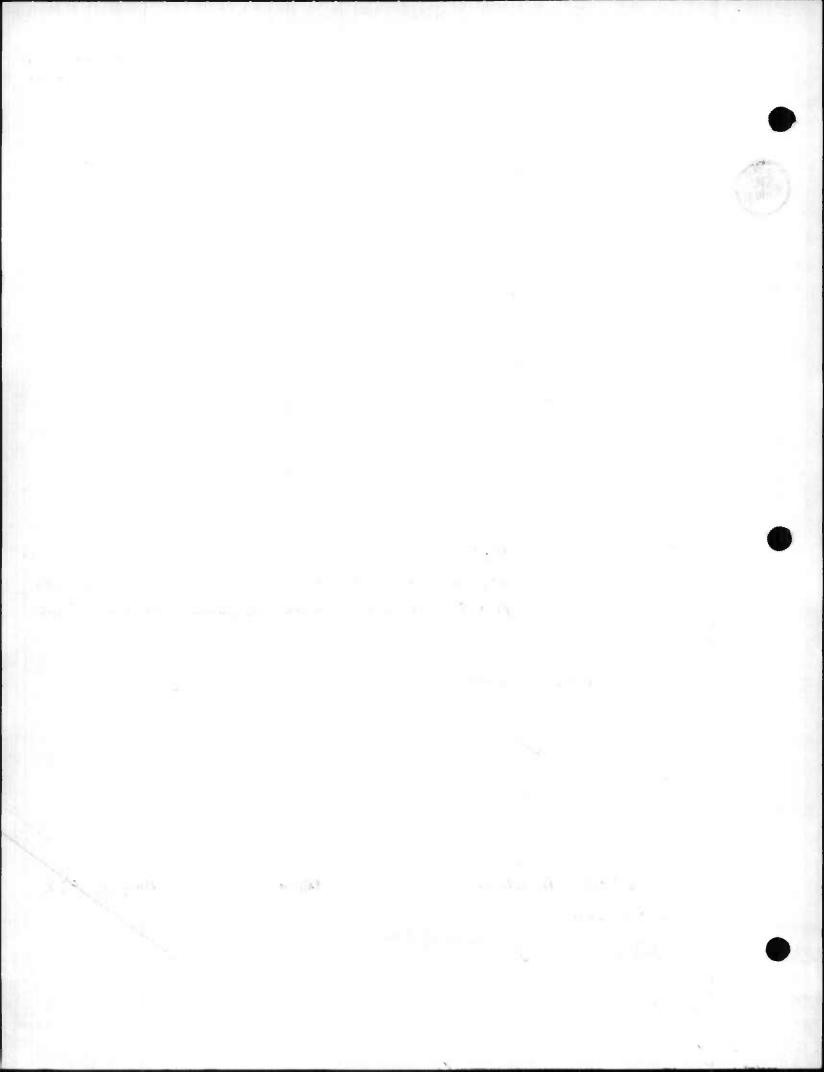
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## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF D	EATH.			3. TIME OF DEATH
72.	SANDE	RA	KAY		W	IGTO	V			Month May	DA	992	YEAR	0.15
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. las		IF UNDER		IF UNDE	R 24 HRS.	7. DATE OF B	IRTH		a. BIRTI	ARI ACE (Chata as Familia)
- 1	187 34 6917	7	1 M 2 XF	48	YRS.	MONTHS	DAY8	HOURS	MIN.	NOV .	1000)	943	Count	Kentucky
	9e. FACILITY NAME (If not in	stitution, give s	street and number)			9b. CITY	, TOWN O	R LOCAT	ION OF DE		, -		NTY OF D	
R	Doctors Co	י בי ביות מות	ty Hoeni	to1		т.	nhor							
5	Doctors Co			Lai		Lanham Prince George					George's			
DIRECTOR	10a. STATE	10b. COUNT				Y, TOWN (	OR LOCAT	ION						10d. INSIDE CITY LIMITS?
	Maryland	Prin	ce George	es	В	owie								1 🗷 ¥ES 2 🗌 NO
M	100. STREET AND NUMBER	1 11 11					10f.	ZIP COD	_					WHAT COUNTRY?
FUNERAL	15565 Peac	n Wall							716				ited	States
교	11. MARITAL STATUS  1 Never Married 2	Married	FORCES?				it yes, spe	elfy Cubi	an, Mexica	IIC ORIGIN? (Sp n, Puerto Rican,	ecify Yea etc.)	or No-	14. RACI	E — American Indian, k, White, etc.
B	3 Widowed 4 Divo		IF YES, GIVE Y	MAR OR DATES	No		T YES	2. NO	Specify	No			Spec	White
G	15. DEC	EDENT'S EDU	CATION	16a. DE	CEDENT'S	USUAL O	CCUPATIO	N .		16b, KINE	OF BUS	INESS/INI		
<b>L</b>	Elementary/Secondary (0	y highest grade 1-12)	College (1-4 or 8	+) (G	ive kind of Do NOT u	work done is retired.)	during mos	st of world	ing					
린	12			- A	dmin	istra	ative	e As	sist	ant I	ede	ral (	Gove:	rnment
COMPLETED	17. FATHER'S NAME (First, M							18. MOT	HER'S NA	ME (First, Middle	Malden	Surname)		
BE (	Abraham I		ece							ie Bish				
2	19a. INFORMANT'S NAME (7			190						Noute Number, Cl				
-	Ralph L. W				155	65 Pe	each	Wal	ker 1	Orive E	Bowi	e Ma	ryla	nd 20716
	20a. METHOD OF DISPOSITI		oval from State	20b. PLACE /	AND DATE	OF DISPOS	ITION (Na	me of		DATE				
	4 ☐ Donation 5 ☐ Other  21. SIGNATURE OF FUNERA			Mount	Uák	Ceme	etery	7	4/3/9					le Maryland
	21. SIGNATURE OF FUNERA	_ A C	ENSEE		).	22. I	NAME AN Beal	D ADDRE	ans	uneral	Ho	me. 1	P.A.	
_ 3	Kole	It c	Cur	ma 1	Nes	1	6000	) An	napo:	lis Rd.	Boy	wie 1	Mary:	land 20715
	23. PART I. Enter the di	seases, or o	complications the	t caused the de	ath. Do i	not antar	the mod	da of dy	ing, sucl	as cardiac o	or respi	ratory an	reat,	Approximate
	IMMEDIATE CAUSE (Fin		List only one cet	use on each line	).									Interval Between Onset and Death
	disease or condition resulting in death)	<b>+</b>	. Hy	Patens, or	9									Cuene Day
			OUE TO	(OR AS A CONSEC	DUENCE O	F):								
Z	Sequentially list conditi	ons.	a Se	PSIS	~	Prevnonie 2 001: puid Immre Ochreiene Syndone					2 weeks			
Ě	if any, leading to immediates. Enter UNDERLY	diate	DUE 10	OR AS A CONSEC	OUENCE O	0F):				Sudday 8445				
CERTIFICATION	CAUSE (Disesse or Inju		c. DUE TO	OR AS A CONSEC	DUENCE OF	mid more Vegreency					1	y rais	re yrs.	
E	resulting in death) LAS	r				7.								İ
			0											1
MEDICAL	PART II. Other significa				esuiting	in tha un	derlying	cause	given in	Part I. 24a.	WAS AN	AUTOPSY MEO?	24b	. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
8	Cle	: ho Oyke	lm	olonce			_			_ 10	YES 2	DNO		COMPLETION OF CAUSE OF DEATH?
ME										_				1  YES 2 NO
ÿ														
ᅙ	25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		ACE OF 0	EATH (Che	ck only one)				
PHYSICIAN:	1 NES 2 NO		1 Unpatient 2	ER/Outpatient 3		4 🗆 Nun	Ing Home		esidence	8 Other (Spe	cify)			
	27. MANNER OF DEATH  1 Natural 5	Pending	28a. DATE OF (Month, D		28b. TIM INJ	URY	28c. INJU WOF	PK?		28d. DEŞCRIBI	E HOW IN	JURY OC	CURED	
à	2 Accident	nvestigation	200 BLACE C	E IN HIDY As he		M		ES 2 [	NO					
	3 Suicide 8 4 Homicide	Could not be setermined	building,	of INJURY — At he atc. (Specify)	me, term, :	street, tact	ory, office			28t. LOCATION City or Tow	n, State)	nd Number	or Rural F	loute Number,
9	29a. CERTIFIER					111014								
COMPLETED	(Check only		CIAN: To the best of											
8				xamination and/or i	rivestigatio	n, in my o	pinion, de	ath occu	red at the	time, data and p	olace, and	f due to th	ne cause(a	a) and manner as stated.
BE	296. SIGNATURE AND TITLE	A .	A Ceos					12	ENSE NUM	BER		29d. DAT	E SIGNED	(Month, Day, Year)
<u>P</u>		de (			107	0.1		aji	16			P /	1ary	1, 1992
	RHOOA P	PEAL	O COMPLETED CAU	SE OF DEATH (ITEM	w 27) (Type,	Print)								
-	31. DATE FILED (Month, Day,		32 MEGIETO	D'S SIGNATURE	1 000									
	MAY 12		guna	Day don't ne	andall									
	THE T IN	1000												





4	DECEDENT'S NAME (Firs	st, Middle, Last,	)				TE OF	DLA		2. DATE	OF DEATH			3. TIME OF DEATN
	ROE	BERT	LINCOLN	WHALL	LEY					MONT	H D	199	YEAR	12:33 P
L	SOCIAL SECURITY NUM 214-05-7	7747	5. SEX	6. AGE (In	yrs. last birtho	MONTH	DER 1 YEAR	# UNDER	24 HRS.	7. DATE	OF BIRTH	1916	6. BIRT	NPLACE (State or Foreign
90	e. FACILITY NAME (If not is	institution, give	street end number)			9b. C	HTY, TOWN	OR LOCATI	ON OF D	EATN			INTY OF E	
	RFD#3 BOX#2		DFORD RO	OAD			CUMB	ERLAN	ID_				ALLI	EGANY
10	De. STATE	106. COUN	TY		10c.	CITY, TOW	N OR LOCA	TION						10d. INSIDE CITY
- 0	MARYLAND		ALLEGANY			CUMBI	ERLAN							1 YES 2 NO
I	RFD#3 BOX#			ROAD			10	2150				10g. CIT	U.S.	.A.
1	. MARITAL STATUS  Never Merried 2   Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO		If yes, sp	CENDENT Consecutive Cube	π, Mexica	an, Puerto I	7 (Specify Yea	or No—	Blac	E — Americen Indian, ik, Whita, atc.
	15. DEC (Specify on	CEDENT'S EDI	UCATION (e completed)	1	18e. DECEDEN	T'S USUAL	OCCUPATION OF THE PROPERTY OF	ON ast of working	107	16b.	KIND OF BUS	SINESS/INE	DUSTRY	
	Elementary/Secondary (		College (1-4 or 5		Me. Do NO	AILR(	d.)			RA]	L ROA	D		
I	HARRY V. WI	HALLEY							LLLY		Aiddle, Melden E KIT	Sumeme) ZMILI	LER	
	. INFORMANT'S NAME (										oer, City or Tow			/
20	DARLENE L.	TION		20h Bi	6 L				STHP		NEW Y		_	
2	Buriel 2 Cremetic	on 3 🗆 Ren r (Specify)	noval from State	- SUN	NSET M	EMOR.	IAL P.	ARK	MAY	19 1	1992 C	CATION — UMBEI	RLANI	D, MD.
21.	SIGNATURE OF FUNETIA	SERVICE LI	CENSEE MOIA	H		2	MERR				JNERAL			
	shock, or h	liseases, or neart fallura.	complications the List only one cau	t causad ti	tha death. D	o not ent								MARYLAND  Approximata Intervel Between
IM di re Se if ca C/	shock, or h  #MEDIATE CAUSE (Fir  sease or condition suiting in death)  equentially list condit any, leading to imme- nuse. Enter UNDERLY, AUSE (Disease or inju at initiated eventa suiting in death) LAS	tions, delete ling	a. SELF IN DUE TO DUE TO	NFLICI (OR AS A CO SION (OR AS A CO	in line.	N SH(	ter the mo	de of dyl	ng, auc		lac or respi			Approximata Intervel Between
Self car	MEDIATE CAUSE (Fir sease or condition suiting in death)  equentially list condit any, leading to immenuse. Enter UNDERLYIAUSE (Disease or injust initiated events	tions, diete ling	a. SELF IN DUE TO C. DUE TO d.	NFLICT (OR AS A CO SION (OR AS A CO	TED GU CONSEQUENCE CONSEQUENCE	N SHO	OT WO	UND	ng, auc	THE I	lac or respi	AUTOPSY	reat,	Approximata Intervel Between
Set of the re-	MEDIATE CAUSE (Fir sease or condition sulting in death) equentially list condit any, leading to immeruse. Enter UNDERLY AUSE (Disease or injust initiated events sulting in death) LAS	tions, dilete ing	SELF IN DUE TO DUE TO d. DUE TO d. HOSPITAL:	NFLICT (OR AS A CO SION (OR AS A CO (OR AS A CO	TED GU CONSEQUENCE CONSEQUENCE CONSEQUENCE CONSEQUENCE	N SHO	OT WO underlying	UND T	ng, auc	THE I	HEAD  24a. WAS AN PERFOR 1 □ YES 2	AUTOPSY	reat,	Approximata Intervel Between Onset and Death Onset and Death  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Self cas C/ th re-	MEDIATE CAUSE (Firsease or condition suiting in death) equentially list condit any, leading to immenuse. Enter UNDERLYI AUSE (Disease or injust initiated events suiting in death) LAS	tions, dilete ing	SELF IN DUE TO C. DUE TO d	VFLICT (OR AS A CO SION (OR AS A CO (OR AS A CO death but	TED GU CONSEQUENCE CONSEQUENCE CONSEQUENCE  TO Tresultir	N SHO	or the mo OT WO underlying 26. PL ER:	UND T	TO	Part I.	24s. WAS AN PERFOR 1 YES 2	AUTOPSY MEGS	246	Approximata Intervel Between Onset and Death Onset and Death  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sectification of the record of	MEDIATE CAUSE (Fir sease or condition suiting in death)  equentially list condit any, leading to immeruse. Enter UNDERLY! AUSE (Disease or injust initiated eventa suiting in death) LAS  ART II. Other algnifice  WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Natural 5	tions, dilete ing ing ing ing ing ing ing ing ing ing	a. SELF IN DUE TO DUE TO d. DUE TO d. HOSPITAL: 1 Inputtent: 2 28. DATE OF (Month, D.	NFLICT (OR AS A CO SION (OR AS A CO OR AS A CO OR AS A CO DEPLOYER  ER/Outpath	TED GU CONSEQUENCE	N SHO	underlying  26. PL  ER: lursing Nom  28c. INJI	UND T	TO	Part I.	24s. WAS AN PERFOR 1 YES 2	AUTOPSY MEGO	24b	Approximata Intervel Between Onset and Death Onset and Death  WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Set if car C/A th re-	MEDIATE CAUSE (Fir sease or condition suiting in death)  equentially list condit any, leading to immenue. Enter UNDERLY, AUSE (Disease or Injust Initiated events suiting in death) LAS  ART II. Other signification of the conditi	tions, diete ing wry strong condition	BELF IN DUE TO DEPTES:  DUE TO DUE TO d.  HOSPITAL:  1   Inputient 2    28e. DATE OF MAY 1.6  28e. PLACE OI	INFLICT (OR AS A CO SION (OR AS A CO (OR AS A CO death but	TED GU CONSEQUENCE	OF):  OF):	underlying  26. PL  ER:  Ursing Nom  28c. INJ  WO  1   1	UND TO Recuse g	TO	Part I.  Part I.  eck only one  Cother  28d. DES.  SELF	24s. WAS AN PERFOR 1 YES 2	AUTOPSY MED? NO NJURY OCC CTED	24b.	Approximata Intervel Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Of Death?
See if car car car car car car car car car car	MAS CASE REFERRED TO EXAMINER?  1 YES 2 NO MANNER OF DEATH 1 Natural 5 2 Accident 3 Suicide 8 1 CERTIFIER (Check only)  AMEDIATE CAUSE (Fire Report of the content of the c	ent condition  O MEDICAL  Pending Investigation  Could not be determined	BELF IN DUE TO DEPTES:  DUE TO DUE TO d.  HOSPITAL:  1   Input lent 2    28e. DATE OF (Month, D. MAY 1.6)  28e. PLACE OI building,	COR AS A CO COR AS	TED GU CONSEQUENCE	OF):  OF):  OF):  OF):  OF):  OF):  OF):  R. A. M. M. M. M. M. M. M. M. M. M. M. M. M.	underlying  28. PL  ER:  uursing Nom  28. INJI  WO  1   V  inctory, office  e time, date	ACE OF DE  ACE OF DE  ACE OF DE  ACE OF DE  ACE OF DE  ACE OF DE  ACE OF DE  ACE OF DE	TO  Iven In  EATN (Chaidence	Part I.  Part I.  Cock only one  Congressive SELF  Per Local RFD#  To the cause	24a. WAS AN PERFOR 1 YES 2  (Specify)  CRIBE NOW IN INFLIT  VION (Street a for Town N 1990)  3BOX # 2	AUTOPSY MEGO NO NO NO NO NO NO NO NO NO NO NO NO NO	24b CURED GUN or Rural R UMB E	Approximata Intervel Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Of Death?  1 YES 2 NO  SHOT WOUND  Route Number, RLAND MD.
See if car car car car car car car car car car	MEDIATE CAUSE (Fir sease or condition suiting in death)  equentially list condit any, leading to immenuse. Enter UNDERLY! AUSE (Disease or injust initiated eventa suiting in death) LAS  ART II. Other alignifice  WAS CASE REFERRED TO EXAMINER?  1 VES 2 NO  MANNER OF DEATH  1 Natural 5 2  Accident  3 Suicide 8 4  Homicide 8 5  CERTIFIER (Check only one) 2 MEDI	tions, dilete ing ing investigation Could not be determined	BELF IN DUE TO DEPTES.  DUE TO DUE TO d.  HOSPITAL: 1   Input of MAY 16 26e. PLACE Of Month, D. MAY 16 26e. PLACE Of building.	COR AS A CO COR AS	TED GU CONSEQUENCE	OF):  OF):  OF):  OF):  OF):  OF):  OF):  R. A. M. M. M. M. M. M. M. M. M. M. M. M. M.	underlying  28. PL  ER:  uursing Nom  28. INJI  WO  1   V  inctory, office  e time, date	ACE OF DE  ACE OF DE  Rei  UNY AT  RK7  ENCE  end plece,  eath occure	EATN (Chasidence	Part I.  Part I.  College Control of the College Colle	24a. WAS AN PERFOR 1 YES 2  (Specify)  CRIBE NOW IN INFLIT  VION (Street a for Town N 1990)  3BOX # 2	AUTOPSY MEGO NO. CTED and Number 45 Cl	24b. CURED GUN or Rural R UMB E	Approximate Intervel Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Of Death?  1 Yes 2 No  SHOT WOUND  Route Number, RLAND MD.
Set if ca C/J the re-	MEDIATE CAUSE (Fir sease or condition suiting in death)  equentially list condit any, leading to immenuse. Enter UNDERLY! AUSE (Disease or injust initiated eventa suiting in death) LAS  ART II, Other algnifice  WAS CASE REFERRED TO EXAMINER?  1 YES 2 NO  MANNER OF DEATH  1 Natural 5 2  Accident  3 Suicide 8  1 CERTIFIER (Check only one) 2 MEDI	tions, dilete ing ing investigation Condition Condition Condition Could not be determined Could not be	BELF IN DUE TO DEPTES.  DUE TO DUE TO d.  HOSPITAL:  1   Input of Line I	(OR AS A CO OR AS A CO	TED GU CONSEQUENCE	OF):  OF):  OF):  OF):  G In the Interest of t	underlying  28. PL  ER:  uursing Nom  28. INJI  WO  1   V  inctory, office  e time, date	ACE OF DE  ACE OF DE  Rer  UNY AT  RK7  ES 2  NCE  end place,  path occure  29c. LICE	EATN (Chasidence	Part I.  Part I.  Color of the color of the	24a. WAS AN PERFOR 1 YES 2  (Specify)  CRIBE NOW IN INFLIT  VION (Street a for Town N 1990)  3BOX # 2	AUTOPSY MED? NO NJURY OCC CTED nd Number 45 CT ner ee statt d due to the	24b CURED GUN or Rural R UMB E ed. e couse(e)	Approximata Intervel Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset Of Death?  1 Yes 2 No SHOT WOUND Route Number, RLAND MD.

Mary Mary Mary Mary

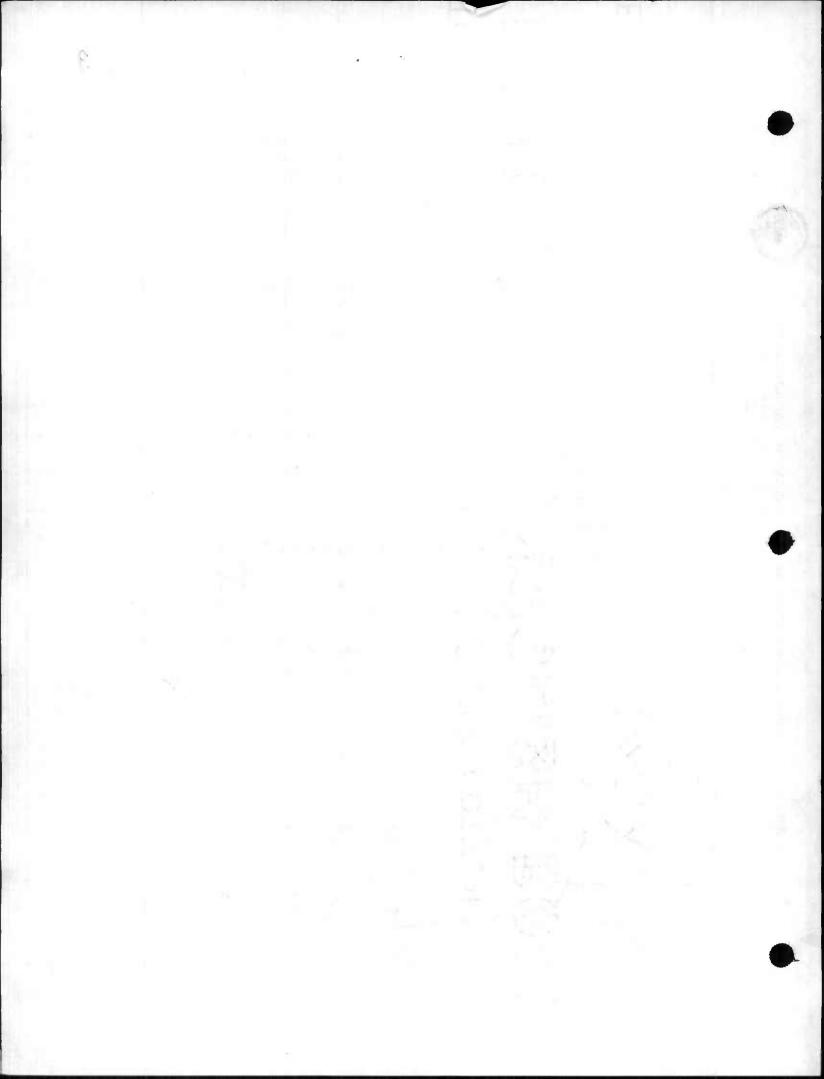
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

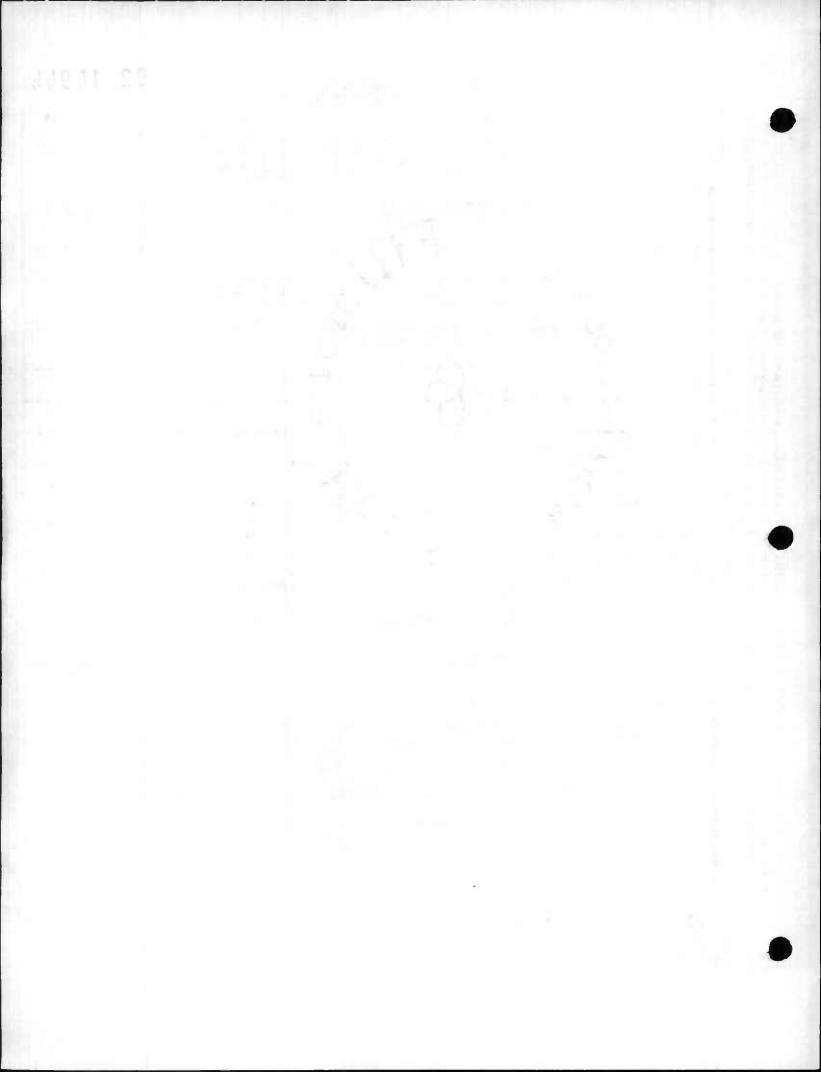
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF DEA	H REG. NO	).			
1. DECEDENT'S NAME (First, Middle, Last Marlon Ro		Zuniga		2. DATE OF DEATH	92 YEAR 3. TIME OF DEATH 10:55 TO			
4. SOCIAL SECURITY NUMBER	njamin 5. sex 6. A							
467 - 61 - 0600	1 💢 M 2 🗆 F		F UNDER 1 YEAR   IF UNDER ONTHS DAYS HOURS		10/68 Hondwas			
9a. FACILITY NAME (If not institution, give	e street and number)		b. CITY, TOWN OR LOCAT	ON OF DEATH	9c. COUNTY OF DEATH			
Greater Laurel	Beltsville H	ospital	Laurel		Prince George			
10a. STATE 10b. COU	NTY	10c. CITY,	TOWN OR LOCATION	1	10d. INSIDE CITY			
Maryland Pri	nce George	Lawr	el		LIMITS?			
10e. STREET AND NUMBER			10f, ZIP COD	E	10g. CITIZEN OF WHAT COUNTRY?			
8106 Gorman Ave			20	707	Honduras			
11. MARITAL STATUS  1 Never Married 2 X Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO		OF HISPANIC ORIGIN? (Specify Years, Mexican, Puerto Ricen, etc.)  Specify:	14. RACE — American Indian, Black, White, etc. Specify: White			
15. DECEDENT'S E (Specify only highest gr		16a. DECEDENT'S US	BUAL OCCUPATION	16b. KIND OF BU	JSINESS/INDUSTRY			
Elementary/Secondary (0-12)	College (1-4 or 5+)		k done during most of world retired.)	1				
Grade 12		Student			onal College			
17. FATHER'S NAME (First, Middle, Last)				HER'S NAME (First, Middle, Maide				
Benjamin Zuniga  190, INFORMANT'S NAME (Type/Print)		401 200 110		eina Zuniga Es				
Cynthia Zuniga				r or Rural Route Number, City or To				
		20b. PLACE AND DATE O		Apt 121, Lawr	el. Maryland 20707  OCATION — City or Town, State			
20a. METHOD OF DISPOSITION  1 Burlet 2 Cremetion 3 R  4 Donation 5 Other (Specify)	amoval from State		natory, Inc		tonsville, Maryland			
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	necto che	22. NAME AND ADDRE	SS OF FACILITY				
> Khlwitt	Low Klonk	1	Donaldson	Funeral Home,	P.A. L. Maryland 20707			
23. PART I. Enter the diseases,	or complications that can	sed the death. Do no	enter the mode of do	ring, such as certiled or resi	piratory errest, Approximats			
shock, or heert fallu IMMEDIATE CAUSE (Finel disease or condition resulting in desth)	s. List only one couse o	telia ~	ves fi	atory	Interval Betwee Onset and Deat			
Sequentielly list conditions, if any, leading to immediate	0.	AS A CONSEQUENCE OF):						
ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	DUI TO ION	AS A CONSEQUENCE OF):	A CONSEQUENCE OF):					
	•							
PART II. Other significent condition	ions contributing to deal	th but not resulting in	the underlying cause	given in Part I. 24a. WAS A PERFC	N ALTOPSY ORNED? 2 2 00 0 24b. WERE ALTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE DF GEATH? 1  YES 2  NO			
25. WAS CASE REFERRED TO MEDICAL	7		26. PLACE OF	DEATH (Check only one)				
EXAMINER?	MOSPITAL:		OTHER:	lesidence 6 Dother (Specify)				
27. MANNER OF DEATH  1 Natural 5 Pending	28s. DATE OF INJU (Month, Day 16	RY 285 TIME	OF 28c, INJURY AT	28d. DESCRIBE HOW	INJURY OCCURED			
2 Accident Investigation 3 Suicide 6 Could not detarmined	be 28e. PLACE OF INJ	NRY — At home, term, at			t and Number or Rural Route Number, e)			
And of the last of				e, and due to the cause(a) and m	enner as stated. and due to the cause(a) and manner as stated.			
290. SIGNATURE AND TITLE OF CENT	FIER 1	101	29c. Life	CENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)			
			Om	D 34765	May 6, 1992			
30. NAME AND ADDRESS OF PERSON	WAD EDMPLETED CAUSE OF	F DEATH (ITEM 27) (Type)	Print)	mel	MAI			
31. DATE FILEDY MONTH CONTY 1009 2	32. REDISTRAR'S	DIGNATURE						
1 07 02	1-0000 210	crosson-pandess	-					



FOR

1. DECEDENT'S NAME (First, Middle, La.	Mucey Mr.				2. DATE OF DE	DAY	YEAR	3. TIME OF DEATH
11/4/4		erson			5	27	92	10-A
4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIR (Month Dev. )		8. BIRTH	IPLACE (State or Foreign
175-20-7351	7-1 - M 2 -	70 YRS.		THOUSE WHITE	5/3/1	922	, Pe	nnslyvanio
Ba. FAC. YAME (If not institution, give	e street and number)		9b. CITY, TOWN O	DI CONTINU OF D			UNTY OF D	
University of MO	unland Haspi	tal.	Baltim	are City	1			
10a. STATE 10b. COU	NTY	10c. CITY	Y, TOWN OR LOCAT	ION.				10d. INSIDE CITY LIMITS?
California		Lem	non Grov	e				1 VES 2 NO
10e. STREET AND NUMBER		14	101.	ZIP CODE		10g. Cf	TIZEN OF	VHAT COUNTRY?
2824 Cypress Ave				91945		1	ISA	
11. MARITAL STATUS	12 WAS DECEDENT EVE	R IN U.S. APP	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Spec	offy Yes or No-	14. RACI	E American Indian,
1 Never Married : Married 3 Widowed 4 Divorced	FORCES? 1 YE	DATES		2 XX Speci	an, Puerto Rican, e fy:	ric.)	Spec	k, white, oic.  NY: (1) hite
15. DECEDENT'S E		16a. DECEDENT'S	USUAL OCCUPATIO	N	16b. KIND	OF BUSINESS/IN		7,10000
(Specify only highest gr Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w	vork done during mo: e retired.)	st of working				
and the second services of the second service	2 Years	Housew			Hom	0		
17. FATHER'S NAME (First, Middle, Last)	L TRIVIS	nousea	LILE	18 MOTUENIE 11	AME (First, Middle, I			
						weiden Sumame)		
Thomas Wost  190. INFORMANT'S NAME (Type/Print)				Elda I				
		19b. MAILING	ADDRESS (Street as					
Pamela J. Ward	All the same	172	1 Invern	ess Rd.	Baltin	ore. Ma	vryla	nd 21222
20a. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 R	emoval from State	06. PLACE AND DATE O	F DISPOSITION /Na	me of	DATE 2	De. LOCATION -	City or To	own State
4 Donation 5 Other (Specify)		remetery, cremetory or of	Service	Corp.	5/27/92	Towson	. Ma	ryland
21. SIGNATURE OF FONERAL SURVICE	LICENSEE /	//	22. NAME AN	D ADDRESS OF F	MCILITY			
>/1/h. /	h/ +:	11	Vuda	-Ruck ti	ineral H	ome of	Vund	alk, Inc.
Jun	11 / 100	7//						
iMMEDIATE CAUSE (Final	or complications that cause on List only one cause on	sech line.	ot antar the mod	da of dying, au	1	respiratory a	rryla rrest,	Approximate interval Between Onset and De
anock, or neart tallur	a. Acute DUE TO (OR AS	Myocal S A CONSEQUENCE OF S A CONSEQUENCE OF	endent	da of dying, au	ch as cardiac or	respiratory a	rrest,	Approximate interval Between
immediate cause (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condit	a. Acute  DUE TO (OR AS  DUE TO (OR AS  C. Multsu.  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF	Sy fal	de of dying, and it is the state of the stat	les cardiac or	respiratory a	rrest,	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condit	a. Acute  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF	or anter the moderate of the control	da of dying, aud  Prita  Lefe  Fair  cause given in	lere 1 24a. W	2 % (	rrest,	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condit in the cause of the cau	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  HOSPITAL:	S A CONSEQUENCE OF S A CONSEQUENCE OF S A CONSEQUENCE OF	or enter the modern th	da of dying, aud    Particle   Land     Land	Part i. 24a. W P	2 %(	rrest,	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condit initiated events resulting in death) LAST	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	S A CONSEQUENCE OF	ot enter the moderate of the m	da of dying, aud	Part i. 24a. W P 1	as an autopsy erformed?	246	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significent condit.  PART II. Other significent condit.  Acust Cause Cause Cause Cause Cause Cause Cause or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  HOSPITAL:	B A CONSEQUENCE OF S A CONSEQUENCE OF S DUTY STATEMENT S DOALY	ot enter the moderate of the control	Cause given in	Part i. 24a. W P	as an autopsy erformed?	246	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART H. Other significent condit	DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	B A CONSEQUENCE OF B A CONSEQUENCE OF B A CONSEQUENCE OF B DUT TO THE BUT THE BUT TO THE BUT T	ot enter the model of the control of	da of dying, aud  ACE OF OEATH (C)  B 6 Residence  BHY AT  RES 2 NO	Part I. 24a. W P P P P P P P P P P P P P P P P P P	AS AN AUTOPSY ERFORMED? YES 2 PRO	24b	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent condit in the cause. Examiner?  1  Yes 2 No  27. MANNER OF DEATH  1 Natural 5 Pending	DUE TO (OR AS  DUE TO	B A CONSEQUENCE OF S A CONSEQUEN	ot enter the model of the control of	da of dying, aud  ACE OF OEATH (C)  B 6 Residence  BHY AT  RES 2 NO	Part i. 24a. W P 1	2 % (4)  MS AN AUTOPSY ERFORMED?  YES 2 PMO  Street and Number  Street and Number	24b	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condit initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  DUE TO	B A CONSEQUENCE OF S A CONSEQUEN	ot enter the modern th	Cause given in  ACE OF OEATH (C)  B G Residence  JRY AT  RES 2 NO  and place, and due	Part i. 24a. W P 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 As AN AUTOPSYERFORMED?  YES 2 PNO  Street and Number State)  Indianates as states as states as states as states.	24b	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events resulting in death)  PART II. Other significent condit initiated events resulting in death) LAST  PART II. Other significent condit initiated events resulting in death) LAST  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1	DUE TO (OR AS  DUE TO	B A CONSEQUENCE OF S A CONSEQUEN	ot enter the modern th	Cause given in  ACE OF OEATH (C)  B S Residence  JRY AT  RK7  ES 2 NO  and place, and durenth occured at the	Part I. 24a. W P 1 Part I. 24a. W P 28d. DESCRIBE 28f. LOCATION ( City or Rown, a to the cause(s) as a time, date and place.	AS AN AUTOPSY ERFORMED?  YES 2 PNO  Street and Number State)  Indian manner as states, and due to to the states.	24b  CCURED  or or Rural F	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART H. Other aignificent condit  PART H. Other Aignificent condit  PART H. Other Aigni	DUE TO (OR AS  DUE TO	B A CONSEQUENCE OF S A CONSEQUEN	ot enter the modern th	Cause given in  ACE OF OEATH (C)  B G Residence  JRY AT  RES 2 NO  and place, and due	Part I. 24a. W P P P P P P P P P P P P P P P P P P	AS AN AUTOPSY ERFORMED?  YES 2 PNO  Street and Number State)  Indian manner as states, and due to to the states.	24b  CCURED  or or Rural F	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condit CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condit CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condit CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condit CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other aignificent condit CAUSE (Disease or injury that initiated events resulting in death) LAST  25. WAS CASE REFERREO TO MEDICAL EXAMINER?  1	DUE TO (OR AS  DUE TO	B A CONSEQUENCE OF S A CONSEQUEN	ot enter the modern th	Cause given in  ACE OF OEATH (C)  B S Residence  JRY AT  RK7  ES 2 NO  and place, and durenth occured at the	Part I. 24a. W P P P P P P P P P P P P P P P P P P	AS AN AUTOPSY ERFORMED?  YES 2 PNO  Street and Number State)  Indian manner as states, and due to to the states.	24b  CCURED  or or Rural F	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART H. Other aignificent condit	DUE TO (OR AS  DUE TO	B A CONSEQUENCE OF S A CONSEQUEN	ot enter the modern th	da of dying, aud  Act of oearth (c)  Act of oearth	Part I. 24a. W P P P P P P P P P P P P P P P P P P	2 As (a)  AS AN AUTOPSY ERFORMED?  YES 2 PNO  Street and Number  Street and Number  Street and due to to  29d. DA	24b  CCURED  or or Rural F	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De



## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF DEATH		REG. NO				
- 9	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF			3. Ti	ME OF DEATH	
	Walter Boyko	)			05-	-23-	992 "	EAR		м
	4. SOCIAL SECURITY NUMBER 214-20-5748			F UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.	7. DATE OF		8.	BIRTHPLACE COUPERV) UKI S	E (State or Foreign	
OR	90. FACILITY NAME (If not institution, give sti 212 S. Colling		5	Baltimore			9c. COUNTY			
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT  100. STATE 10b. COUNTY  Maryland			TOWN OR LOCATION imore City					INSIDE CITY LIMITS?  YES 2 \( \sum \) NO	
ERAL	10e. STREET AND NUMBER 212 South Colli	inaton Ave	enue	101. ZIP CODE 2 1 2 3	1		10g. CITIZEN	OF WHAT		-
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	R IN U.S. ARMED	13. WAS DECENDENT OF HISE If yes, specify Cuban, Mex 1 YES 2 NO Spe	ican, Puerto Ric		or No- 14.	Black, White Specify:		_
	15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S US	NIAL COCUPATION	1 401 46				<u>White</u>	_
BE COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)		Give kind of wor We. Do NOT use i Clerk	k done during most of working retired.)			al Gov		nent	
SE COR	17. FATNER'S NAME (First, Middle, Last) Demitrius Boyko	)		18. MOTNER'S Anna	NAME (First, Mid	dle, Maiden	Surname)			
10 5	190. INFORMANT'S NAME (Type/Print) Tamara Boyko		196. MAILING A	• Collington	n Ave.	City or Town	n, State, Zip Coo Lto.,	MD 2	21231	
	20a METNOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo 4 Donation 6 Other (Specify)	oval from State	ob. PLACE AND DATE OF Emetery, cremetory or othe C. ANDIE	DISPOSITION (Name of WS Orthodox	Cem.		cation — chy altimo			
	21. SIGNATURE OF FUNERAL SERVICE LICE  Clegabets	h Selens	iki	22. NAME AND ADDRESS OF Lilly & Z 1901 East	eiler,	Ind	c. Fur	nera!	l Homes	,
	23. PART I. Enter the diseases, proceedings of the condition of the condition resulting in death)	let only one cause on	each line.	noma Luz		C Dr reapi	ratory arrest		Approximate Interval Betwee Onset and Deat	
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS	S A CONSEQUENCE OF):							_
CERTIFICATION	CAUSE (Disease Dr Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
	PART II On a landing of the land									
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions	contributing to death	but not resulting in	the underlying ceuse given		PERFOR	MED?	AVAIL. COMP OF DE	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 - NO	1
ż										
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:		26. PLACE OF DEATN (I		Na. 14.1				_
у РНУ	27. MANNER OF OEATH  1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	Y 28b, TIME (	OF 28c. INJURY AT			NJURY OCCUR	EO		
TED BY	2 Accident Investigation 3 Suicide S Could not be determined	28e. PLACE OF INJUI building, etc. (Sk	RY — At home, ferm, stre			ON (Street a Town, State)	and Number or F	Rural Route N	lumber,	_
COMPLETED				at the time, date and place, end d in my opinion, death occured at ti				luse(s) end :	manner es stated.	
BE	296. SIGNATURE AND TITLE OF CENTIFIER	m my	>	29c. LICENSE N	344	P	29d, DATE SI	-24	- 57	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, Pr. 74/0 5.	Cink/in	C4	51	161	ni	>	
	31. DATE FILED (Month, Day, Year)  5-24-92	32. REGISTRAR'S SIG	1992 gu	in Cont/1-	SC.					

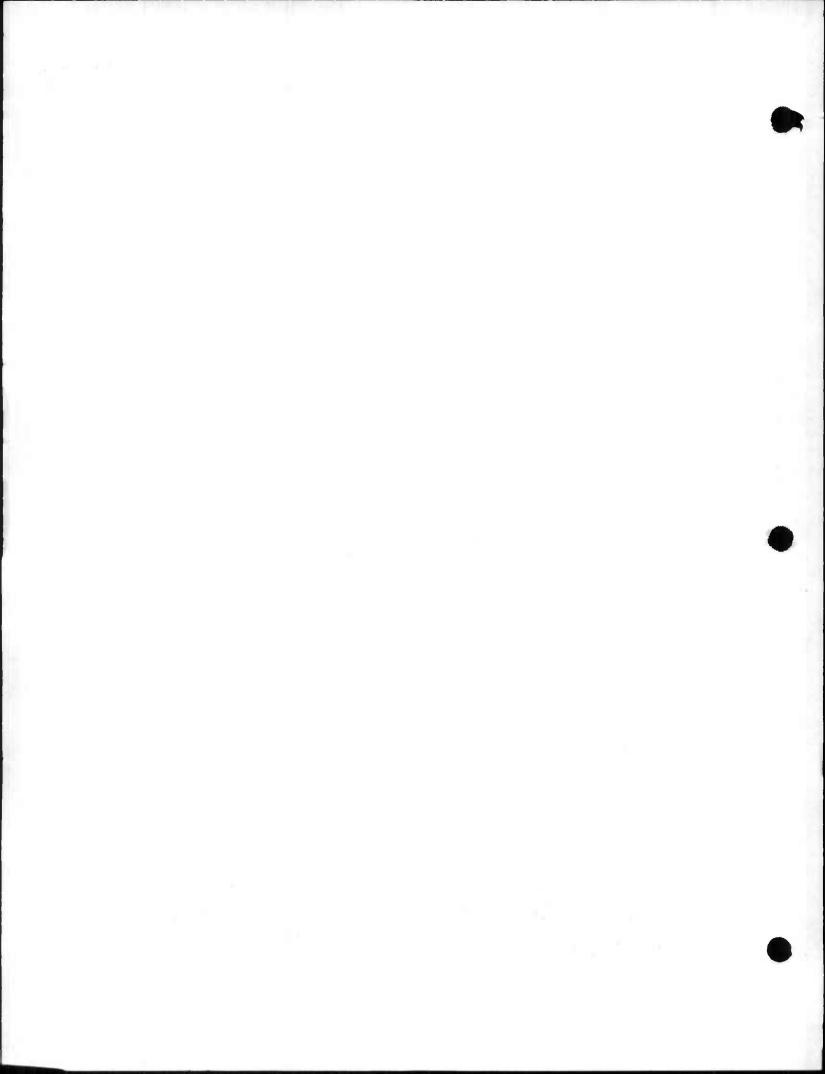
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or requires that the death certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89



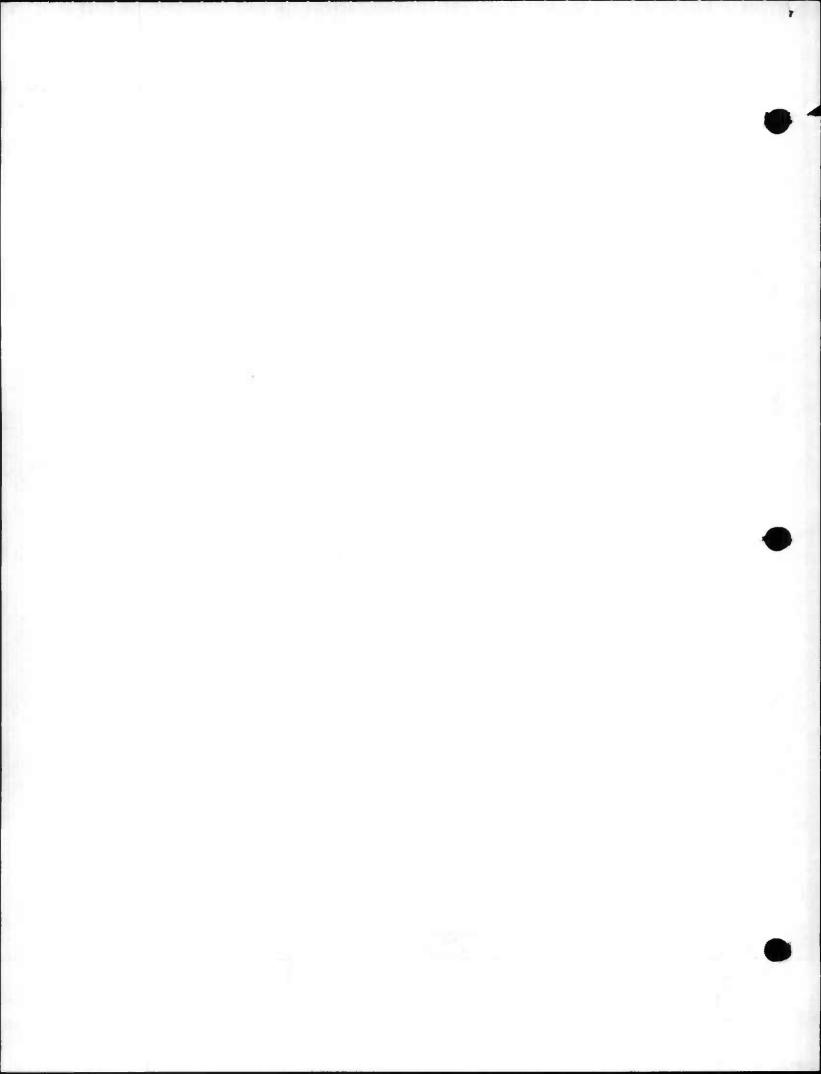
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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
IAR	CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL			OF HEALTH AN	D MENT	AL HYGIENE REG. NO.	9	2 1494
1. DECEDENT'S NAME (First, Middle, Last) Thomas	R.		В	oyd	2. DAT MON		1992	3. TIME OF DEATH 1:20 P
4. SOCIAL SECURITY NUMBER  214-44-8024  9a. FACILITY NAME (# not institution, give a	1/2 M 2 D F 48	yrs. lest birthday) YRS.		YEAR IF UNDER 24 HF DAYS HOURS MIN	N. (Moi	E OF BIRTH oth, Day, Year) 11-194	8, 8	BIRTHPLACE (State or Foreign Country)  M D
2903 VIOLET AVE			BALT	IMORE	POEATR		SC. COUNTY	OF DEATH
10a, STATE 10b, COUNT	¥		LTIM	ORE.				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER  2903 VIOLET A  11. MARITAL STATUS  1 □ Never Merried 2 X VMA/Tried				21215	5		_	OF WHAT COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR DR DA	2 NO	11	AS DECENDENT OF HIS yes, specify Cuban, Ma  YES 2 X ND S	xican, Puerte		2000	RACE — American Indian, Black, White, atc. Specify: BLACK
15. DECEDENT'S EDU (Specify only highest practice (Specify only highest practice)  Elementary/Secondery (0-12)  1. 2 th  17. FATHER'S NAME (First, Middle, Last)  SDFNCFD HODSO	CATION (completed) College (1-4 or 5+)	18a. DECEDENT'S (Give kind of life. Do NOT u	work done du	SUPATION ring most of working	16	b. KIND OF BUS	INESS/INDUST	RY
STENCER HOT 30	N			LENA	JAC		,	
190. INFORMANT'S NAME (Typo/Print) RAYMOND JACKSO	N	2903	ADDRESS (	Street and Number or Ru LET AVE.	B A	LTO. N	State, Zip Coo	1215
20a, METHOD OF DISPOSITION    Burial 2   Cremation 3   Rem  4   Donation 5   Other (Specify)	oval from State 20b.	PLACE AND DATE	OF DISPOSIT	TERAN CEM.	6-1+92		ATION — CITY S MILLS	or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE Mar	ch	22. N	RCH FUNE	F FACILITY			4D 21215
23. PART T. Enter the diseases, Dr shock, or heert fellure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. GUNSHOT U	JOUNOS	OF		auch aa ce	rdiec or respir	atory arrest,	Approximets Interval Betwee Onset and De
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (DR AS A cDUE TO (DR AS A d							
PART II. Other significant condition	na contributing to death be	It not resulting	in the und	ariying ceuse giver	in Part I.	24s. WAS AN A PERFORM	MED?	24b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	26. PLACE OF OEATH				
1 X YES 2 ND  27. MANNER OF DEATH  1 Neturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year) 5-24-1992	28b. TIA	ME OF 2	g Home 5X Resider  8c. INJURY AT WORK?  1 YES 2 X NO	28d. Di	escribe how in JECT WA		
3 Suicide 4 Homicide  8 Could not be datarmined  29a. CERTIFIER (Check only one)  2 MEDICAL EXAMINE	2 Accident  3 Suicide 8 Could not be building ste (Specific)			y, offica	CATION (Street at 3 VIOLE	CATION (Street and Number or Rural Route Number,		
29a. CERTIFIER (Check only one)  1 CERTIFYING PHYS 2 MEDICAL EXAMINE	ICIAN: To the beat of my knowless: On the basis of examination							use(a) and manner as stated
296. SIGNATURE AND TITLE OF CERTIFIE	Iright MD			O.C.M.				SNED (Month, Day, Year) 5-1992
DONALD G. WRIGHT		11		PENN ST. E	BALTIM	ORE, MAR	RYLAND	21201
31. DATE FILED (Month; Day, Mary)	32 REGISTRAR'S SIGN	fandell						



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be find within 72 hours after death with the State Dest. of Health and Mental Horiene prior to burial, cremation, or removal.	IMPORTANT: It fem 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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ROBERT LEE BAR  4. SOCIAL SECURITY NUMBER  5. SEX  6. AGE (In yrs. lest birthday)   SF UNDER 1 YEAR   SF UNDER 24 HRS.   7. DATO 67 BIRTH   8. BIRTHPLACE (State Country)   Month, Day, Voar)   Month, Day, Vo	1					
4. SOCIAL SECURITY NUMBER 5. SEX 1. S	te or Foreign					
218-06-4505  1 M M 2 F 2323 YRS. MONTHS DAYS HOURS MIN. (Month, Day, Year)  9a. FACILITY NAME (If not institution, give street and number) Stella Maris Hospice  RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION  Baltimore  10d. INSID LIMIT  Maryland  Baltimore	1					
216-06-4505   15 M 2   F   2323   YRS.     10-16-68   Mary Control   Stella Maris Hospice   Towson   Baltimore   Stella Maris Hospice   Towson   Baltimore   10a. STATE   10b. COUNTY   10c. CITY, TOWN OR LOCATION   10d. INSIDE   10d. INSID	and					
Stella Maris Hospice Towson Baltimore  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSID LIMIT Maryland Baltimore 1 Towson						
10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSID LIMIT 1√2 YES 1 Baltimore 1√2 YES	е					
Maryland Baltimore 1- YES	E CITY					
104 STREET AND NUMBER	2 NO					
1007.0	TRY?					
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE —						
1 Wester Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 N NO Specify: Specify:	Black, White, etc.					
15. DECEDENT'S EDUCATION  18a. DECEDENT'S USUAL OCCUPATION  (Specify only highest grade completed)  (Give kind of work done during most of working						
Elementary/Secondary (0-12) College (1-4 or 5+) iiie. Do NOT use retired.)						
8th Night Watchman Port Arthority  17. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)						
Johnny Dragin  Margie A. Blair						
JOHIHIY Dragin  19a. INFORMANT'S NAME (Type/Print)  19b. MAILING ADDRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code)						
James E. Wilburne 1927 Casadel Ave., Baltimore, MD 212	30					
20s. METHOD OF DISPOSITION  20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or other place)  20c. LOCATION — City or Town, State						
21. SIGNATURE OF FUNERAL SERVICE MCENSEE  22. NAME AND ADDRESS OF FACILITY MacNabb Funeral Home  21228						
George E. MacNabb MacNabb Funeral Home 21228 301 Frederick Rd., Catonsville	MD					
	proximate					
shock, or heart fellure. List only one cause on each line.  IMMEDIATE CAUSE (Finel						
disease or condition  o. Metastatic Cultur Cancer  Due to log as a consequence of:	months					
Familial Polyposis						
Sequentially list conditions, If any, leading to immediate						
cause, Enter UNDERLYING CAUSE (Disease or injury						
that initiated events  reaulting in death) LAST						
d.						
	PRIOR TO					
1 □ YES 2 NO COMPLETIC OF DEATH:	ON DF CAUSE					
1 1	2 % NO					
25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)						
EXAMINER? HOSPITAL: OTHER:						
1 Upset 2 RNO 1 Upset lent 2 ER/Outpet lent 3 DOA 4 Nursing Home 5 Residence 6 XOther (Specify) HOSPICE  27. MANNER OF DEATH 286. DATE OF INJURY 286. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED						
1 Neturel 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation Investigation						
1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO	2 Accident 3 Suicide 4 Homicida  28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)  28e. CCATION (Street and Number or Rural Floute Number, City or Town, State)  29e. CERTIFIER (Check only one)  2 MEDICAL EXAMINER: On the best of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as stated.					
1 Notural 5 Pending Investigation 5 Accident 5 Pending Investigation 6 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number of Building, etc.)						
1 Netural 5 Pending Investigation 5 Accident 5 Could not be 28. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28. PLACE OF INJURY — At home, farm, street, factory, office City or fown. State)	ner an stated.					
Netural   2   Accident   3   Suicide   4   Homicida   6   Could not be detarmined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number of Number o	ny, Year)					
Netural   2   Accident   3   Sulcide   6   Could not be determined   28e. PLACE OF INJURY — At home, farm, street, factory, office   28f. LOCATION (Street and Number or Rural Route Number of Num	ny, Year)					



1, 2, 3 should

Pages 1

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the funeral director, page 5 should be detached for

filled in by 0

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29b. SIGNATURE AND TITLE OF CERTIFIER

MAY 29 1992

alsas

32, REGISTRAR'S SIGNATURE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (U TM 27) (Type, Print)

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	24 h	filled on,	
30,	2 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 h	3 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation,	
<b>DIVISION OF VITAL RECORDS, P.O. BOX 68760,</b>	ecuted	nd corr burial,	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 . CERTIFICATE OF DEATH 1. OECEOENT'S NAME (First, Middle, Last) 2. DATE OF OEATH 3. TIME OF DEATH May 26 1992 YEAR Mary Margaret Burns 11:00 an 7. DATE OF BIRTH
(Month, Day, Year)
Dec. 20,1919 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 215-40-8112 1 M 2 X F 72 YRS. 9a, FACILITY NAME (If not institution, give street and number) 9h. CITY TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1525 Williams Ave. Essex Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION ESSEX 10h COUNTY 10a, STATE Md. BAltimore 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? 1525 Williams Ave. 21221 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—if yea, specify Cuben, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 12. WAS DECEOENT EYER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Amarried BY White 3 Widowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. OECEDENT'S EDUCATION 16b. KINO OF BUSINESS/INQUISTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Factory Worker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) John Cavanaugh notified at Catherine Garrity BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 0 Thomas Burns 1525 Williams Ave. Baltimore Md. 21221 9 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE must HO I I V Hill Cemetery 5/29/\$2 BAltimore Md. examiner 21. SERVICE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Connelly FuneralHome300MaceAve.2122 Lome medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or reepiratory arrest, shock, or heart safure. List only one cause on each line. IMMEDIATE CAUSE (Finei **Onset end Death** the diseese or condition\_ MME reaulting in death) traumatic event. OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, leeding to immediate cause. Enter UNDERLYING other t CAUSE (Disease or Injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 Injury, PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? shows any 1 YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item OTHER: 1 TYES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA ng Home 5 Residence 6 Other (Specify) marked, or 27. MANNER OF OEATH 28s. DATE OF INJURY 26b. TIME OF 28c, INJURY AT WORK? 26d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investige 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide - 60 6 Could not be COMPLETED 4 Homicide item 28 29s. CERTIFIER

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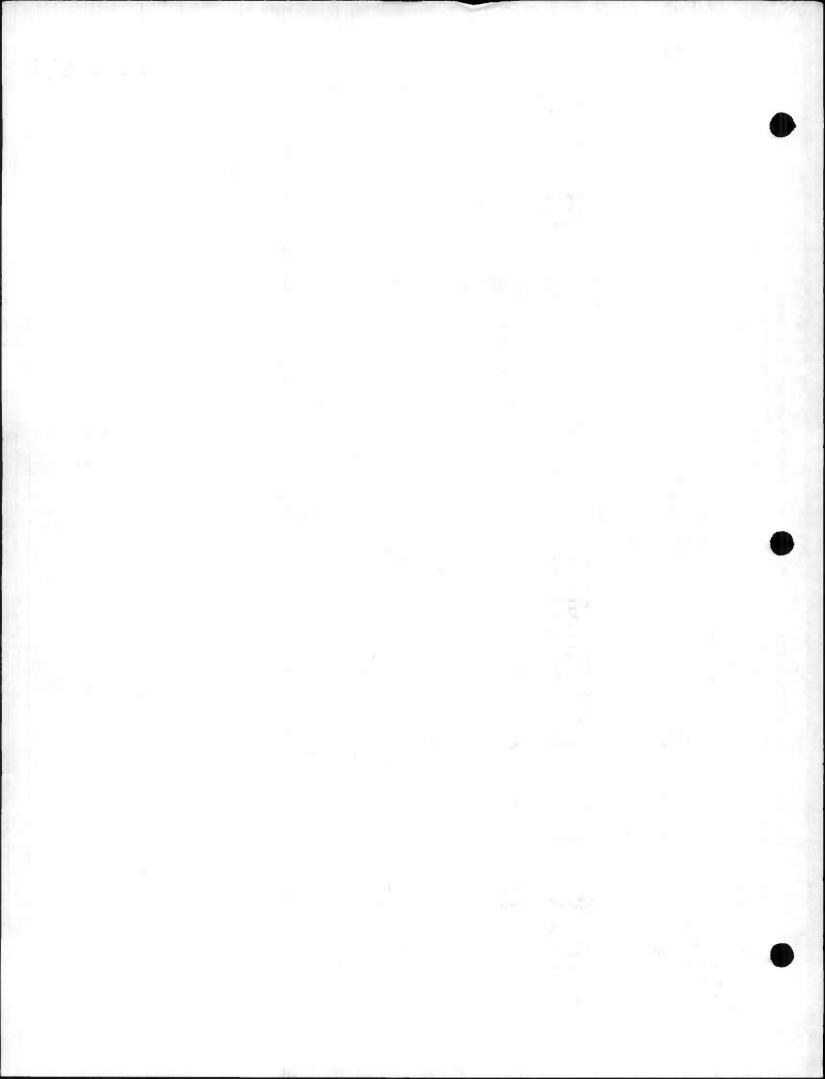
CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(s) and manner as stated. MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examiation and/or investigation, in my opinion, death occured at the time, date and place, end due to the cause(s) and manner as stated

29c. LICENSE NUMBER

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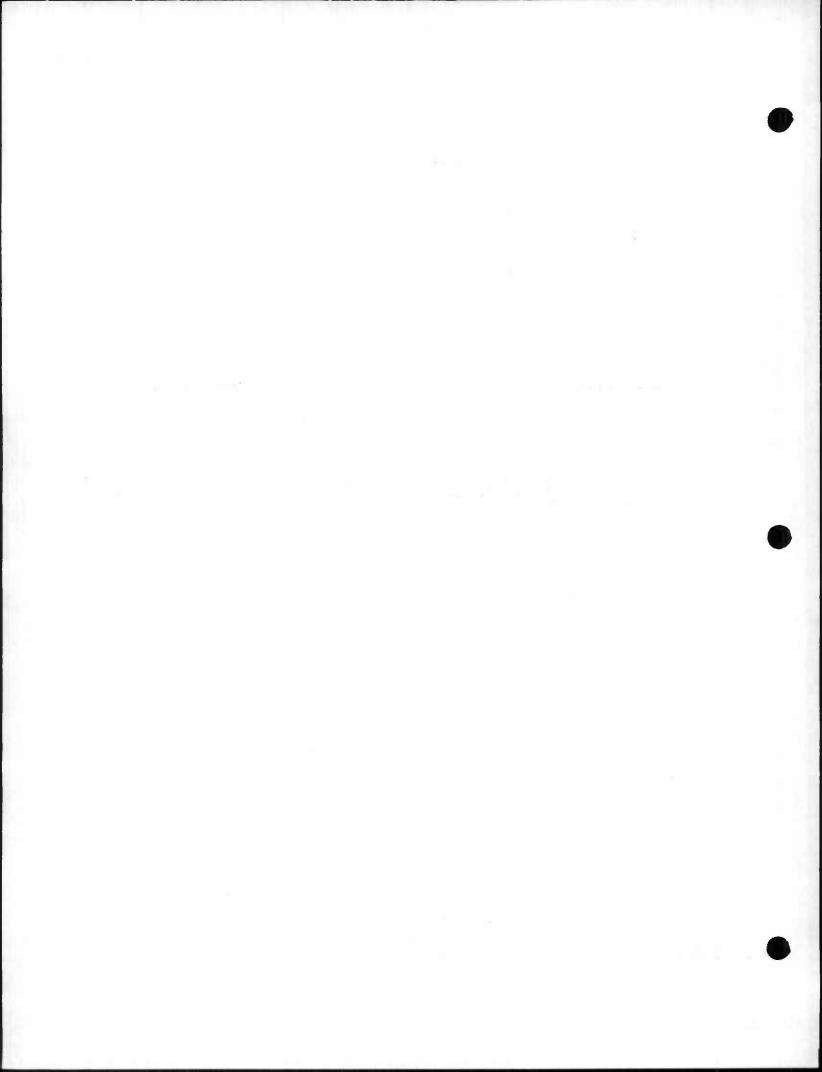


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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	the state of the same of the same
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re	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTA	L HYGIENE
ISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM	IENT OF HEAL ATE OF DE	TH AND ME	NTAL HYGIEN	E	17777	
	1. DECEDENT'S NAME (First, Middle, Lest)				12	DATE OF DEATH	Y O OYEAR	3. TIME OF DEATN	
	Maude Lee Bra					мон05 27		M	
	4. SOCIAL SECURITY NUMBER 216-16-53 <sup>53</sup>	5. SEX 6. AGE (N		UNDER 1 YEAR IF U		Month, Day, Year)  1 - 25 - /9	_ CDI	TYginia	
œ	9a. FACILITY NAME (If not institution, give a		96	CITY, TOWN OR LO		1	9c. COUNTY OF	DEATH	
OT.	1706 Poplar Gro	ve Street		Balti	more				
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	Υ	10c. CITY, TO	OWN OR LOCATION				10d. INSIDE CITY	
רַס	MD. Baltimore				1 YES 2 NO				
RA	THE CONTRACTOR OF THE PARTY OF	1706 Poplar Grove Street			2121	6		SA	
S	11 MARITAL STATUS 12 WAS DECEDENT EVED IN U.S. ADMED			13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify		fee or No 14. RACE American Indian			
BY F	1 Never Married 2 Merried 3 Wildowed 4 Dhorced  1 Never Married 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			If yes, specify Cuben, Mexican, Puerto Rican, etc.)  1  YES 2 NO Specify:			Bi	Black, White, etc.	
	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S USU	IAL OCCUPATION		16b. KIND OF BUS	INESS/INFILISTEN	Black	
E,	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind of work	done during most of w	orking Admin				
General Service Admin Social Secur						Jecui i	cy nulliti		
O SIGNATURE NAME (To Com						ral Route Number, City or Town, State, Zip Code)			
5	LaTanya Braggs		723	BETHNA	L ROA			21229	
	20a. METNOD OF DISPOSITION 1 △ Burlel 2 □ Cremetion 3 □ Rem	oval from State 20b.	PLACE AND DATE OF D	ISPOSITION (Name of	rk 6/01	OATE 20c. LOC	eation - city or itus, Ma	Town, State	
	4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE DATE:		r bucus men	22. NAME AND ADI	i				
	model	B Chele				Street Ba	-Harris	1. 21217	
	23. PART I. Enter the diseases, pr	complications that caused	the deeth. Do not					Approximate	
	IMMEDIATE CAUSE (Final	List only one ceuse on ea	ch line.				c/	interval Between Onset and Death	
	disease or condition resulting in death)	· he	tasto	tic 1	mc.	en of	) Kor	nel	
-	_	DUE TO (OR AS A CONSEQUENCE OF):							
CERTIFICATION	Sequentially list conditions, If any, leading to immediate  DUE TO (OR AS A CONSEQUENCE OF):								
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	C. DUE TO (OR AS A	(fy fre	a terre	0				
FE	that initiated events resulting in death) LAST	1	LIV	)					
- 11	PART II. Other algorificant condition	s contributing to deeth by	it not requising in the	a underluing cau	e dien la Bar	. I a. maan			
CAL		_ contributing to destri bu	it not resulting at the	ie underlying caus	se given in Par	PERFOR	MED?	4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE	
MEDIC						. 1 TYES 2	9-NO	OF DEATH?	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	F DEATN (Check of	only one)			
HYS	1 VES 2 N. NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outpa 28e. OATE OF INJURY	28b. TIME OF		Reeldence 6 -	d. OEŞCRIBE HOW IN	JURY OCCURED		
ВУ Р	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES	2 NO				
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY - building, etc. (Specif	At home, term, stree	t, factory, office	28	f. LOCATION (Street a: City or Town, State)	nd Number or Rura	l Route Number,	
	MA CERTIFIES								
COMPLETED	(Check on CERTIFYING PHYSI	CIAN: To the best of my knowle R: On the beele of examination						(a) and manner so stated	
							ED (Month, Day, Year)		
TO BE	1 100	ling	p hypory	in	>217	-69	D 5/	29/9~	
	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 28) (Typo, Print)  WAY CE I'M O D' A DOVER WE "IG M. Rolling A B " W L/258  31. DATE FILED (MONTH, Day, Year)  MAY 29 1992 Suhia Davidson-Randelle						( 21250		
	11111 10 0 1332	1							





permit. Pages 1, 2, 3 should

92 14950 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN 1992 DERRICK MONTH 05 LAMONT BYERS 27 8:17 am 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTN (Month, Day, Year 8. BIRTNPLACE (State or Foreign M 2 F MONTHS DAYS HOURS MIN 215-88-6659 25 04- 04-67 Maryland 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH 438 ROBINSON STREET DIRECTOR City BALTIMORE none RESIDENCE OF DECEDENT 10a, STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY Maryland none Baltimore City 1 YES 2 | NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 438 N. Robinson Street 21224 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married Specify: BY 3 Widowed 4 Divorced Afro-American  $\mathbf{X}$ COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12th grade Delivery Man none Armstrong Sign 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) Howard Byers Deborah Thompson 19e, INFORMANT'S NAME /Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Deborah Byers Robinson St Baltimore Md. 20a METHOD OF DISPOSITION
XIXBurial 2 Cremation 3 Ren 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State OATE Baltimore Cemetery 4 Donation 5 Other (Specify) 6/1 /92 Baltimore Maryland 21. SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Calvin B. Scruggs Funeral Home 1412 E. Preston St. Balto Balto 23. PART I. Enter the dise **Approximata** shock, or heart feilure. List only one ceuse on each line. Interval Between GULS HO WOUND TO HEAD AND NECK)
DUE TO (OR AS A CONSEQUENCE OF): Onset and Death IMMEDIATE CAUSE (Finel disease or condition resulting in death) Daumanc CERTIFICATION Sequentially list conditions, if any, leeding to immediate OUE TO (OR AS A CONSEQUENCE OF): cause, Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST injury, or PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. PHYSICIAN: MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO SHOWS ARRY COMPLETION OF CAUSE OF GEATH? 1 YES 2 | NO 1 TES 2 NO 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 X YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5X Residence 6 - Other (Specify) marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 05/27/1992 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investigation 8:00a M 1 YES 2 NO SUBJECT SHOT BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 261. LOCATION (SIME OF AROBOT NEON ASTREET COMPLETED S Could not be 4 Homicide AT HOME BALTIMORE, MARYLAND 21201 29e. CERTIFIER

(Chack ank)

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner ee stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNEO (Month, Day, Year)



BE

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31. DATE FILED (Month, Day, Year) MAY 29 1992

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DR. MARGARITH KORELL M.D.

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12. REDISTRAR'S SIGNATURE

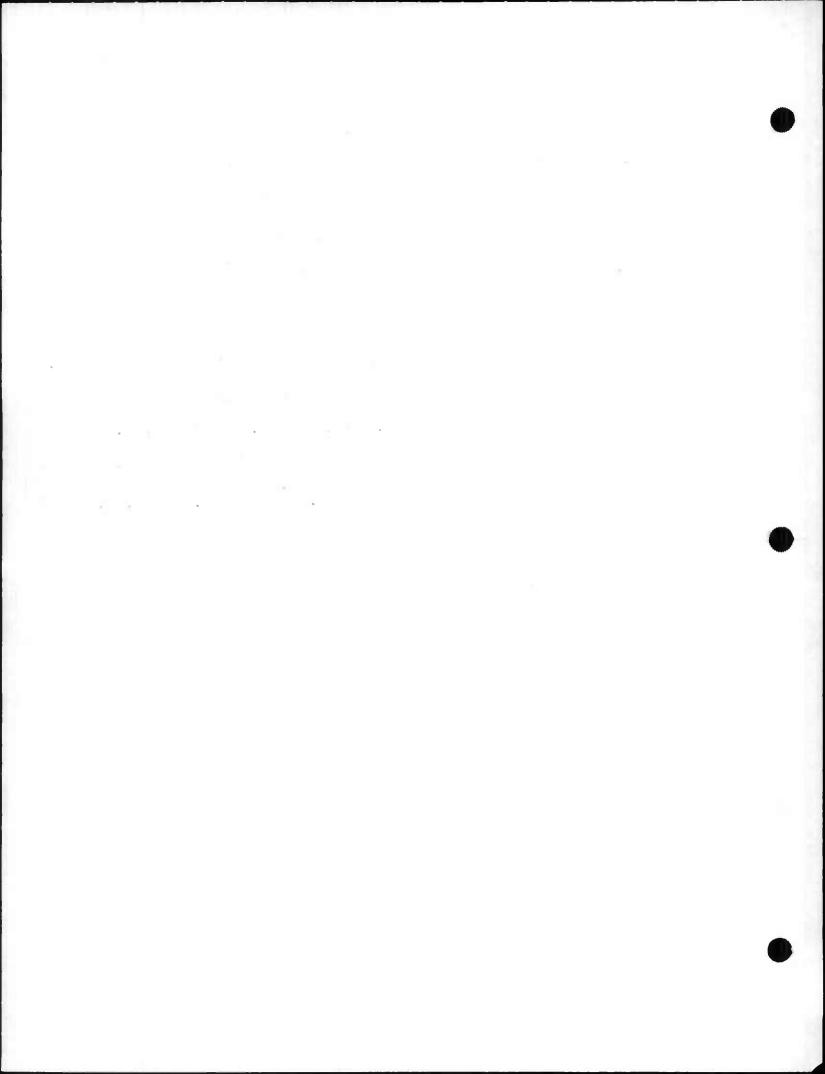
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

05/27/1992

111 PENN STREET

O.C.M.E.

BALTIMORE, MARYLAND



3. TIME OF DEATH

DHMH-16 Rev 1/89

REG. NO.

2. DATE OF DEATH

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

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OF VITAL RECORDS, P.O. BOX 13146,	١,
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1230/PM ouise BENNET 5 26 7. DATE OF BIRTH (Month, Day, Year)
6-1-23 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 218-12-8656 68 1 M 2 XF Bart Pages 1, 2, 3 should 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH MANOR CARE Zuxton Balt. DIRECTOR Towson 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? md BAH ma 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE Westwood Aue 21206 USA be retained by the hospital or attending physician. ge 5 should be detached for use as the burlal-transit 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yea, specify Cuben, Mexican, Puerto Rican, etc.) 1 YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE - American Indian, Black, White, atc. FORCES? 1 YES 2 NO 1 Never Married 2 Merried white BY 3 ₩ Widowed 4 Divorced COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 16h. KIND OF BUSINESS/INDUSTRY et of working Elementary/Secondary (0-12) College (1-4 or 5+) 12 years Housewife Homemaking 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Victoria M. Ichniowski To George Nicholas Berberich BE notified page 5 should 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 43 Yew Rd. Baltimore, Maryland 21221 Mr. Douglas G. Bennett P 20e. METHOD OF DISPOSITION
XIX Burial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION -- City or Town, State death. Page 6 may director, p Must Gardens of Faith Cemetery 5/29/92 Balto. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
Lassahn Funeral Home funeral ( Larrely Furerel Hom 2 7401 Belair Rd. Baltimore. Md. 21236 filled in by the fion, or removal. medical 23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heart fellure. List only one cause on each line. Interval Between Onset and Death and completely filled to burlal, cremation, o IMMEDIATE CAUSE (Finel CARCINOMA the disease or condition resulting in death) 13. event. traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): 2 If any, leading to immediate cause. Enter UNDERLYING the attending physician a Mental Hygiene prior to CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 6 injury. PART II. Other aignificent conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL Health and I AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? amy 1 TYES 2 T NO Shows 1 TES 2 NO pt. of PHYSICIAN: has be 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem certificate h HOSPITAL . 1 YES 2 NO HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA | 4 | Hursin sing Home 6 Residence 6 Other (Specify) 6 26e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 26c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DEŞCRIBE HOW INJURY OCCURED marked, with c 1 Natural Accident 6 Pending 1 YES 2 NO BY DIRECTOR: After hours after death death 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 6 Could not be 4 Homicide 28 FIGH 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and manner as stated. (Check only one) FUNERAL within 72 h 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7
IMPORTANT: 1 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7600 OSLER Dr. Vonson, H.GHILA 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

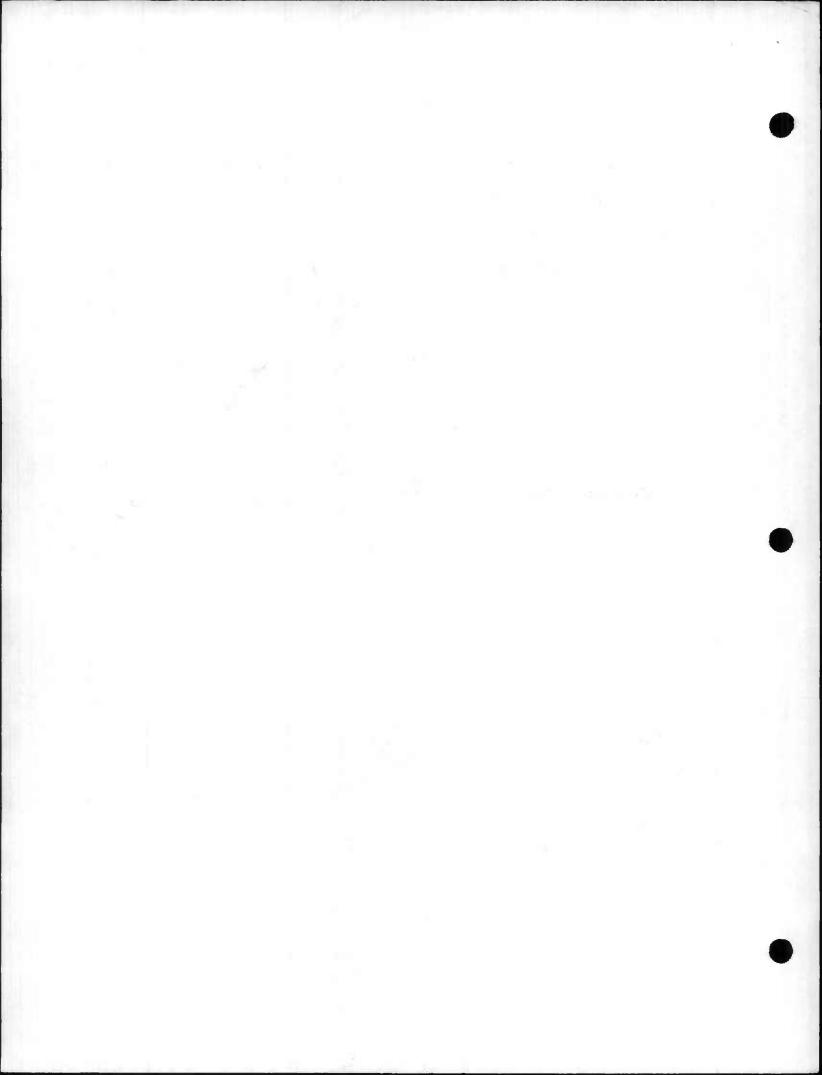
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH



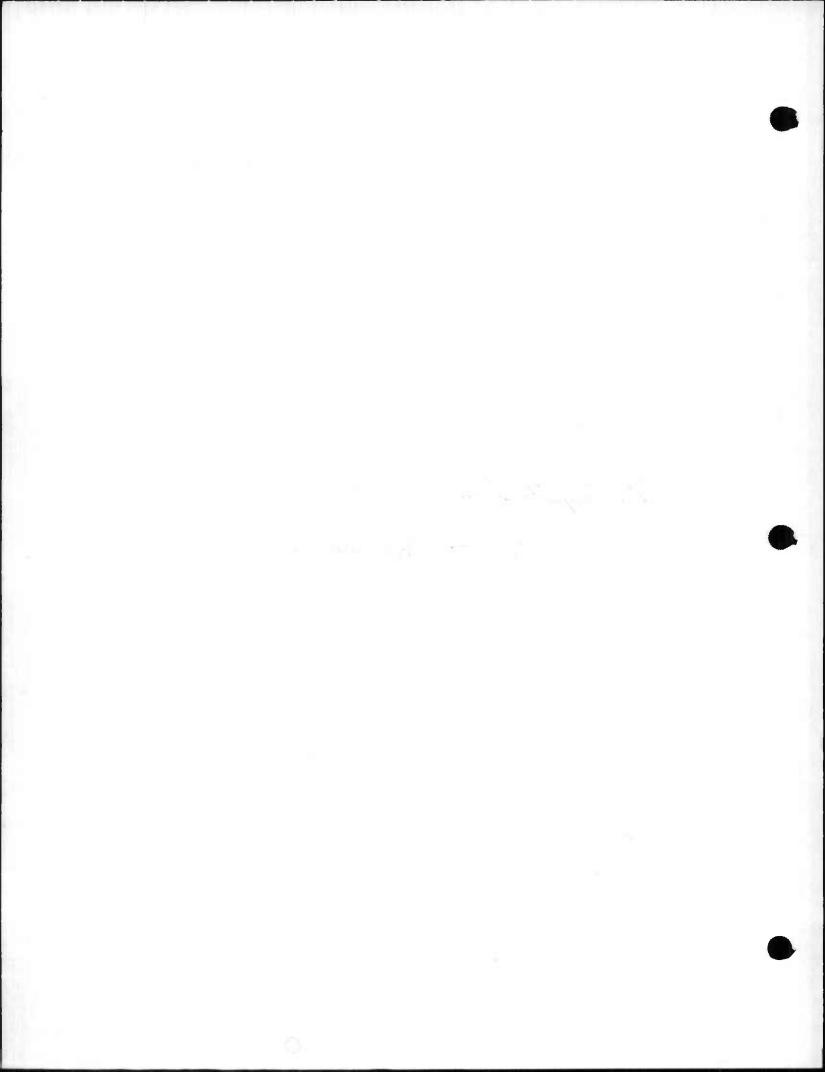


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now, and common has over agree of the authority projected and completely filed in by the little laterial unletter, page 3		28 is marked, or item 23 shows any failury or other traumatic event, the medical examiner must be no
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1071	after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	mar
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31. DATE FILED (Month, Day, Year) 32. MAY 2 9 1992

32. REGISTRA

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF	RTMENT	T OF H	EALTH DE A	AND I	MENT	AL HYGIEN REG. NO.	E S	92	14952
	1. DECEDENT'S NAME (First, Middle, Last)								8404	TE OF DEATH	Y	vess 1	3. TIME OF DEATH
	SARAH	VIRGIN				BROW	IN		05	_ 25 -	199	92	9:02 P. M
	4. SOCIAL SECURITY NUMBER 213 - 28 - 4450	5. SEX	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DAT 0.7-	28-191	;	Country	H CAROLINA
	9a. FACILITY NAME (If not institution, give s	treet and number)			96. CITY	, TOWN C	A LOCATI	ON OF DE	EATH		9c. COU	INTY OF OE	
TOR	6008 OAKLAND MILL	S ROAD			S	YKES	VILI	ΣE			CAF	RROLL	
DIRECTOR	MARYLAND ANNE	ARUNDEL			Y, TOWN O								10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 918 NABBS CREEK R	OAD				101	2106	_					HAT COUNTRY?
S	11. MARITAL STATUS		T EVER IN U.S. AR		13.	WAS DEC	ENDENT C	OF HISPAN	VIC ORIG	SIN? (Specify Yes		14. RACE	- American Indian.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	YES 2 X N	,		if yes, spe	cify Cuba	n, Mexica Specify	n, Puarte	o Rican, etc.)		Black, Specify	White, etc.
Ē	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL O	CCUPATIO	N st of workin	na	-10	66. KIND OF BUS	INESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) 9th	NONE	ilfo.	HOMEM	se retired.)					OWN HO	ME		
Ö	17. FATHER'S NAME (First, Middle, Last)						1a. MOT	HER'S NA	ME (First	, Middle, Maiden	Sumame)		
BE (		Н	PC	DWELI	,		SA	RAH				IJA	MES
10	19a. INFORMANT'S NAME (Type/Print)  MRS. JESSIE P. MO	RAN		b. MAILING						mber, City or Town			1225
	20a, METHOD OF DISPOSITION  1 □ Burial 2 ☑ Cremation 3 □ Remo	ovel from State	20b. PLACE / cemetery, cre METRO	matory or o	OF DISPOS	SITION /Na	me of		-	TE 20c. LO	CATION —	City or Tow	ARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1					SS OF FA	CILITY			,	
	1 %. Henn	Hyck	ring		1	SECC	ND A	VE.	S.W	HOME, GLEN	BURN	NIE,MI	21061
	23. PART I. Enter the discesse, or o shock, or heert fallure.	omplications the	t caused the de ise on each line	ath. Do r	not enter	the mo	de of dy	ing, suci	h as ce	rdiec or reapi	ratory an	reat,	Approximata Interval Between Onset and Death
	disease or condition resulting in death)	Met	astatic	A		000	Min	nd	In	Know !	200	VOLY	7mas.
Z		DUE TO	(OR AS A CONSEC	NUENCE O	F):								
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO	(QR AS A CONSEC	QUENCE Q	F):								
RTIF	that initieted events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE OF	F):								
2	PART II. Other eignificent condition		4 - 4 - 4 - 4										
PHYSICIAN: MEDICAL	Intractable PA	N soca	dy to	Pos	e Te	tuz	we	2	Part I.	24a. WAS AN PERFOR	MED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Z													YES 2 NO
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					ACE OF D	EATH (Che	eck only	one)			
KSI	1 TES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA	OTHER 4 Nun		5 R	sidenca	6 🗆 Ott	ner (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D		28b. TIM INJ	E OF URY M	28c. INJU WOI 1 Y	JRY AT TRICK?	] NO	26d. DI	EŞCRIBE HOW IN	JURY OC	CURED	
0	3 Suicide 6 Could not be determined	28e. PLACE O building,	F INJURY — At horetc. (Specify)	me, farm, s	street, fect	ory, office			28f. LO Cit	CATION (Street a y or Town, State)	nd Number	or Rural Ro	ute Number,
EI								_	_				
OMPLET	29e. CERTIFIER (Check only one)  1 CERTIFYING PHYSIC ONE)												and menner as stated.
BE COMPLETE	(Check only CERTIFYING PHYSIC						ath occur		time, de		29d. DAT	E SIGNED (	and menner as stated.  Month, Day, Year)
ш	(Check only one) 2 MEDICAL EXAMINED  296. BIONATURE AND TITLE OF CESTIFICATION	C. C.	camination and/or in	nvestigatio	n, In my o	pinion, de	29c. LICE	ENSE NUM	time, dar	ta and place, end	29d. DAT	E SIGNED (A	

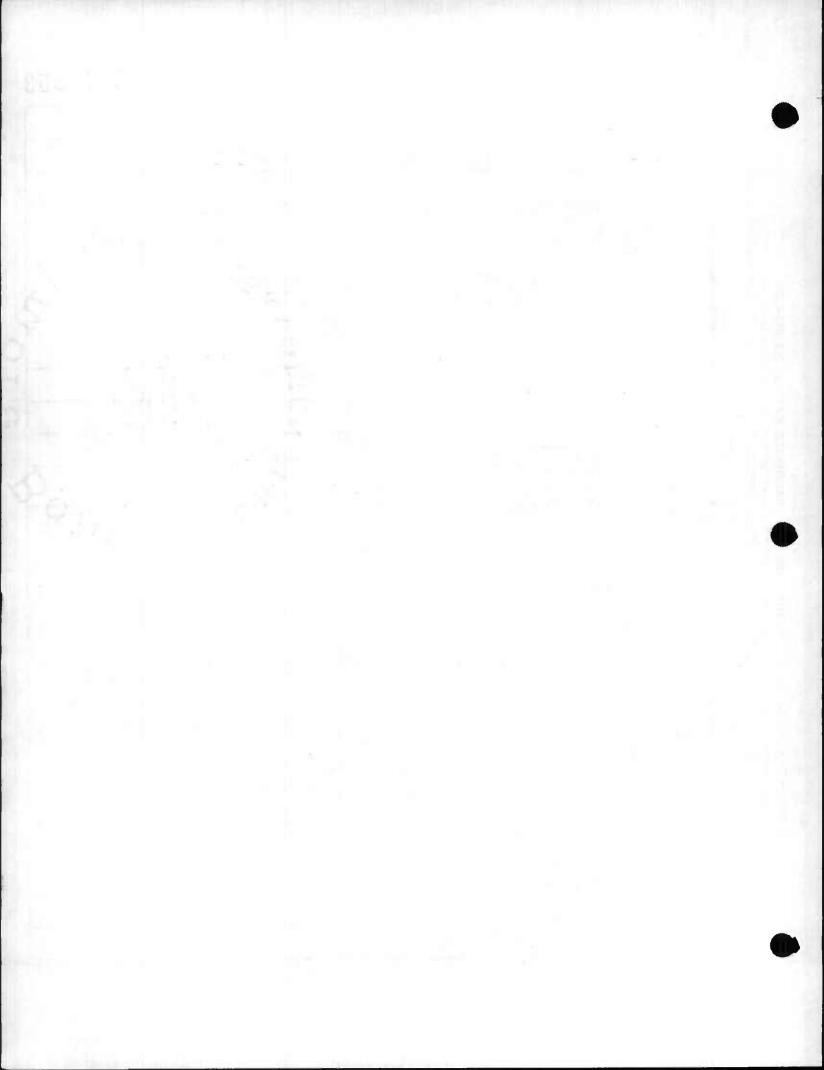


FOR STATE REGISTRAR

	1. DECEDENT'S NAME (Firs		S							Mai		1992	YEAR 3.	TIME OF OEATH
	4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. I	ast birthday)	IF UNDER		IF UNDE		7. DATE	OF BIRTH h, Day, Year)		B. BIRTHPL/ Country)	ACE (State or Foreig
	218-60-410		1 M 2   F	25	YRS.	MONTHS	DAYS	HOURS	MIN.	11-	27-196	6 1	Maryl	and
~	9a. FACILITY NAME (If not I					9b. CITY,			ON OF OR			9c. COUNT	Y OF OEAT	
DIRECTOR	7519 Ridde		ue				vun	dalk				ba	ltimo	re
E	10a. STATE	10b. COUNT				Y, TOWN O		TION					10	d. INSIDE CITY
	Maryland		imore		D	undal	k						1	LIMITS?
FUNERAL	100. STREET AND NUMBER		10.4.0				101	7. ZIP COD	222			100		T COUNTRY?
N.	123 Pataps	co Ave	12. WAS DECEDEN			1							ed St	
B	1 Never Married 2  3 Widowed 4 Div		FORCES? 1	YES 2 MAR OR DATES	NO	H	yes, sp	ecify Cub	ın, Mexica	n, Puerto I	i? (Specify Ye Rican, etc.)	s or No—   1	4. RACE — Black, W Specify:	American Indian, India, etc.  White
ETED	15. DEC (Specify on	CEDENT'S EQU	CATION completed)	16a. C	ECEOENT'S	USUAL OC	CUPATIO	ON and world	200	16b	. KINO OF BU	SINESS/INDU	STRY	
COMPLET	12th grade		College (1-4 or 5		Give kind of te. Do NOT u COUNT					,	A.T. 8	т.		
S	17. FATHER'S NAME (First, A		0.	100				18. MOT	HER'S NA	ME (First, I	Middle, Meiden	Surname)		
BE	Steve W. B		Sr.					Li	nda	Goss	Berbes			
2	Mrs. Linda	,,		1	96. MAILING 7519	Ridde	(Street a	nd Numbe	or Rural F	Ptim	OHO A	n, State, Zip C	222	11777
	20a, METHOD OF DISPOSIT	_	/3		EANOOATE			_		DAT		CATION - CI		
	1 Donation 5 Other		oval from State	cemetery, c	rematory or o	ther place)								
	21. SIGNATURE OF PARENAL SERVICE LICENSES DALE (Specify) 22. NAME AND ADDRESS OF FACILITY													
- 1	Duda-Ruck Funeral Home of Dundalk 7922 Wise Avenue Baltimare, Md. 2													2, Inc.
CERTIFICATION	resulting in death)  Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Injuthat Initiated events resulting in death) LAS	diate iNG iry	b. OUE TO	(OR AS A CONSI	EQUENCE O	7): 11 V P):								
	PART il. Other significa		d.	deeth but not	resulting	in the une	deriying	] ceuse	given in	Part I.	24a. WAS AN			RE AUTOPSY FIND
N: MEDICAL											1 🗌 YES 2	No	CO OF	MPLETION OF CAU DEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED T	O MEDICAL	HOSPITAL:	,		OTHER	:			ick only on				
HYS	1 YES 2 NO		1 Inpatient 2 2		3 DOA	4 🗌 Nursi	ng Home 28c. INJU		eldence					
	1 Natural 5 Accident	Pending Investigation	(Month, D	ay, Year)	INJ	M	1 🗌 Y	RK? 'ES 2	] NO			NJURY OCCU		
ĕ I	3 Suicide 8 Could not be detarmined City or Town, State)  28a. PLACE OF INJURY — At home, farm, atreet, lactory, office building, etc. (Specify)  28f. LOCATION (Street and Number or Rural Rou City or Town, State)									City	or Town, State)	and Number or	Rural Route	Number,
8	4 I nomicide													
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COMPLETED	29a. CERTIFIER (Check only	ICAL EXAMINE	R: On the basic of a					eath occur	ed at the	time, data		d due to the	cause(a) an	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

14953



## TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

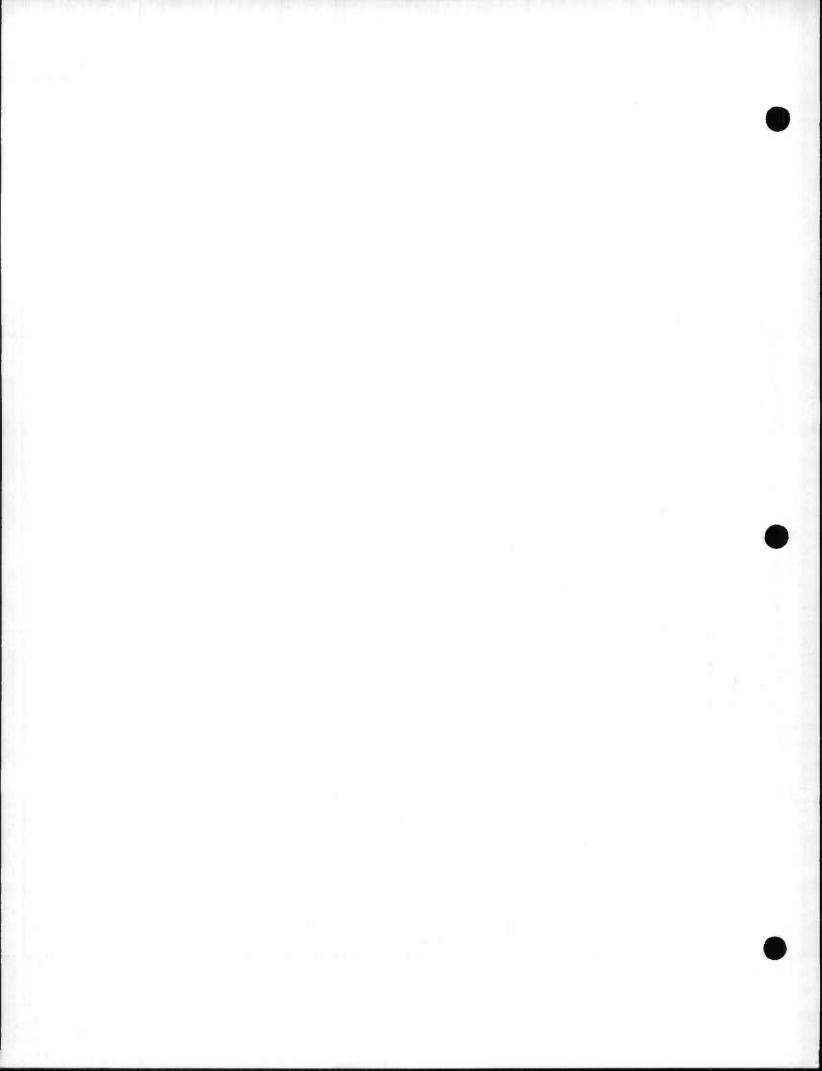
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR

## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

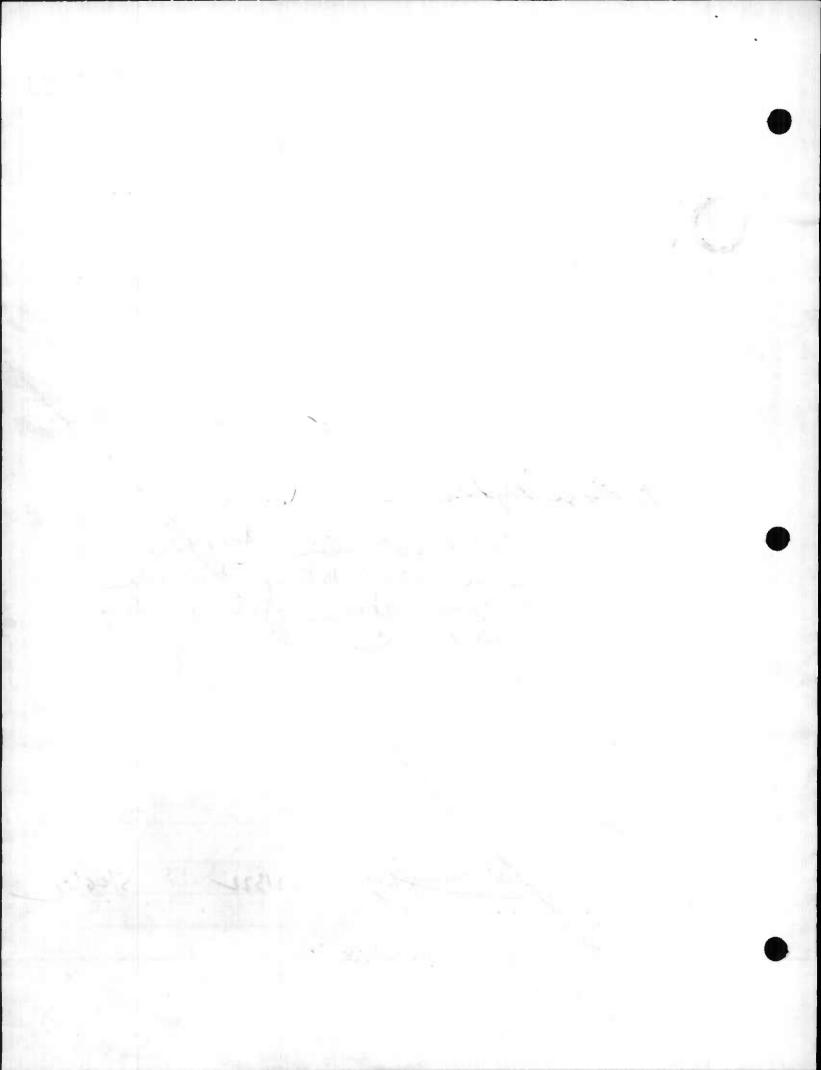
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BALTIMORE  18. STREET AND NUMBER 18. OR JP CODE 18. THE STREET ST		ITY		10c. CIT	Y. TOWN OR	LOCATIO	ON	-				104 INSI	DE CITY
The STREAM DIGHT NO NUMBER   180	Md											LIMIT	T\$?
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Thomas   Processes   Process	1808 Bolton	Street										WIINI COO	NINI !
New Married   Diversed   Profess 1   YES   2   NO   Specify (Deeps, Marketan, Powtro Ricen, etc.)   Resk, White, etc.   Specify   Wholeway   All   Diversed   Towns   Specify (Deeps, Marketan, Powtro Ricen, etc.)   Resk, White, etc.   Specify   Black   Specify   Resk, White, etc.   Specify   Black   Specify   Resk, White, etc.   Specify   Black   Specify   Resk, Washetan   Specify (Pot 1)   White   Specify   Resk, Washetan   R	11. MARITAL STATUS	12. WAS DECEDENT I	EVER IN U.S. AR	MED	13. W	AS DECEN	NDENT OF HISPA	NIC ORIGIN	? (Specify Y	a or No-	14. RAC	F Americ	en Indian
Discreptive Scription   No. Discreptive Scription   No.		FORCES? 1	YES 2 T	10	H.	yes, speci	ify Cuben, Mexic	an, Puerto F	lican, etc.)		Biac	k, White, at	tc.
Content   Cont	Widowed 4 Divorced						Д по орган				Spec	R I	ack
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The properties   The			life.	Do NOT us	se retired.)	mig most	or working						
Thomas Carter  196. MALING Address (Some and Number or Pural Pount Number. City or Ram., State, 216 Costs)  Marsha Carter  180.8 Bolton Street Baltimore, City or Ram., State, 216 Costs)  Marsha Carter  180.8 Bolton Street Baltimore, City or Ram., State, 216 Costs)  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 2   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   Cramation 3   Ramovel from State  1. Manufal 3   C													
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Approximate   2   Generation   3   Removal from State   Donation   Gilder (Specify)													
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, shock, or heart failure. List only one cause on each line.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest, interval Batto Greek and Double Consecutions of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the death of the cause of the cause of the death of the cause of the death of the cause of the death of the cause of t	Buriel 2 Cremation 3 Re	emoval from State	cemétejyyere	MAND DATE	OF DISPOSIT	Day	e of	DATE 61	20c. L	ocation -	- City or To	own, State	Md
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Approximate shock, or heart feliure. List only one cause on each line.  Approximate shock, or heart feliure. List only one cause on each line.  Approximate interval Batter diseases or condition  Approximate interval Batter on the cause of condition.  But To (or As a consequence or):  Due To (or As a consequence	1. SIGNATURE OF FUNERAL SERVICE	01			Ma	rch	F/H Wes	st					
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2 Accident 3 Suicide 4 Homicide 28a. PLACE OF INJURY — At home, farm, street, factory, office 28b. PLACE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  29b. MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated.  29c. LICENSE NUMBER 29d. DATE SIONED (Month, Day, Year)  0. C. M. E.  0. C. M. E.  0. C. M. E.  0. C. M. E.	23. PART I. Enter the diseases, o shock, or heart failure of the sease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions of the sease of th	DUE TO (O  d.  HOSPITAL: 1   Inperient 2   E	PR AS A CONSECUTE AS	DUENCE OF DUENCE	or her:	4300 he mode  Rh  lerlying of	D Wabas of dying, aud O LOVAS (	Part I.	24a. WAS A PERFC 1 (PES PDC:	N AUTOPSY PRIMEO?	241	D. WERE AUT AMILABLI	FORSY FINDS E PRIOR TO DON OF CAUSE 17
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10. NAME AND ALDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	23. PART I. Enter the diseasea, o shock, or heart fellum immediate CAUSE (Finel disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant conditions.  18. WAS CASE REFERRED TO MEDICAL EXAMINER? 1   Very 2   NO  17. MANNER OF DEATH 1   Natural   5   Pending investigation   1   Very 2   No  18. WAS CASE REFERRED TO MEDICAL EXAMINER   1   Very 2   No  18. WAS CASE REFERRED TO MEDICAL EXAMINER   1   CERTIFYING PHIONE   1   CERTIFYING PHION	Complications that ce. List only one cause a Court to (o)  DUE TO	e on aech line  S C Live  R AS A CONSECT  R AS	DUENCE OF DUENCE	ot anter the control of the und the un	4300 ha mode  RAT  26. PLAC  ing Home 28c. INJUR  WORN  1  YE  ry, offica  ne, date as  inion, dea	DEATH (CE OF DEATH	Part I.  Part I.  26. Other  26. LOC. City on the cause time, data	24a. WAS A PERFC 1 (Specify) CRIBE HOW ATION (Street) and more fown, State	N AUTOPSY PRIMEO? 2 NO N NO NO NO NO NO NO NO NO NO NO NO NO NO	24k	D. WERE AUT  AMAILABLI  COMPLETI  OF OEATH  1 YES	FOPSY FINDS FOPSY FINDS E PRIOR TO ION OF CAUR!  2 NO
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ATTE	ECTO	1 28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transmit to find within 72 hours after death with the State Dear of Health and Mental Hotelee prior to burial, cremation, or removal.	IMPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
PITAL	ERAL	T. If
HOS	FUN	IAN
품	THE	POR
2	22	E

1. DECEDENT'S NAME (First, Middle, Last)		2017				2. DATE OF DEATH	416	WEAD	3. TIME OF DEATH
CLARENCE	EDWA	RD	(	COLLINS		<b>M9N5</b> H 2	.*3	92	05:45 AM
4. SOCIAL SECURITY NUMBER 287 - 09 - 4318	5. SEX 1 (∑ M 2 ☐ F	6. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 20, 1	915	8. BIRTH Countr OHI	
9a. FACILITY NAME (If not institution, give s	treet and number)			96. CITY, TOWN	OR LOCATION OF			INTY OF D	
NORTH ARUNDEL H	OSPITAL	ASSOCIAT	ION	GLE	N BURNIE			A.A	. COUNTY
RESIDENCE OF DECEDENT	γ		10c. CITY	TOWN OR LOCA	ATION				10d, IHSIDE CITY
MARYLAND ANNE	ARUNDEL			EN BURN					LIMITS?
STREET AND NUMBER 413 THIRD AVE. S	.W. Al	РТ. В		10	21061		10g. CIT	S.A.	VHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDER FORCES? IF YES, GIVE Y	TEVER IN U.S. ARI	MED	If yea, s		NIC ORIGIN? (Specify Yean, Puerto Rican, atc.)	e or No—		— American Indian, t, White, atc. by: WHITE
15. DECEDENT'S EDU	CATION	WW II	CEDENTIA	United Cookings	****				
(Specify only highest grade	completed)	(GF	ve kind of w Do NOT us	USUAL OCCUPAT ork done during m o retired.)	nost of working	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12) 8TH	NONE		STODI			OCEAN C	ITY E	LEME	NTARY SCH
OIN  17. FATHER'S HAME (First, Middle, Last)	HONE				18 MOTHER'S A	AME (First, Middle, Malden	Sugar		
LEONARD		COL	LINS		ETTIE	Come (rast, Middle, Maiden		XANDI	ER
19a. IHFORMAHT'S HAME (Type/Print)				ADDRESS /Ctmat		Route Number, City or Tow			
MRS. EVA M. COLLI	NS					APT. B, GLE			MD 21061
1 X Buriel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify) 21. SIGNATURE OF FUHERAL SERVICE LIC		GLEN	HAVEN	MEMORI 22. NAME / SINGI		11114	EN BUR		
23. PART I. Enter the diseases, prehock, prheert feliure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. Cl	OR AS A CONSEC	o Va	Manl	20	Accid	lut	-	Approximate intervel Betwoonset and D
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	d. HOME TO	ester	DUENCE OF	Jon	-, C	Reng	9	ton	7
PART II. Other significant condition	on contributing to	death but not n	esulting i	n the underlyin	ng cause given li	Pert I. 24e, WAS AN PERFO	NMEO?	24b.	WERE AUTOPSY PINDI AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C	heck only one)			
1 □ YES 2 □ MD		ER/Outpettent 3	□ DOA		me 5 🗆 Residence	8 ☐ Other (Specify)			
	25e. DATE Of (Month), S		20b. TIME INJ		JURY AT ORK?	38d. DESCRIBE HOW	NJURY OC	CURED	
27. MANNER OF DEATH					YES 2 NO				
						The second secon		r on Broad B	
27. MANNER OF DEATH  1 Matural 5 Pending	28e. PLACE (	of INJURY — At hai ets. (Specify)	me, farm, s	freet, factory, offi	loe	City or River, State	and Number	in runal r	bula Alumbac
27. MANNER OF DEATH  1	ICIAH: To the best o	f my knowladga, da	ath occurre	d at the time, det	te and place, and du	a to the cause(a) and ma	nner as ata	ted.	



	it. Pages 1, 2, 3 should			
d by the hospital or attending physician.	3. After this certificate has been signed by the attending physician and completely filled in by the funeral director; page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should		id at once.	
D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 8 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 sho	ion, or removal.	ed, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
it the death certificate be executed within	by the attending physician and completely	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Injury, or other traumatic event, 1	
NDING PHYSICIAN: The law requires that	R: After this certificate has been signed t	or death with the State Dept. of Health a	Is marked, or Item 23 shows any	
TO THE HOSPITAL OR ATTE	TO THE FUNERAL DIRECTOR	be filed within 72 hours afte	IMPORTANT: If Item 28 Is marke	

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	92-2952-003 Item	ms 23a,27,	per MEO,	G-688	, 6/1	0/92	gn				9	2 1	4956
	1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPAR ERTIF					MENTA	L HYGIEN REG. NO	E	ia [	4730
	1. DECEDENT'S NAME (First, Middle, Last)		BERT D						2. DATE	OF DEATH		YEAR	TIME OF DEATH
	JAY  4. SOCIAL SECURITY NUMBER	R.							05	26	1993		:10 A M
	214-60-441-	1 M 2 F	6. AGE (In yrs. le:	st birthday) YRS.	MONTHS	R 1 YEAR	IF UNDER	24 HRS. MIN.	(Mont)	OF BIRTH		Country)	NCE (State or Foreign
	9e. FACILITY NAME (If not institution, give a		40	rna.	-		R LOCATIO			30-19			sylvania
Œ	ANN ARUNDEL HOSP					APOL		N OF DE	ATH			Y OF DEAT	
5	RESIDENCE OF DECEDENT	TIAL			TATATA	AF OLD	10				LTIALA 1	TIOIND	1111
DIRECTOR	10s. STATE 10b. COUNT	Y		10c. CIT	Y, TOWH	OR LOCAT	ION					10	d. INSIDE CITY LIMITS?
ā		Arunde	1				Ann	apo	lis			1	YES 2 NO
¥	10e. STREET AND NUMBER					101	ZIP CODE				10g. CITIZI	EN OF WHA	T COUNTRY?
FUNERAL	110 Hearne Cou							140				JSA	
	11. MARITAL STATUS  1. Never Married 2 Married	12. WAS DECEDEN FORCES? 1	YES 2	NO NO	13,	It yes, spe	ecity Cuber	n, Mexica	n, Puerto	? (Specify Yes Rican, etc.)	or No— 1	4. RACE — Black, W	American Indian, hite, etc.
84	3 Wildowed 4 Divorced	IF YES, GIVE V	MAR OR DATES			1 TYES	2 <u>√</u> NO	Specify	<i>:</i> :			Specify:	White
ED	15. DECEDENT'S EDU (Specify only highest grade			ECEDENT'S					16b	KIND OF BU	SINESS/INDU		VIII CC
9	Elementary/Secondary (0-12)	College (1-4 or 5	Bid.	Bive kind of a. Do NOT u	se retired.)	auring mo	st of working	g					
M M		4yrs	Acc	ount	ant				T	empor	ary S	Serv:	ices
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NAI	ME (First,	Widdle, Meiden	Surname)		
BE	James	R. Dohe								jorie			as
2	19e. INFORMANT'S NAME (Type/Print)									ber, City or Tow		,	
	Marjorie R. Do	herty	-					<u>t -</u>		Ann	-		
	1 Buriel 2 Cremetion 3 Rem 4 Donation 6 Other (Specify)	oval from State	20b. PLACE cemetery, cre	amatani ar a	ther place	1			DAT		CATION — CI		
	21. SIGNATURE OF TUNERAL SERVICE LA	ENSEE M	- Netto	CIE			D ADDRES			29 Ba	Itimo	ore,	MD
	per c		are		Cr	ema	tion	So	cie	ty of	Mary	lanc	d, Inc.
	George E. M  23. PART I. Enter the diseases, or		t caused the d	noth Do	2	99	Fred	eri	ck l	Rd, B	alto.	, MI	21228
	ahock, or haart fallure.	List only one cau	se on aach line	B.	iot arria	i tila lilo	da oi dyii	ng, auci	I da Cart	nac or reap	ratory arre	o (,	Approximate Interval Between
	iMMEDIATE CAUSE (Final disease or condition	Machel	intoxica	+100									Onset and Death
	resulting in death)	G.,	(OR AS A CONSE		F):								
z		h.											
5	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	QUENCE O	F):								
2	CAUSE (Disease or Injury	с											
ERTIFICATION	that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSE	QUENCE O	F):								
CER		d											
	PART li. Other algnificant condition	6 contributing to	daath but not	resulting	In the u	nderiying	cause g	iven In	Part I.	24a. WAS AN			RE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL									_	1 TYES 2		co	MPLETION DF CAUSE DEATH?
ME									_				YES 2 NO
ä													
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHE		ACE OF DE	ATH (Che	ock only or	ю)			
IYSI	1- YES 2 NO	1 Inpatient 2		-	4 🗆 Nu	reing Hom	e 5 🗆 Rei	sidence	6 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH  1 Natural 5 Pending	26e. DATE OF (Month, D		26b. TIM	IE OF JURY M		RK?		26d. DES	CRIBE HOW I	NJURY OCCU	RED	
84	2 Accident Investigation	28a PLACE C	F INJURY — At he	ome form			/ES 2 _	NO		4710N (Co			
9	3 Suicide 6 Could not be determined	building,	etc. (Specify)	orne, rettit,	ottoet, 18t	atory, orner			City	ATION (Street or Town, State)	ina Number o	HUNIII HOUN	Number,
COMPLETED	290. CERTIFIER	CIAN, To Pt - base of	=This is a		- Vicin	100500							·····
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	296. SIGNATURE AND TITLE OF CERTIFIE			gatte	,					and place, en			
8	War or One	Mulo	A IN	)			O.C					7-199	onth, Day, Year)
2	10 NAME AND ADDRESS OF BEDSON WILL	O COMPLETED ONL	1/4/	7	0.1.1		0.0				- 3-2	, 100	-

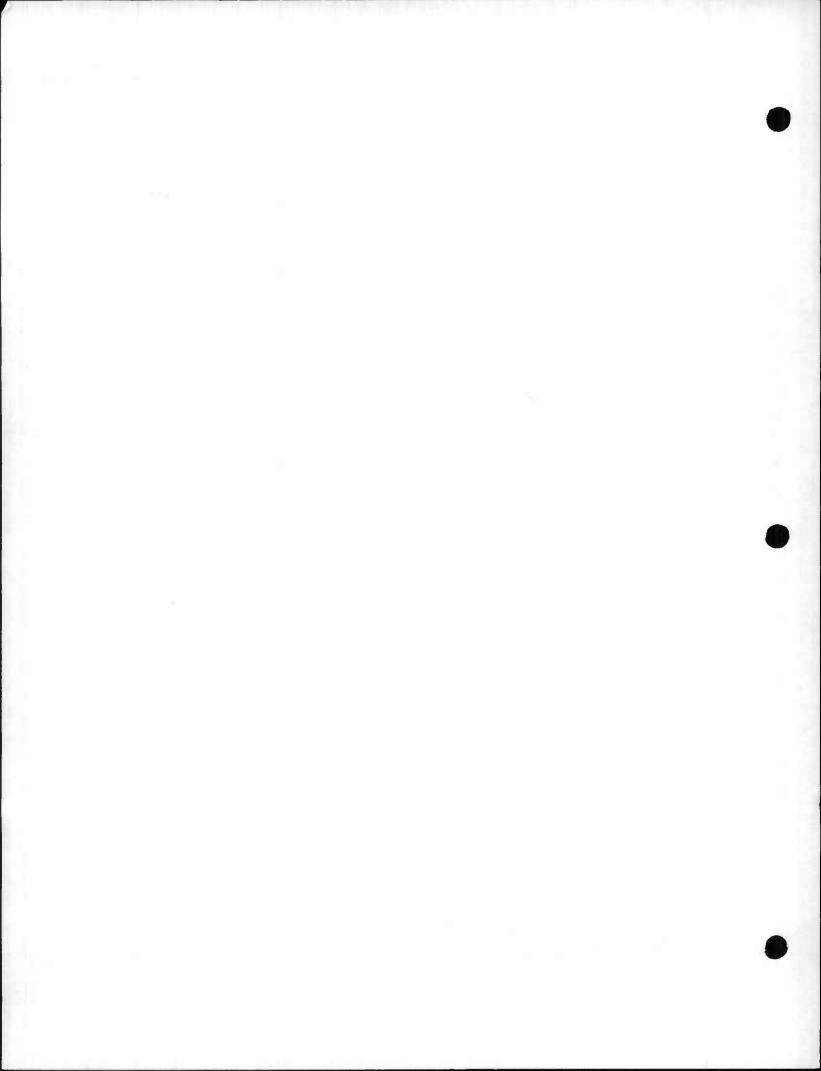
WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

(40Rol 111 N. PENN ST. BALTIMORE, MARYLAND 21201

30. NAME AND ADDRESS OF PERS

MAY 2 9 1992





1 - FOR STATE REGISTRAR

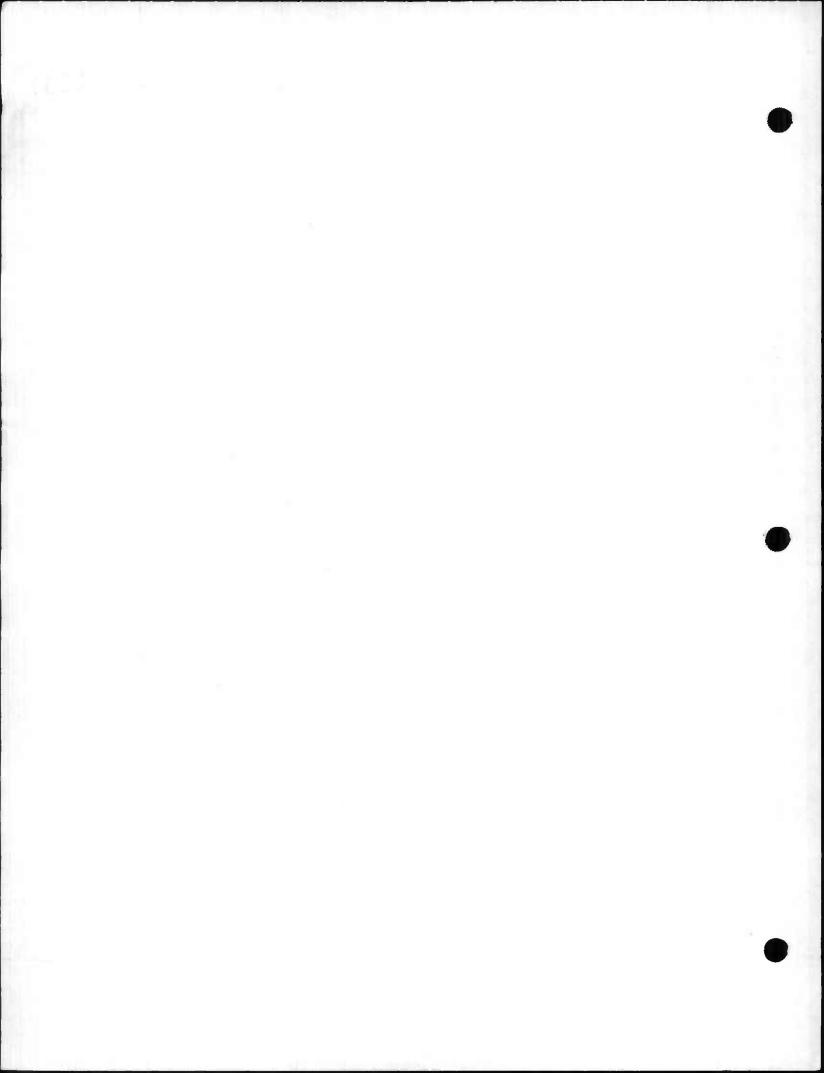
## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

92 14957

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to bunlat, cremation, or removal.	te medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

ŀ	Eugene	Emanue	1	-			2. DATE OF DEATH MONTH 05 2		YEAR	IME OF DEATH
- 1			AGE (In yrs. les	t birthday)	IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE OF BIRTH			: 19 A
		M 2 □ F	49	YRS.	IONTHS DA	'S HOURS MIN.	(Morith, Day, Year) 9/15/194		Country)	Carolin
121	98. FACILITY NAME (If not institution, give stree Harbor Hospital Ce					IN OR LOCATION OF D	EATH	100	Y OF OEATH	
FORENAL DIRECTOR	Maryland Anne	Arundel			town on Lo sadena	1 1 2 2 1 1				. INSIDE CITY LIMITS? YES 2 🔯 NO
1	100. STREET AND NUMBER 7637 Pleasant Dr	ive				10f. ZIP CODE 21122		,	EN OF WHAT	COUNTRY?
5	11. MARITAL STATUS 1 Never Married 2 TMARRIED 3 Widowed 4 Divorced	2. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAR	YES 2 X	MED NO	If yes	DECENDENT OF HISPA , specify Cuban, Mexic YES 2 XNO Speci		es or No— 1	4. RACE — / Black, Wh Specify:	American Indian, inte, etc. White
COMIT CELLED	15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)  10th Grade		(G		rk done during retired.)	ation most of working company	16b. KIND OF B	USINESS/INDU	STRY	
	17. FATHER'S NAME (First, Middle, Last)	rman E	manuel				anah Hai			
, 1	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DDRESS (Str	et and Number or Rural	Route Number, City or To	wn, State, Zip C	lode)	
2	Joyce Emanuel			7637	Pleas	ant Drive	Pasade	ena, Ma	arylar	nd 21122
	20e. METHOD OF DISPOSITION 1	from State	cemetery, cre	AND DATE OF	r place)			ocation — ci		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	sep )	4	) CTEI	22. NAM	E AND ADDRESS OF FA	5/29 Barran Ince Funera			
	Creka	ww	Long	20			Hwy. Bal			
	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSE	DUENCE OF):		KEPLACE	OST MITPA MEIT, RE	1000	,	
	PART II. Other aignificant conditions of	contributing to de	eth but not i	esulting in	tha under	ying cause given in	Part i. 24a. WAS A	N AUTOPSY	24b. WEF	RE AUTOPSY FINDING
. 1								PRMED?	OF I	ILABLE PRIOR TO APLETION OF CAUSE DEATH? MES 2 \( \text{NO}\)
. 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 🖄 YES 2 🗌 NO	IOSPITAL:	R/Outpatient 3		THER:	I. PLACE OF DEATH (C)	PERFO		OF I	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
	EXAMINER?  1  Yes 2  NO 1  27. MANNER OF DEATH  1  Natural 5  Pending	IOSPITAL:    Inpatient 2 \( \sum_{i} \)   28s. DATE OF IN (Month, Day.	JURY		OTHER: Nursing OF 28c		PERFO	2 [] NO	OF 1	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
	EXAMINER?  1 👺 YES 2 🗆 NO  1  27. MANNER OF DEATH	☐ Inpatient 2 🖔 E	JURY Year)	28b. TIME	OTHER: Nursing OF 28c. NY 1	I. PLACE OF DEATH (CI flome 5   Rasidence INJURY AT WORK?   YES 2   NO	PERF( 1 XYES  Deck only one)  6 Other (Specify)	2 NO	CON OF	ILABLE PRIOR TO MPLETION OF CAUSE DEATH?  MES 2 \( \sum \) NO
	EXAMINER?  1 YES 2 NO  1 Manner OF DEATH  1 Natural 5 Pending Investigation  3 Suicide 8 Could not be detarmined	28s. DATE OF IN (Month, Day.  28s. PLACE OF I building, etc.	JURY Year)  NJURY — At ho , (Specify)	28b. TIME INJUS	OF 28c Nursing OF 28c Nursing OF 1 28c Nursing M 1 neet, factory, of the time,	i. PLACE OF DEATH (C) tome 5 Rasidenca INJURY AT WORK? YES 2 NO office	PERF( 1 XYES  1 XYES  6 Other (Specify)  28d. DE\$CRIBE HOW  28f. LOCATION (Stree City or Town, State	2 NO INJURY OCCU	CON OF 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Number,
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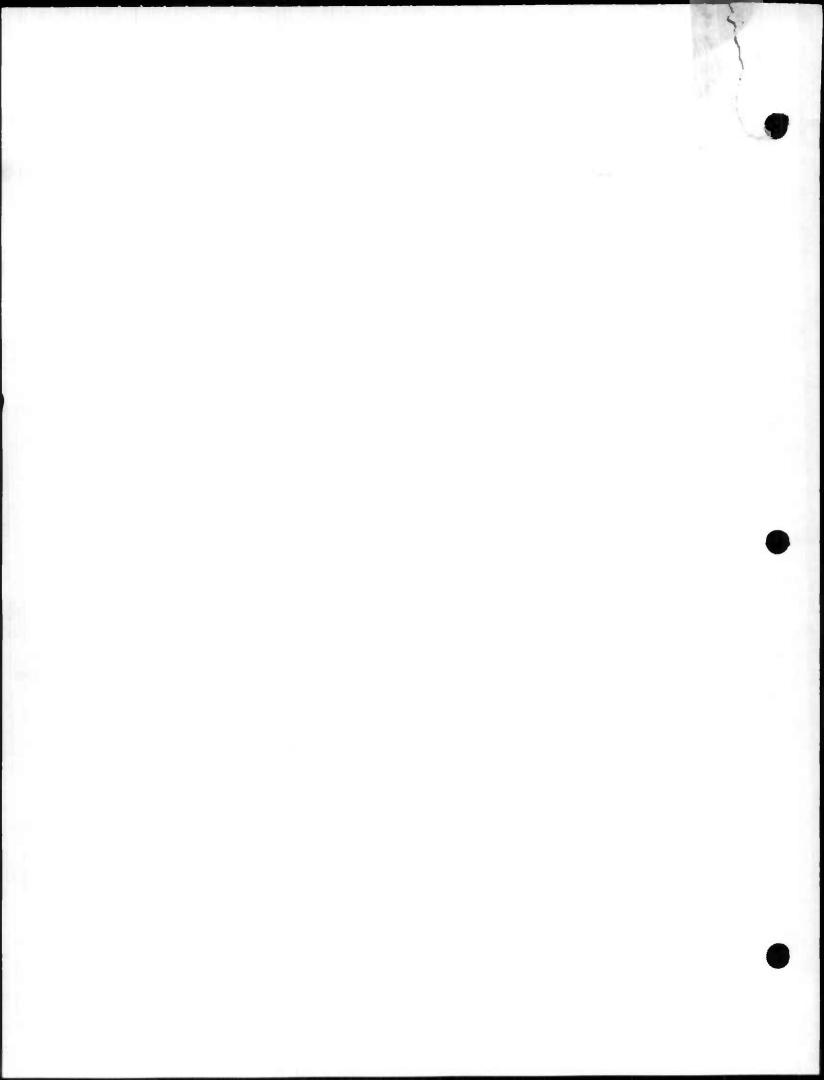
DHMH-18 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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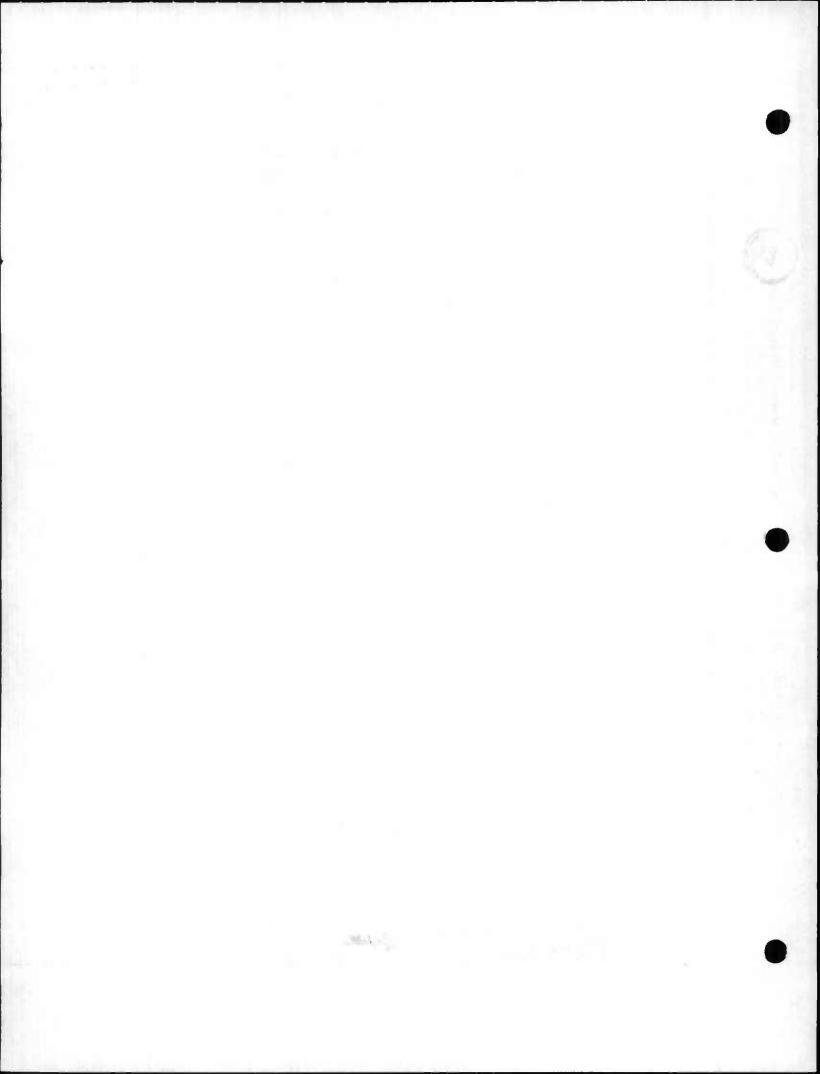
STATE OF MARYLAND /				MENTAL	HYGIENI
	DTICIOATE	OF DEAT	- 0 0		

	REGISTRAR	CERTIFIC	ATE OF DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last) ELIZABETH M.	ARIE FANT	OM	2. DATE OF DEATH ON DAY	5-26-921 HMF OF BEATH am
	556/	65 YRS. MOR		12-18-19	26 BirthPlace (State or Foreign Maryland
DIRECTOR	32 S. Prospect Avenue	9b.	Catonsvil		BALTIMORE
	Maryland Baltimore	10c. CITY, TO	www.orlocation Catonsvil	1e	10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	32 S. Prospect Avenue		101. ZIP CODE 21	228	10g. CITIZEN OF WHAT COUNTRY? USA
BY	11. MARITAL STATUS  1 Never Married 2 Married  3 Wildowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR (	2 100	13. WAS DECENDENT OF H If yes, specify Cuban, M 1  YES 2 XN	SPANIC ORIGIN? (Specify Year oxican, Puerto Rican, atc.)	or No- 14. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12) College (1-4 or 5 +)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	AL OCCUPATION done during most of working red.)	16b. KIND OF BUSI	
OMP	12th 17. FATHER'S NAME (First, Middle, Last)	Homemak		Hom	
BEC	Richard Eugene Scanne		A	nna Marie	Giese
2	James L. Scannell			ural Route Number, City or Town.	
	20a. METHOD OF DISPOSITION 20	b. PLACE AND DATE OF DE		04TE 200 LOC	tonsville, MD21228
	21. SIGNATURE OF SUNERAL GERVICE ATCHREE	1/1.	22 NAME AND ADDRESS O		1timore, MD 21228
	George E. MacNabb		301 Freder	ick Rd., C.	atonsville, MD
z		each line.		ASEVIAR DI	interval Between
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury	A CONSEQUENCE OF):			
DICAL	PART II. Other significant conditions contributing to death to	out not resulting in th	e underlying cause give	1   YES 2	IED? AVAILABLE PRIOR TO
AN I	25. WAS CASE REFERRED TO MEDICAL				
SICI	EXAMINER?  1 Fes 2 No HOSPITAL:  1 Inpetient 2 ER/Out		28. PLACE OF DEATH		
BY PHYSICIAN: ME	27. MANNER OF DEATH  1	28b. TIME OF INJURY	Nursing Home 5 President 28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW IN.	JURY OCCURED
- 4	3 Suicida 8 Could not be determined 28a. PLACE OF INJURY building, stc. (Spe	/ — At home, ferm, street.	factory, office	281. LOCATION (Street and City or Yown, State)	d Number or Rural Route Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my know	riedge, desth occurred st in and/or investigation, in	the time, date and place, and my opinion, death occured at	dua to the cause(a) and menn tha time, data and place, and	er as stated. dus to the cause(s) and menner se stated.
O BE	240 SIGNATURE AND TITLE OF CHITTIPIEN	MADR	747 DICENSE	NUMBER 1/171	29d. OATE SIGNEO (Month, Day, Year)
	E. P. WilliAAS.	NU 40	5- FRede	RIEN AVS	
	MAY 29 1992 32. REGISTRAR'S SIGN			CATONS	VILLE, MC



(	1	- The second	Pages 1, 2, 3 should	A Contraction of the Contraction
,	O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending present	funeral director, page 5 should be detached for use as the burners	caminer must be notified at once.
	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death of	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the it be filled within 72 hours after death with the State Dept. of Health and Mental Mygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or

	REGISTRAR		CE	RTIF	ICATE	OF	DEAT	TH _	F	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) BONNIE LOU I	FELDMAN							2. DATE OF MONTH	DEATH DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		. AGE (In yrs. last	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS	7. DATE OF			LACE (State or Foreign
	214-68-0010	1 🗆 M 2 🎾 F	38	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Di	20,1953	Country)	VIRGINIA
œ	9a. FACILITY NAME (If not institution, give ST. AGNES HOSPIT				9b. CITY,		TIMO	ON OF DE			UNTY OF DE	
5	RESIDENCE OF DECEDENT	.AL				DAL	11 IIIO	ICE -				
3EC	10a. STATE 10b. COUNT			1111	Y, TOWN C							IOd. INSIDE CITY
S .		TIMORE		В.	ALTI	MORE						LIMITS?
FUNERAL DIRECTOR	18 COLONY HILL COURT						212			10g. C	U.S.A	AT COUNTRY?
B∀	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [ IF YES, GIVE WAI	YES 2 N	MED O		f yes, sp	ENDENT O	n, Maxican	1, Puerto Rice	ipecify Yes or No— n, etc.)	Black,	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DEC	CEDENT'S	USUAL OC	CUPATIO	ON and and a		16b. Kill	ID OF BUSINESS/II		
	Elementary/Secondary (0-12)	College (1-4 or 5+)				Jung mo	st of worldin	·v				
MP	9TH GRADE		НО	USEW	IFE					HOMEMA		
0	17. FATHER'S NAME (First, Middle, Last)  ODELL BARR								ME (First, Midd EE WA(	le, Maiden Sumame)		
BE	19a, INFORMANT'S NAME (Type/Print)		196	MAILING	Annases	/Street o				City or Town, State, 2	Po Codel	
5	GILBERT FELDMA	AN								ORE, MD		.7
	20s. METHOD OF DISPOSITION	Vision and the state of	20b. PLACEA	ND DATE C	F DISPOS				DATE	20c. LOCATION -		
	IX Buriel 2 Cremation 3 Removal from State  4 Denation 5 Other (Specify)  MEADOWRIDGE MEMORIAL PARK 05/29 ELKRIDGE							GE				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	11.				D ADDRES		L HOMI	TNC		
Щ	5 nuley (	popale	th				-			-BALTIMO	RE MT	21229
	23. PART I. Enter the dispessa, or ahock, or heart feilure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Bran	on each line.	men	a					Ut far		Approximate interval Between Onset and Daath
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c	R AS A CONSEO									
ERTIF	that initiated events resulting in death) LAST	DUE TO (0	R AS A CONSEQ	UENCE OF	): 							
	PART II. Other aignificant condition	na contributing to de	eeth but not re	aulting i	n the un	derlying	ceuse g	iven in F	Part I. 24	. WAS AN AUTOPS		/ERE AUTOPSY FINDINGS
MEDICAL	- Preumon 1	à .							1(	PERFORMED?  YES 2 NO	0	VAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one)											
SICI	EXAMINER?	HOSPITAL:	R/Outpatient 3	DOA	OTHER	t:			5 C Other (Sc	naihi		
BY PHYSICIAN: M	27. MANNER OF OEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF IN (Month, Day,	JURY	28b. TIME INJ	OF	28c. INJ				BE NOW INJURY O	CCURED	
	3 Suicide 6 Could not be determined	28s. PLACE OF I building, et	NJURY — At hon c. (Specify)	ne, ferm, <i>a</i>	treet, facto	ory, office			261. LOCATIO City or To	N (Street and Numb wn, State)	er or Rural Rou	rte Number,
COMPLETED	2 MEDICAL EXAMINE											ind menner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	toberful	n	10	_			NSE NUMI	- 1	29d, DA	TE SIGNED (A	fonthe Day, Year)
	30. NAME AND APPORESS OF PERSON WIN	tulfiel.	no	27) (Type,	Print)	nes	e H	65/1	tal	900 Ca	for fo	ere .
	31. DATE FILED (Month, Day, Year) MAY 2	32. REGISTRAR	SIGNATIONE.	Sor-A	andall	L				Bo	ll à	11229



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be relatived by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burn be filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.

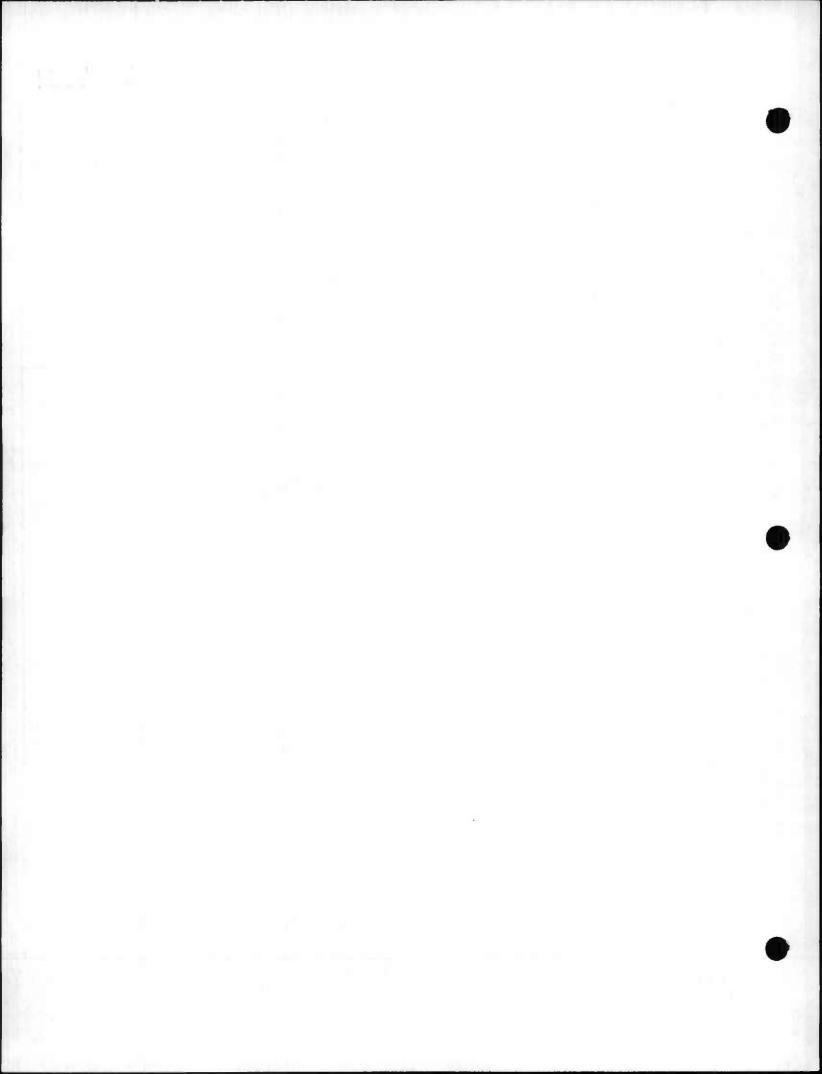
IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Less	t)						2. DA	TE OF OEATH			3. TIME OF DEATH
THE PERSON OF THE PERSON AND THE PER		FDUIN	B. FRE	TOFRIC	K		0.5	TH D	AY 1.0	YEAR	
4. SOCIAL SECURITY NUMBER	5. SEX		s. last birthday)	-		INDER 24 HRS		26 E OF BIRTH	15		9:10 a.I
216-16-1143	1 📉 M 2 🗆 F	69	YRS.		DAYS HOL		(Mc	nth, Day, Year)	,	Country	TIMORE
9e. FACILITY NAME (# not institution, give		09		9h CITY TI	TOWN OR LO	CATION OF	_	.5,192	9c. COUN		
		TAT							30.0001	TT OF D	LAIII
THE JOHNS HOPE	KINS HOSPI	TAL		BAI	LTIMO	RE CI	TY				
10e. STATE 10b. COUN	ITY		10c. Cl	TY, TOWN OR	LOCATION					П	10d. INSIDE CITY
MARYLAND A	NNE ARUNDI	EI.	1.7	NNBRO	OK						LIMITS?
10e. STREET AND NUMBER			1		10f. ZIP	CODE			10g. CITIZ	ZEN OF W	VHAT COUNTRY?
632 DOUGLAS ST	тата					212	225		,	U.S.	٨
11. MARITAL STATUS	12. WAS DECEDEN	LEVER IN U.S	S. ARMED	13. WA	AS DECENDE			GIN? (Specify Ye		14. RACE	— American Indian.
1 Never Married 2 X Married		YES 2	□NO	lf y	yes, specify	Cuban, Mex	Ican, Puerl	o Rican, atc.)		Black	c, White, etc.
3 Widowed 4 Divorced	11 120, 0112 11	WW II			☐ YES 2 📈	NO Spi	uny.			эрви	WHITE
15. DECEDENT'S EL	DUCATION		. OECEDENT'S	S USUAL OCC	CUPATION		1	6b. KIND OF BU	SINESS/IND	USTRY	
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5 +	P)	Ilfe. Do NOT	work done dur use retired.)	ring most or	working					
12TH GRADE			ESTIMA	ATOR				MAS	SONAR	y BU	SINESS
17. FATHER'S NAME (First, Middle, Last)					18.	MOTHER'S	NAME (Firs	t, Middle, Maiden			
WILLIAM HENR	Y FREDERI	CK			-	ROSI		ANN			
19e. INFORMANT'S NAME (Type/Print)	- INDBILL	-10	19b. MAILIN	G ADDRESS (S	Street and No			imber, City or Tox	n, State. Zio	Codel	
MRS. MARY C.	FREDERICK							K, MD.			
20e. METHOD OF DISPOSITION	TREDERIOR	20h Pt									orn. State
1 XBuriel 2 Cremation 3 Removal from State											
4 Donation 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	OROW	MOATH							MOAT	TITE
ET GIGHTIONE OF TOTAL DETITIOE				22 NA	AME AND AD	ADDESS OF					
1	210	1		HUB	BARD	FUNE!	RAL H	OME IN	C.		
23. PART I. Enter the disease, o shock, or heart felium IMMEDIATE CAUSE (Final disease or condition	e. List only one cau	ise on eech	line.	410	7 WIL	KENS f dying, s	AVEN	UE-BAL'	rimor:		interval Betw
shock, or heart/felium  IMMEDIATE CAUSE (Final disease or condition resulting in deeth)  Sequentielty list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. META:  DUE TO  B. OUE TO  C	OR AS A CO	line.	410 not enter the	7 WIL	KENS f dying, s	AVEN	UE-BAL'	rimor:		Approximate interval Betv
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MOHE, MAHYLAND 21215-0020	age 6 may be retained by the hospital or attending physician.	director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	the state of the s
DIVISION OF VITAL RECORDS, P.O. BOX 85/60, BALLIMORE, MARKLAND 21215-0020	3 THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	THE WIND IN TAX AND A STATE UPON THE WAY OF

	REGISTRAR		CERTIF	CATE OF	DEATH	RE	G. NO.		
	t. DECEDENT'S NAME (First, Middle, Last) FLORENCE	FRONCK	nce Fron	ckowski)		2. DATE OF D	DAY	YEAR	3. TIME OF DEATH  4: 00 PM
	-01-01-05		n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BI	26	92	LACE (State or Foreign
	A	1 M 2 XF	70 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day	Year)	Country)	n Carolina
	9s. FACILITY NAME (If not institution, give stre	net and number)		96. CITY, TOWN C	R LOCATION OF D	EATH .	and 1	UNTY OF DE	
DIRECTOR	GUOD SAMANTAN	1 HUSPITA	2	BALTTI	NONE	City		N/A	
<u>n</u>	10s. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ION				10d, INSIDE CITY
8	Maryland N/A		Bal	timore (	City				LIMITS?
BY FUNERAL	100. STREET AND NUMBER 4507 Mary Avenue			101. ZIP CODE 21206				S.A.	HAT COUNTRY?
5	11. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES			ENDENT OF HISPA			14. RACE -	- American Indian,
	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA			ecify Cuban, Mexico 2 M NO Specif		etc.)	Soochy Whit	White, atc.
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of	ATION completed)	18s. DECEDENT'S (Give kind of w	USUAL OCCUPATION CONTROL OCCUPAT	IN st of working	16b. KINC	OF BUSINESS/IN	DUSTRY	
PLE	Elementary/Secondary (0-12) 12th Grade	College (1-4 or 5+)	Seamstr			Unag	Tailor	i	
O	17. FATHER'S NAME (First, Middle, Lest)		Dealisti	CSS	16. MOTHER'S NA				
	John Blackwell				Eva Jol		waloon oorname)		
BE	19s. INFORMANT'S NAME (Type/Print)		196. MAILING	ADDRESS (Street a	nd Number or Rural		v or Town, State, Z	(Ip Code)	
2	Raymond A. Froncko	wski			enue, Bai				206
	20a. METHOD OF DISPOSITION 1∑ Burial 2 □ Cremetion 3 □ Remon		PLACE AND DATE O	F DISPOSITION (Na		DATE	20c. LOCATION -		
	4 Donation 5 Other (Specify)	Pa	etery, cremetory or off arkwood	Cemetery	7	5/29	Baltim	ore. M	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE	1	John C	Miller	L. Inc.			- 10
	satile.	o M. Me	yphy	6415 E	elair Ro	oad, Ba	ltimore,	, Mary	land 21206
	23. PARTI. Enter the diseases, or construct, or heart failure. L. IMMEDIATE CAUSE (Finel disease or condition	implications that coused ist only one cause on ea	the death. Fo n			, 1	r respiratory s	rreat,	Approximate interval Between Onset and Death
	resulting in death)	DUÉ TO (OR AS A	CONSEQUENCE OF		Blees	d			36 Ms
Z	6	- HTN							
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF	E OF):					
S	CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF	٦٠					-
E	resulting in death) LAST			,					
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EDICAL	PART ii. Other significent conditione	contributing to deeth bu	it not reaulting i	n the underlying	ceuse given in		WAS AN AUTOPSY PERFORMED?		WERE AUTOPSY FINDINGS WAILABLE PRIOR TO
EDIC						10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
Σ						-		1	TES 2 THO
AN	25. WAS CASE REFERRED TO MEDICAL			20 04	AGE OF DEATH OF				
PHYSICIAN:	EXAMINER?	HOSPITAL:	etlant 3 🗆 DOA	OTHER:	ACE OF DEATH (Ch				
Ŧ	27. MANNER OF DEATH	28s. DATE OF INJURY	28b. TIME	OF 26c. INJU	5 ☐ Residence		HOW INJURY O	CCURED	
ВУ Р	Natural 5 Pending Investigation	(Month, Day, Year)	INJU	2.0	RK? ES 2 NO	200		-	
	3 Suicide 6 Could not be	28e. PLACE OF INJURY - building, atc. (Speci	— Al home, farm, st	treet, factory, office		281. LOCATION City or Tow	(Street and Number State)	er or Rural Roo	ute Number,
	4 Homicide determined						, 5.0.0)		
2	29a. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the best of my knowle	edge, death occurre	d at the time, date	and place, and due	to the cause(s)	and manner as at	ated.	
COMPLETED		On the basis of examination							and menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	0 0	2		29c. LICENSE NUI	MBER	29d. DA	TE SIGNED (A	Month, Day, Year)
9	Jackson U.		1. V.						.92
	ANTONIO A. PEDI	COMPLETED CAUSE OF DEA	OCH RAL	Princ) VEN B	LVO.,	BALTI	. , M	D 217	239
	MAY 29 1992	32: REGISTRAR'S SIGNA GUNA WAY COM	- Fandell						



## BALTIMORE, MARYLAND 21215-0020

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COMPLET

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

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2

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR AT TO THE FUNERAL DIRECT DE filed within 72 hours a IMPORTANT: If Item 2

hospital or attending physician.	stached for use as the burial-transit permit. Pages 1	900
be executed within 24 hours after death. Page 6 may be retained by the	ician and completely filled in by the funeral director, page 5 should be detailed to build crampation or removed	transaction of the medical examiner must be notified at on
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1 with the State Dard of Health and Manual Maries in Novice to burial companion or respectively beauty death with the State Dard of Health and Manual Maries in Novice to burial companion or respectively.	main. It from 28 is marked, or flem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

92 14962 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR KATHERINE FRYE E. 05 92 11:00 A. 4. SOCIAL SECURITY NUMBER 5 SEY 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 X F 220-44-9502 97 12 12 1894 HUNGARY 9s. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OFATH FUNERAL DIRECTOR 524 NORTH CHARLES ST. APT. 1504 BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND BALTIMORE 1X YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 524 NORTH CHARLES STREET APT. 1504 21201 USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 13. WAS OCCENOENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuben, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES 2 NO Specify: 3 🗓 Widowed 4 🗌 Divorced WHITE 18s. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. OECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) 3rd HOUSEWIFE 17. FATNER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Maiden Surname) PETER KRICH EVA (?) 19s. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) KATHERINE E. MILLER 1 UPLAND ROAD, BALTIMORE, MARYLAND 20a, METHOD OF DISPOSITION
1 Special 2 Cremetion 3 Removal from State 20b. PLACE AND DATE OF OISPOSITION (Name of 20c. LOCATION — City or Town, State DATE 4 Donation 5 Other (Specify). MORELAND MEMORIAL PARK 5/29/92 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE BALTO. 23. PART I. Enter the diseases, or complications that can med the neeth. Do not enter the mode of dying, auch as cardiac or respiratory arrest, Approximate shock, or heart fallure. List only one cause on each line Interval Betw IMMEDIATE CAUSE (Finel Onset and Death dissess or condition resulting in deeth) ASCVD DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS

						1 🗆 YES 2 🚉 🖰	OF DEATH?  1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	H	OSPITAL:		OTHE					
27. MANNER OF DEATH	۲,	□ Inpetient 2 □ ER/Outpetien		_	rsing Home 5 Residence				
1 Natural 5 Pending 2 Accident Investigation	n	28s. OATE OF INJURY (Month, Day, Year)	28b. TIN	ME OF JURY M	28c. INJURY AT WORK?  1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCUP	REO		
3 Suicide 8 Could not 4 Nomicide determined		28s. PLACE OF INJURY — A building, etc. (Specify)	t home, ferm,	street, fa	ctory, offics	281, LOCATION (Street and Number or Rural Route Number, City or Town, State)			

	1- CERTIF	PHYSICIAN: To the best of my knowledge, death occurred at the time, dats and place, and due to the cause(s) and manner as stated.
one)	2 MEDIC	AL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner

as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)

2067

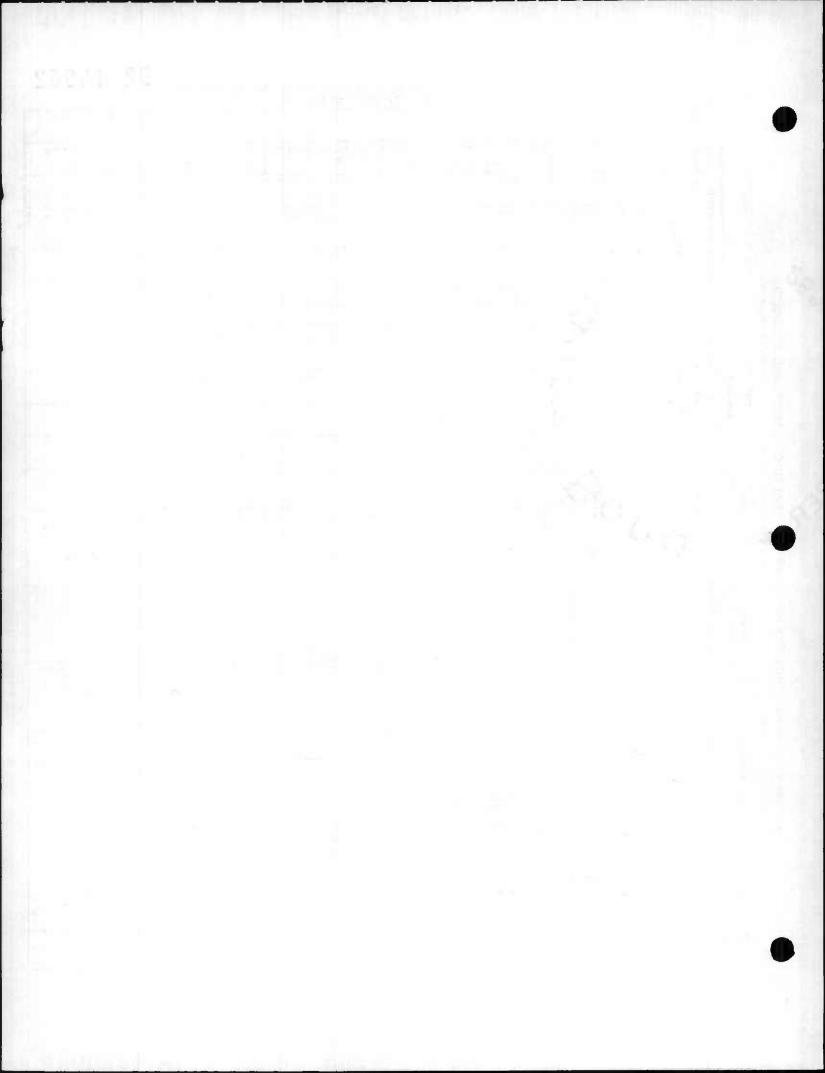
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF CEATH (ITEM 27) / Since Original Complete Comple

5810	Belein	1	21206	(George	Lowe,	70
NTE FILED (Month, Day, Year)	32. REGISTI	AR'S SIGNATURE,				-

31. D a nondigitaly- Vallacian MAY Z 9 199Z



5/2



WERE AUTOPSY FINDINGS MAILABLE PRIOR TO

COMPLETION OF CAUSE OF DEATH?

29d. DATE SIGNED (Month, Day, Year)

27,

May

PERFORMED?

1 TES 2 NO

medical examiner must be notified at once.

BE COMPLETED BY FUNERAL DIRECTOR

2

-	funera		xami
	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funers	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical exami
-	y filled	stion, or	the m
	amoletel	I, crema	event,
	and c	to buria	matic
	ohysician	e prior	er trau
	ending p	I Hygien	or oth
	the att	1 Menta	Injury,
	aned by	alth and	s any
	been sig	. of He	show
	has	e Depl	n 23
	rtificate	he Stat	or Ite
	this ce	with th	rked,
	R: After	r death	Is ma
	RECTO	urs afte	m 28
	RAL DI	72 ho	If Ite
	FUNE	within	KTANT
	THE	filed	2
	F	Š	=

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR		STATE OF I	MARYLAND /	DEPART ERTIFI	TMENT OF H	IEALTH AND DEATH	MENTAL HYGIEN REG. NO.	9 2	2 14963
1. DECEDENT'S NAME (First A	t, Middle, Last) UDREY	FAYE	GOREE				2. DATE OF DEATH DATE OF MAY 27	1 9 9 2	
4. SOCIAL SECURITY NUM 217 56 469		5. SEX 1  M 2 F	6. AGE (In yrs. les		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/15/194	8.9	IRTHPLACE (State or Foreign ountry) ennsylvania
90. FACILITY NAME (W not & 1217 S.	Carey					1 timore		9c. COUNTY C	
Maryland	10b. COUNTY	· ====			town or Locat	TION			10d. INSIDE CITY LIMITS? 1 😾 YES 2 🗌 NO
1217 S. C					101	21230		U.S.	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Dive		12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 W	MED IO	If yes, sp	ENDENT OF HISPAI ecity Cuban, Mexica 2 NO Specif	NIC ORIGIN? (Specify Yes in, Puerte Rican, etc.) y:		RACE — American Indian, Black, White, etc. Specify: White
15. DEC (Specify on Elementary/Secondary (i 12th Grad 17. FATHER'S NAME (First, A	e fiddle, Last)	College (1-4 or 5	·) Mā	nage		st of working	Royal	Farm S	WY .
19a. INFORMANT'S NAME (	Type/Print)	teve T.		. MAILING	ADDRESS (Stroot a		A L. Young  Route Number, City or Town  Baltin		aryland 21230
20a. METHOD OF DISPOSIT  1	on 3 🗆 Reme	ovel from State	cemetery, cre-	ND DATE Of	F DISPOSITION (No	me of	DATE 20c. LO	CATION — City o	-
21. SIGNATURE OF FUNERAL	ne j	mome	wound	1	22. NAME AN Geo: 4001	rge J. G.	once Funera	al Home	P.A.
23. PART i. Enter the d shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart failure.	nDUE TO	se on each line	UENCE OF	ot enter the mo	de of dying, suc	h aa cardlec or respi	ratory arrest,	Approximate interval Between Onset and Death
Sequentially list condit if any, leading to imme cause. Enter UNDERLY! CAUSE (Disease or inju- that initiated events resulting in death) LAS	diate ING Iry	Stuce of the to	OR AS A CONSECUTION OF A CONSECUTION OF A CONSECUTIO	MS WENCE OF) CLU WENCE OF)	mall of wa	cell C	eterstasi	s.	-
PART ii. Other aignifica	nt condition	s contributing to	death but not n	suiting in	the underlying	cause given in	Part I 24s WAS AN	Vegotila	24h WEDE ALTYODOV ENIDMOS

1 - YES 2 - NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:
1 Inpetient 2 ER/Outpetient 3 DOA
28e. DATE OF INJURY
(Month, Dey, Year) 28b. T 26. PLACE OF DEATH (Check only one) OTHER: 1 TES 2 NO 5 Residence 6 - Other (Specify) 28c. INJURY AT WORK?
1 YES 2 NO 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED Natural Accident 28e. PLACE OF INJURY — At home, term, street, factory, office building, etc. (Specify) 3 Suicide 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined 4 U Homicid

29a. CERTIFIER ath occurred at the time, data and place, and due to the cause(a) and manner as stated

296. SJÖNATURE AND TIPLE OF PERTIFIED

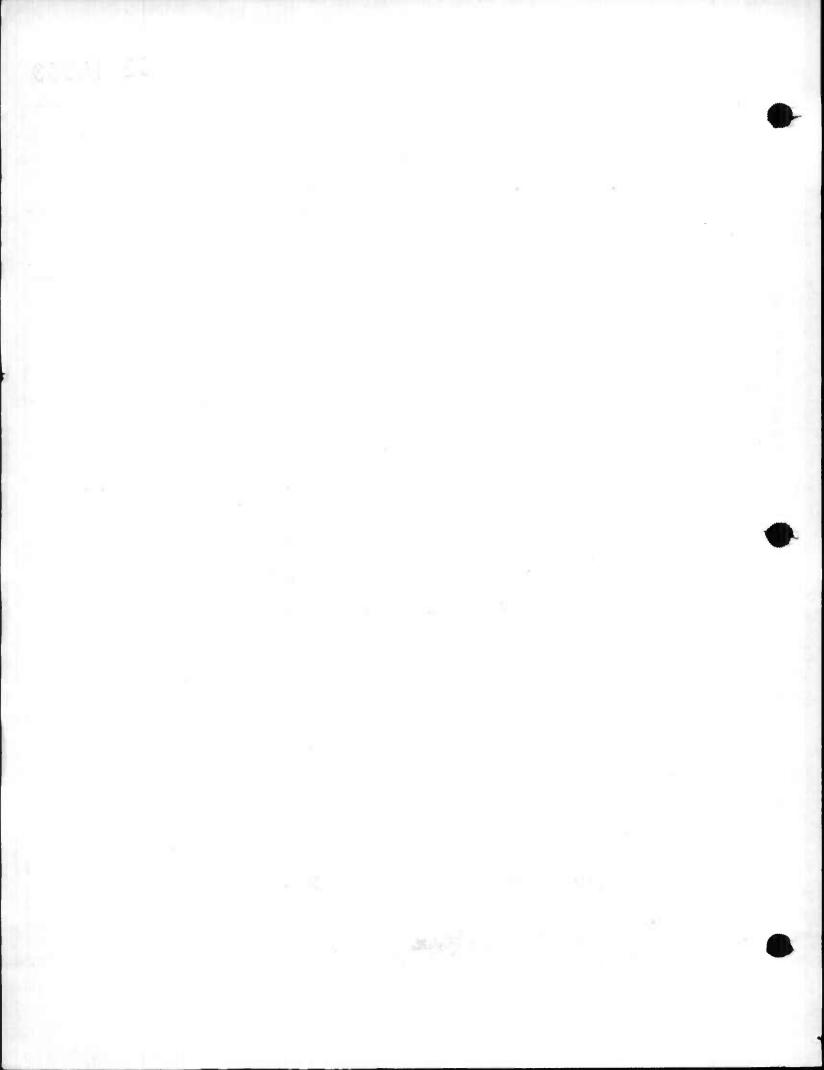
30. NAME AND ADDRESS OF PERSON HOLD COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

University Hospital, Baltimore,

REZAZADEH 31. DATE FILED (Month, Day, Year)
MAY 29 1992 32. REGISTRAR'S SIGNATURE

HAMIED

1992



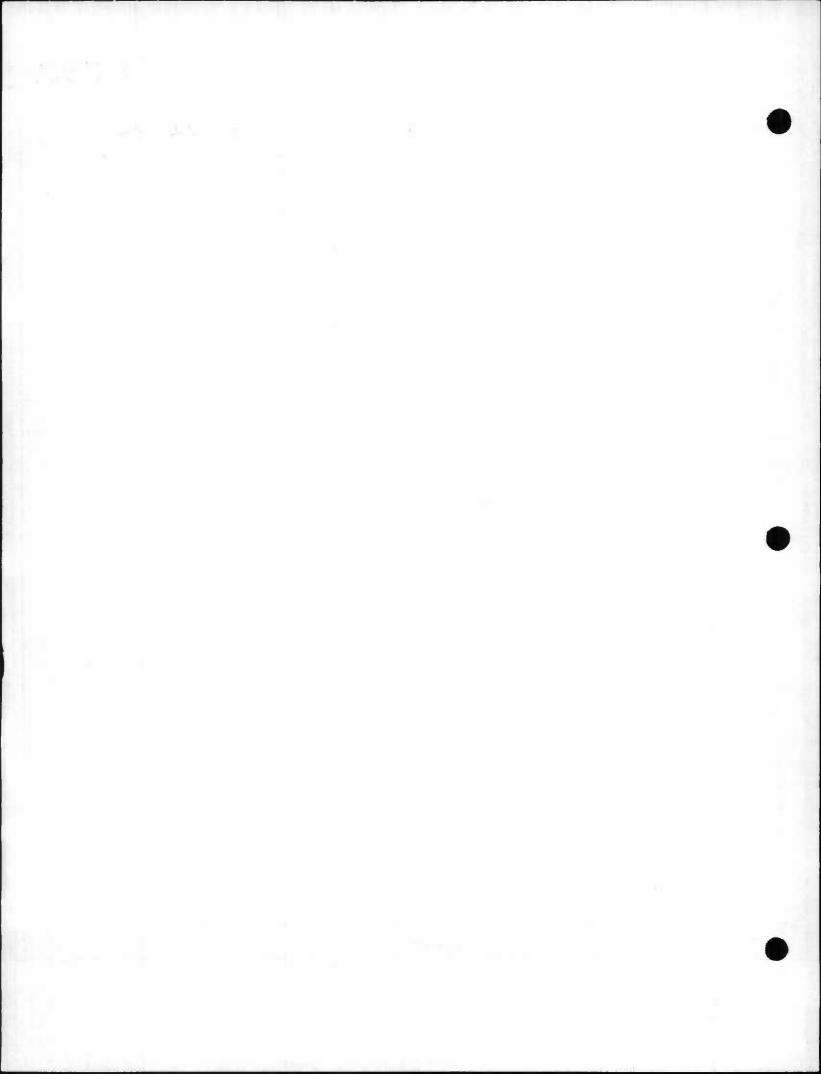
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.

1 - STATE REGISTRAR	STATE OF MARYI		NT OF HEALTH AND TE OF DEATH	MENTAL HYGIEN	VE.	- 14901
1. OECEDENT'S NAME (First, Middle, Les	· ·	RRY W. GUE	ERT	2. DATE OF DEATH	2 9	
4. SOCIAL SECURITY NUMBER  216 32 1612  90. FACILITY NAME (It not institution, given	1 2 F	57 YRS. MONTH		7. DATE OF BIRTH (Month, Day, Year) 2/3/1935	· ·	BIRTHPLACE (State or Abraign Country) Maryland
St. Agnes Hos			Baltimore	City	9c. COUNTY	OF DEATH
Maryland An	ne Arundel	10c. CITY, TOW Balti	N OR LOCATION MOLE			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
3805 Brookwo	od Road		10f. ZIP CODE 21225		10g. CITIZEN U.S.	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 XDivorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13. WAS DECENDENT OF HISP. It yes, specify Cuben, Maxi- 1  YES 2 NO Specify No.	can, Puerto Rican, etc.)		RACE — American Indien, Bleck, White, etc. Specify: White
15. DECEDENT'S EI (Specify only highest gri Elementary/Secondary (0-12) 12th Grade	DUCATION ide completed) College (1-4 or 5+)	16e. DECEDENT'S USUA (Give kind of work of life. Do NOT use retire WORKET	ne during most of working	166. KIND OF BU	Wash	
17. FATHER'S NAME (First, Middle, Lost)  19a. INFORMANT'S NAME (Type/Print)	Lawrence Augu		t Glad	dyes May Di	xon	
Gary Shreves			ess (Street end Number or Rura tchie Highway			yland 21225
20s. METHOD OF DISPOSITION  1 Reuriel 2 Cremation 3 Re 4 Donation 6 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE	emoval from State Co			5/28 Bal	1 Home	Maryland P.A.
23. PART I. Enter the disesses, or shock, or heart failur IMMEDIATE CAUSE (Finel disesse or condition resulting in death)	s. List only one cause on o	esch iina.		on as cardiac or resp	matory arrest,	Approximata Interval Betw Onset and D
Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):  A CONSEQUENCE OF):				
PART II. Other significent conditi	ons contributing to deeth	but not resulting in the	underlying cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINDS AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 4 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ОТН				
1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1 Inpetient 2 ER/Out 28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY	Vursing Home 5 Residence  28c. INJURY AT WORK?  1 YES 2 NO	6 Other (Specify)  28d. DESCRIBE HOW	INJURY OCCURE	ED
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	28+ PLACE OF IN HID	Y — At home, term, street, cify)	actory, office	261. LOCATION (Street City or Town, State)		ural Route Number,
	SICIAN: To the best of my know NER: On the basis of examination					use(e) and manner as state
296, SIGNATURE AND TITLE OF CERTIF	1	1 Rg, lent	29c. LICENSE NU	JMBER		
					1 1	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON N  . Me	WHO COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Print)	.1-1		<b>&gt;</b> 2 /	





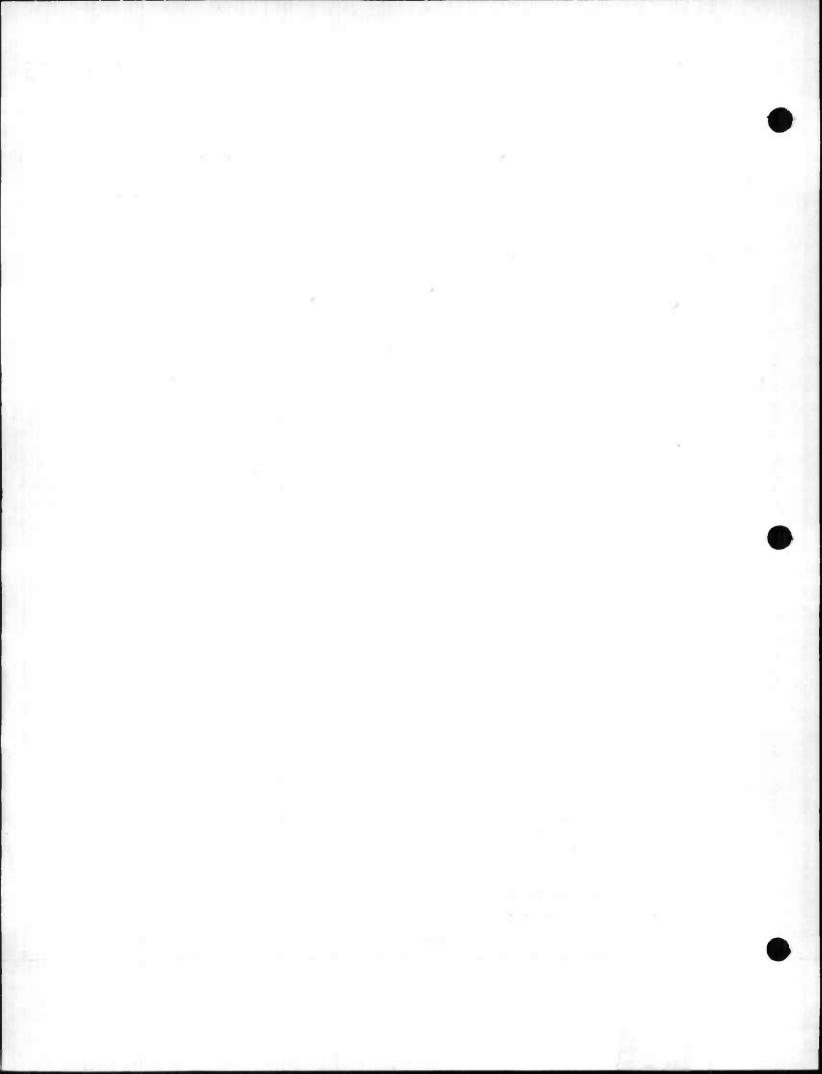
O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should thin the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.	r other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exe	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
	TO THE	TO THE be filed	IMPOR

	FOR 1 - STATE REGISTRAR	STATE OF A				HEALTH AND	MENTAL		E	92	14965
	DECEDENT'S NAME (First, Middle, Lest)     MARY     F		- CL		REEN	DEAIN	2. DATE O	REG. NO.			:53 PM M
	4. SOCIAL SECURITY NUMBER  216 07 7478  98. FACILITY NAME (If not institution, give s	5. SEX 1	6. AGE (In yrs. last	YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	8/:	DE BIRTH Day, Year) 17/19	00	Md Md	
CTOR	NORTH ARUNDEL HO		SSOCIATI			BURNIE	JEATH		9c. COUNTY OF DEATH A.A. COUNTY		
DIRECTOR	Md . 10b. COUNT	AA Co.			n Bur						I. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 111 Hollins Fe	erry Rd			1	21061			10g. CITIZE	USA	COUNTRY?
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 N Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 N		If yes, s	CENDENT OF HISPA specify Cuban, Maxic S 2 PM NO Speci	an, Puerto R	(Specify Yealcan, etc.)		4. RACE — / Black, Wh Specify: Blaci	
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 d	(Gi	ve kind of wo Do NOT use	sual occupation during in retired.)	nost of working	16b.		siness/indu		
BE COM	17. FATHER'S NAME (First, Middle, Lest) Zebulon	Heath				18. MOTHER'S N	AME (First, M nnie	iddle, <b>V</b> siden LES	ster		
TO B	Winifred Queen	n	19	MAILING A	ODRESS (Street	and Number or Rural S Ferry	Rd .	GI'er	r, Bur	mie,	Md21061
	20e. METHOD OF DISPOSITION  1 M Burlel 2 Cremetton 3 Rem 4 Donetton 5 Other (Specify)	oval from State			DISPOSITION (	MC.Cem.	DATE 5/	2 h	cation - ci		
	21. SIGNATURE OF FUNERAL SERVICE LIG	a;	moil	ton	170		ns S	n & S t. Ba	Sons	, Md	. 21217
	23. PART //Enter the diseases, or shock, or heart failure.  IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one cau a. R 13 5	se on each line			ode of dying, au		ac or respi	ratory arres	st,	Approximate interval Between Onset and Death
ERTIFICATION	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(DR AS A CONSEC	UENCE OF):							
PHYSICIAN: MEDICAL C	PART II. Other significant condition	s contributing to	death but not re	eauiting in	tha underlyl	ng cause given ir		24a. WAS AN PERFOR 1 YES 2	MED?	CON OF I	RE AUTOPSY FINDINGS ILABLE PRIOR TO RELETION OF CAUSE DEATH?  YES 2 NO
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C					
	1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28a. DATE OF (Month, D.		28b. TIME	OF 28c. IP	me 5 Residence  JURY AT  ORK?  YES 2 ND			NJURY OCCU	RED	
TED BY	2 Accident 3 Suicide 8 Could not be determined	28s. PLACE D building,	28s. PLACE DF INJURY — At home, farm, street, factory, office  28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						Number,		
COMPLET	one) 2 MEDICAL EXAMINE										manner as stated.
TO BE	296. NIGHATURE AND TITLE OF CENTURES	un				29c. LICENSE NU	838		29d. DATE 5	/2G	11th, Ocy, Year)
	DR. JOHN SHAVERS	, M.D./51	8 S. CAN	127) (Type, P 1P ME)	ADE ROA	D/LINTHI	CUM,	MD. 2	1090		The 1 S



MAY 2 9 1992

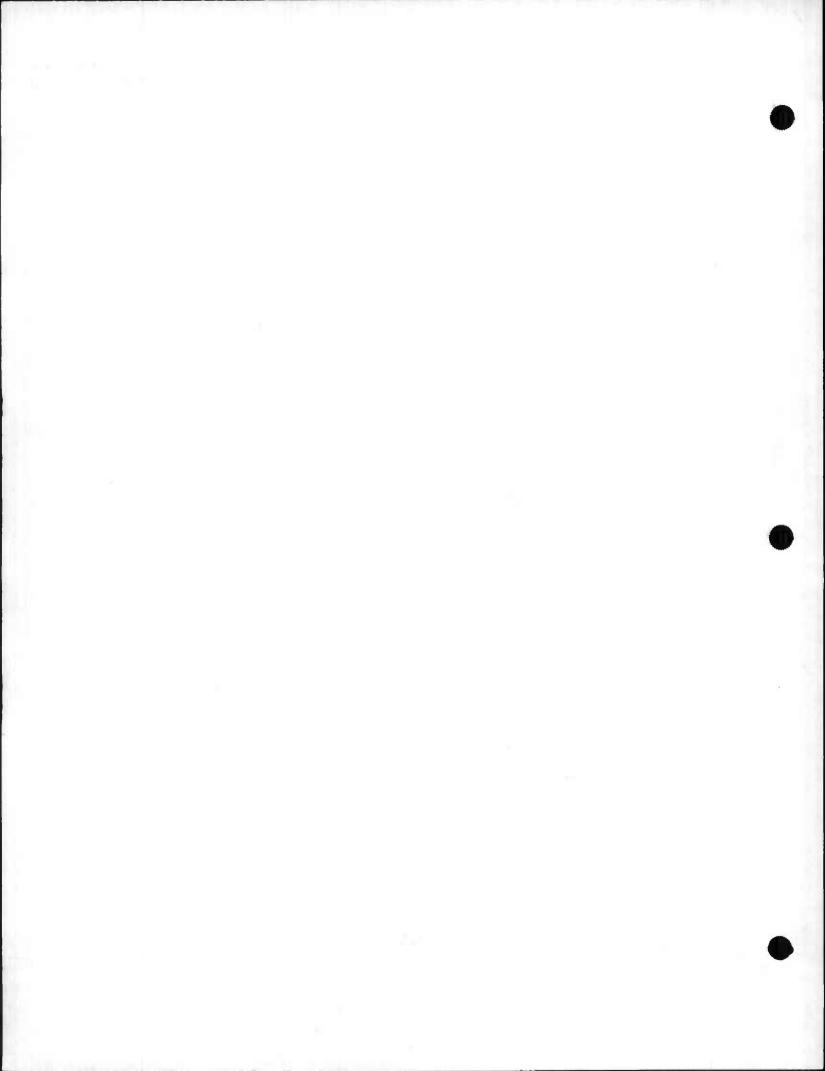
32 BEGISTRAR'S SIGNATURE



DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

. DECEDENT'S NAME (First, Middle, Las	rt)						2. D/	TE OF DEATH	ı.	h	3. TIME OF DEATH
Catherine E.	Horney						05	NTH 27		992	4:25
SOCIAL SECURITY NUMBER	5. SEX 6.		lest birthday)	IF UNDER		IF UNDER 24 HRS.	7. DA	TE OF BURTH		8. BIRTI	HPLACE (State or Foreign
213-18-0122	1   M 2 (1)	7	2 YRS.	MONTHS	DAYS	HOURS MIN.	I	2-11-1	919	Ma	ryland
e. FACILITY NAME (If not institution, give	e street and number)			9b. CITY	, TOWN	OR LOCATION OF	EATH		9c. COU	INTY OF D	DEATH
30 S. Lehigh St	reet			Ba	alti	more					
00. STATE 10b. COU			10c CIT	Y, TOWN C							
Maryland						e City					10d. INSIDE CITY LIMITS? 1 X XES 2 NO
De. STREET AND NUMBER						. ZIP CODE			10a CIT	TZEN OF	WHAT COUNTRY?
330 South Leh	igh Stree	t				21224			_		States
1. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S.		13.		ENDENT OF HISPA	NIC ORI	GIN? (Specify Yee		_	E - American Indian,
Never Married 2 Married	FORCES? 1 I				If yes, sp	ecify Cuban, Mexic 2 XIVO Spec	en, Puer	o Ricen, etc.)		Spec	k, White, etc.
Wildowed 4 Divorced						KA					White
15. DECEDENT'S EI (Specify only highest gra	DUCATION ade completed)	16a.	(Give kind of life. Do NOT us	USUAL O	CCUPATIO	ON est of working	3	6b. KIND OF BUS	INESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)						].	T		7	
7. FATHER'S NAME (First, Middle, Lest)			Packe	: L			_			nal	Paper
Leo Kreipel								t, Middle, Meiden	,		
De. INFORMANT'S NAME (Type/Print)			10h MAII 1517	ADDRESS	g /0	ELLZ and Number or Rural		h Hagi		0.11	
Marie Poremps	ki										MD 2123
De. METHOD OF DISPOSITION		20h Pl 40	CEANDDATE						CATION -		
☐ Buriel 2 ☐ Cremation 3 ☐ Re	emoval from State	Gar	dens'	ther place)	Fai	th Ceme	ter	V Ra	1 + i m	ONYOFIC	MI)
						001110		J Da.	L U 111	TOTC	, LID
I. SIGNATURE OF FUNERAL SERVICE	LICENSEE					D ADDRESS OF F					
SIGNATURE OF FUNERAL SERVICE				22. L	NAME AN	V & Zei	ACILITY 1 e i	. Inc	. F11	ner	al Homes
3. PART I. Enter the diseases, of ahock, or heart failure	r complications that ce. List only one cause	aused the	death. Do r	L: 7 (	illy	y & Zei S. Conk	ller clir	, Inc	. Fu Bal	ner	al Homes
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FOR STATE REGISTRAR CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Z HOOKIN NUMBER 5. SEY 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH JE UNDER 24 HRS 1 M 2 F YRS page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Ba DIRECTOR RESIDENCE Orinio, Georg 10e. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? 1 TYES 2 NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE WHAT COUNTRY? 10a, CITIZEN OF 200 2 mours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puerto Ricen, etc.) RACE — American Indian, Black, White, atc. 1 Never Merried 2 Married BY 1 TES 2 NO Specify: 3 Widowed 4 Divorced Black COMPLETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life, Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest g Elementary/Secondary (0-12) College (1-4 or 5+) A Degre once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at nluns asebourg BE INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Rou 2 819 Silver 20905 be 20a. METHOD OF DISPOSITION

1 Burial 2 Cremation 3 Re

4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE 20c. LOCATION - City or Town, State completely filled in by the funeral director, emalory or other place Balto Cemetery the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY for - HWest 300 wabash 23. PART I. Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximata ahock, or haart failure. List only one cause on each line. cremation, or interval Between IMMEDIATE CAUSE (Final **Onset and Dasth** disease pr condition event, reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): prior to burial, traumatic CERTIFICATION eas and Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING DUE TO (OR AS A CONSEQUENCE OF): been signed by the attending physician it. of Health and Mental Hygiene prior to CAUSE (Disease or injury that initiated avents or other DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. PHYSICIAN: MEDICAL 24a. WAS AN AUTOPSY 24b. WERF AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? PERFORMED? shows any 1 YES 2 70 1 YES 2 NO certificate has be the State Dept. Hem 23 25. WAS CASE REFERE EXAMINER? TO MEDICAL 25 PLACE OF DEATH (Check only one) certificate HOSPITAL NO OTHER 1 TYES Inpatient 2 ER/Outpatient 3 DOA 5 - Residence 6 - Other (Specify) 10 27. MANNEY OF DEATH 284. DATE OF INJURY (Month, Day, Year) with marked, 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED this Natural BY M 1 YES 2 NO death After 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 28 is COMPLETED 281. LOCATION (Street and Number or Rural Route Number, City or Town: State) THE FUNERAL OIRECTOR: filed within 72 hours after 4 Homicide IMPORTANT: If item 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, end due to the ceuse(a) and manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due 29b. SIGNATURE AND TITLE OF CERTIFIER BE 29d. DATE SIGNED (Month De 703 23 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type Print) CÓ and MO 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Mo 1992 MAY 29

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

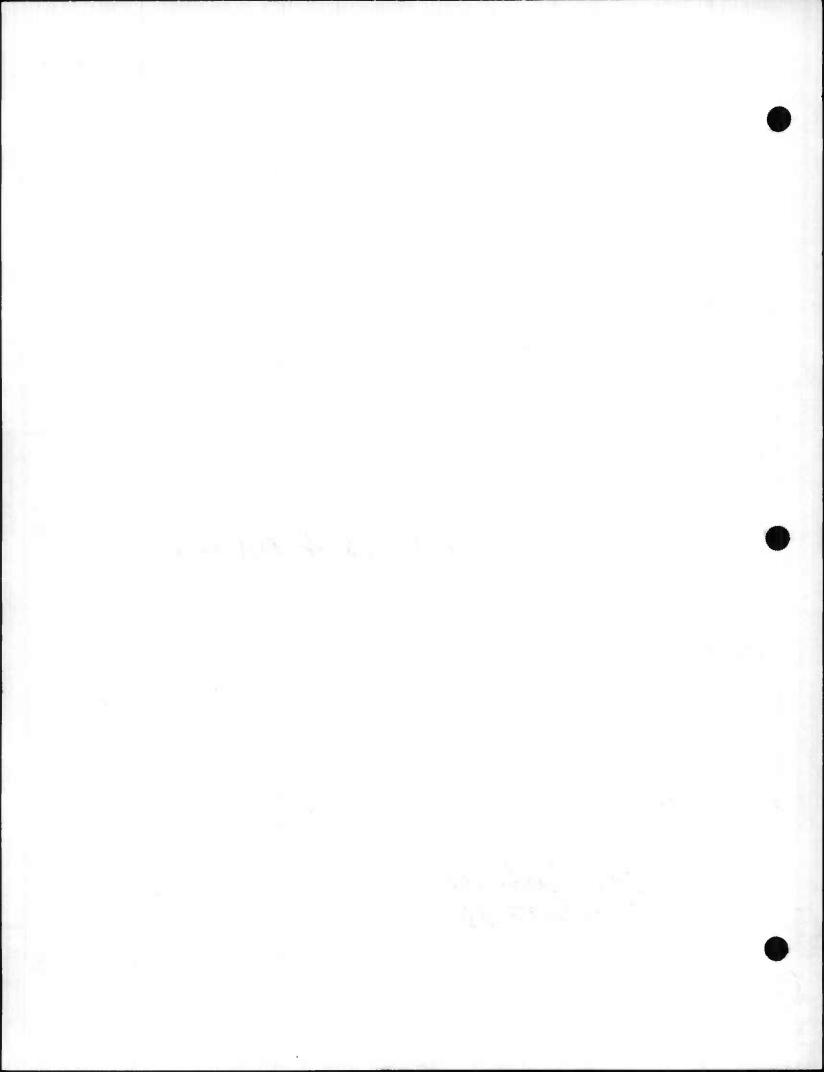
OHMH-16 Rev 1/89

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Section	DIRECTOR	10a. STATE 10b. COU	NTY			TY, TOWN O			
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BALTIMORE, MARYLAND 21215-0020 er death. Page 6 may be retained by the hospital or attending physician. the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ral.	E E	1140 Cooks La	ne						
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MAR retained 5 should	10 18	19e. INFORMANT'S NAME (Type/Print)			19b. MAILING ADDRESS				
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BALTIMORE, nours after death. Page 6 may be d in by the funeral director, page or removal.	5	20g. METHOD OF DISPOSITION	entitle to	20b. PLAC	E AND DATE	OF DISPOSI			
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X esse		Sequentially list conditions, if any, leading to immediate	DUE TO (O	R AS A CONS	EOUENCE O	F):			
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_	1 1	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S	SIGNATURE	115				

1 - FOR STATE REGISTRAR **CERTIFICATE OF DEATH** 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH DAY 05 24 3. TIME OF DEATH С. (HARRISTON) HAIRSTON YEAR TYRONE 1992 11:50 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) | IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year) 7 - 3 - 196 1 XX.... 015 51 1000 MONTHS DAYS HOURS Md TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 'IMORE R LOCATION 10d. INSIDE CITY re 1 X YES 2 NO 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21229 USA WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— If yea, apecify Cuban, Maxican, Puerto Rican, atc.)

| YES 2 | NO Specify: 14. RACE — American Indian, Black, Whita, atc. Specify: Black CCUPATION during most of working 16b. KIND OF BUSINESS/INDUSTRY 18. MOTHER'S NAME (First, Middle, Maiden Surname) Marie Clark (Street and Number or Rural Route Number, City or Town, State, Zip Code, North Avenue Baltimore, Md 21229 DATE 20c. LOCATION — City or Town, Stata 52992 Anne Arundel Co. Md NAME AND ADDRESS OF FACILITY arch F/H West 00 Wabash Avenue the mode of dying, such as cardiac or respiratory arrest, interval Between Onset and Death 24a. WAS AN AUTOPSY PERFORMED? derlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE YES 2 | NO OF DEATH? YES 2 NO 26. PLACE OF DEATH (Check only one) Ing Home 5 - Residence 6 - Other (Specify) 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED SELF-IN-FLICTED GUN SHOT WOUND 1 YES 2 NO 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 1140 COOKS LANE BALTO CO, MD me, data and place, end dua to the cause(a) and manner as stated. pinion, death occured at the time, data and placa, and due to the cause(a) and manner as stated. 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) 5-25-1992 O.C.M.E ENN ST. BALTIMORE, MARYLAND 21201 gana waydoon Randale MAY 29 1992

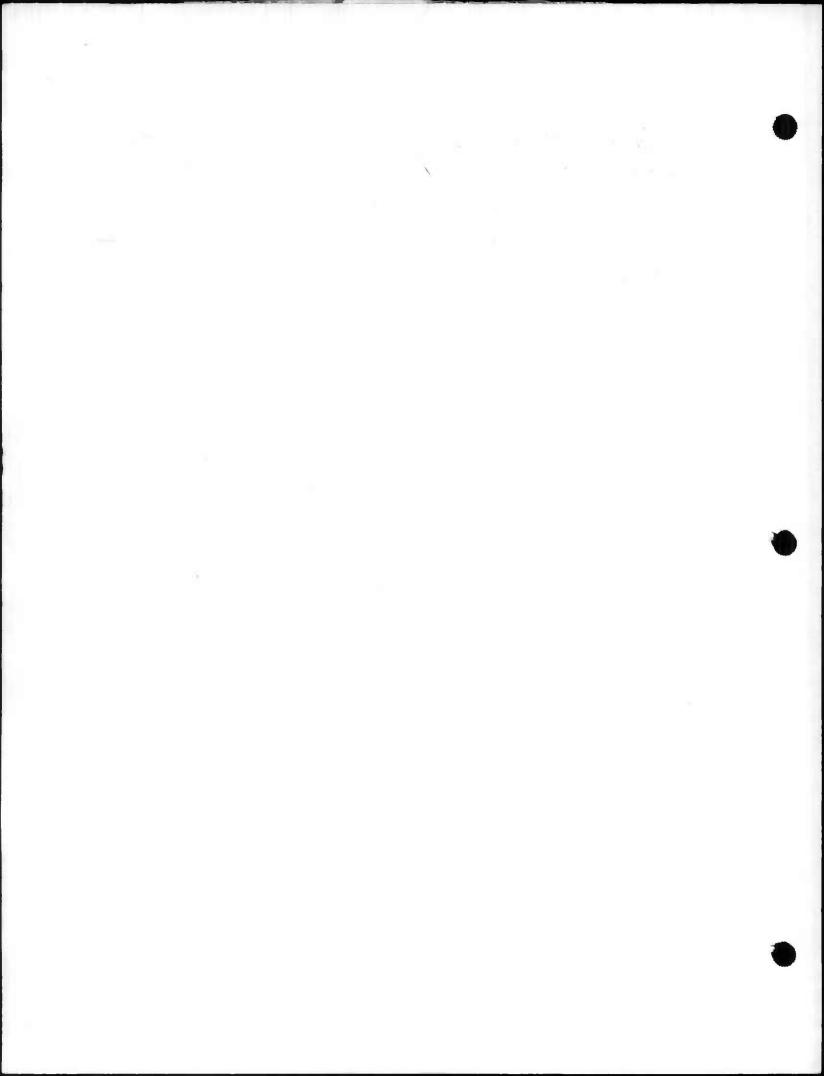
STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Activary after death. Page 6 may be retained by the hospital or attending physician.  TO THE HURERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MAI	RYLAND / DEPAF Certif	RIMENT OF ICATE OF			IENE . NO.			
	1. DECEDENT'S NAME (First, Middle Last)	VALL				2. DATE OF DEA MONTH	TH DAY 23	YEAR 3. TIME OF DEATH 5		
	4. SOCIAL SECURITY NUMBER  234-42-5776  9e. FACILITY NAME (If not institution, give se	SOCIAL SECURITY NUMBER  5. SEX  1 MM 2 F  8. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.  9. FACILITY NAME (If not institution, give street end number)  9. CITY, TOWN OR LOCATION OF I						8. BIRTHPLACE (State or Foreign Country) West Virginia INTY OF DEATH		
DIRECTOR	NORTH ARVINGE RESIDENCE OF DECEDENT	/ Ng+Co		Glen	BURNI.	<u>e</u>		ANNEARUNDE		
		ARUNDEL		PRI BY	RNIC			10d. INSIDE CITY LIMITS? 1 1986 2 2 AND		
FUNERAL	313 Hoseita		1	M. ZIP COOE	061		S.A.			
BY	11. MARITAL STATÜS 1	12. WAS DECEDENT EFFORCES? 1 X IF YES, GIVE WAR WORLD WE	OR DATES	If yes, e		NIC ORIGIN? (Specian, Puerlo Rican, at		14. RACE — American Indian, Black, White, etc. Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)						of Business/in	Dry Goods		
BE COM		. Hall		Edi		3				
5	190. INFORMANT'S NAME (Type/Print)  James Hall			Wye Cou		Route Number, City en Burnie		1and 21061		
	20e. METHOO OF DISPOSITION 1	oval from State	20b. PLACE OF DISPO other place) Metro Cre			1		re, Maryland		
	21. SIGNATURE DE FUNERAL SERVICE LIC	ENSEE	Davis	Geo	_	once Fune Hwy. Ba				
CERTIFICATION	shock, pr haart failura.  IMMEDIATE CAUSE (Final disease or condition resulting in daath)  Sequentially list conditions, if any, leading to immediate causa. Enter UNDERLYING CAUSE (Disease or Injury that initiated avents resulting in daath) LAST	a. ACC DUE TO (OF	AS A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF R AS A CONSEQUENCE OF R		wome	Fail	chiti	Interval Betwee Onset and Deal 45 m/n		
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 14NO 24b. WERE AUTOPSY FOR COMPLETION OF COMPLETION O									
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  OTHER:									
BY PHYS	1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	28s. DATE OF IN. (Month, Day,	Year) IN	ME OF 28c. II	IJURY AT YES 2 NO	PK?				
ED	3 Suicide 5 Could not be determined	28e. PLACE OF II building, etc	NJURY — At home, farm, . (Specify)	street, tactory, of	lce		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)			
COMPLET	one)		knowledge, death occur ninetion end/or investigat					ated. the ceuse(e) end manner as stated.		
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIES	Elui	esp	D	29c. LICENSE N		29d. DA	STE SIGNED (Month, Day, Your)		
	30. NAME AND ADDRESS OF PERSON WH  31. DATE FILED (Month, Day, Year)  MAY 29 1992	22. REGISTRANS	SIGNATURE	, rang						

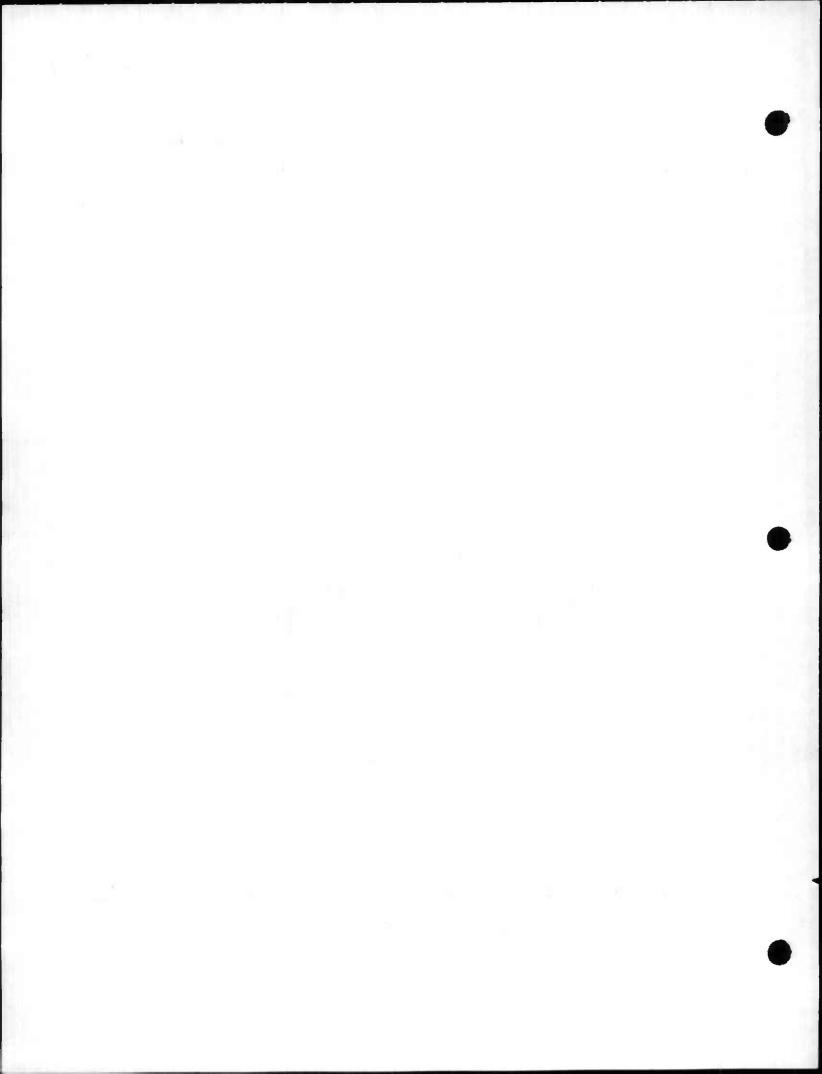




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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must he notified of
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	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC	MENT OF HEALTH A	ND MENTA	L HYGIENE REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)  4. SOCIAL SECURITY NUMBER	EDWARD F.	HALL H	ALL	MONT	5 79-	92 3. TIME/DE DEATH11:20			
	5778762-51336	Notes 1	4X X YRS. MO	UNDER ! YEAR IF UNDER 24 NTHE DAYS HOURS D. CITY, TOWN OR LOCATION		3-18-48	BIRTHPLACE (State or Foreign Country) Washington D.			
DIRECTOR	RESIDENCE OF DECEDENT	SEION :	HILL MANOR	Bultimene		/ /	V OF DEATH			
BY FUNERAL DIRE	Maryland Pri	OWN OR LOCATION  Hyattsv	ille	10d. INSIDE CITY LIMITS? 1 YES 2 NO						
	5902 31st Aver	nue Apt.	116	101. ZIP CODE	782	10g. CITIZE	EN OF WHAT COUNTRY?			
	11. MARITAL STATUS  12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 YHO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF If yee, specify Cuban, 1  YES 2 NO	HISPANIC ORIGIN Maxican, Puarto I	17 (Specify Yea or No— 1-	USA  4. RACE — American Indian, Black, White, atc.  Specify: White			
E E	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	18a, DECEDENT'S USU	JAL OCCUPATION done during most of working	16b.	KIND OF BUSINESS/INDUS	hite STRY			
COMPLET	Elementary/Secondary (0-12) 12th 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+) 3vrs	Nursery:	tired.)		Landscapin	1g			
TO BE CO		. Hall		ts. MOTHE		Aiddle, Maiden Surname)				
	19a. INFORMANT'S NAME (Type/Print)	· Hall	19b. MAILINO ADI	DRESS (Street and Number or	ATII  Rural Route Numb	na G. Mort	.1mer			
-	Madeleine H. 1	and the same of th		Stanwood S	St., Ne	ew Carroll	ton, MD 20784			
	20e. METHOD OF DISPOSITION 1 Burdel 2 Tormation 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE Of DISPOSITION (Name of Compatance) Compatance, crematory or other place) Metro Crematory, Inc. 05-29  Baltimore, MD									
	George E. 1	ENJEE Man	HU	Cremation	OF FACILITY SOCIE	ty of Mar	yland, Inc. 0., MD 21228			
CERTIFICATION	23. PART i. Enter the diseases, or c shock, or heert failura. It immediate could be seen as a se	DUE TO (OR AS A	consequence of:	refer the mode of dying	Bran	liec or respiratory arres	Approximate interval Between Onset and Deeth			
MEDICAL	PART II. Other significent conditions	s contributing to deeth b	ut not resulting in th	ne underlying ceuse giv	en in Part i.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO			
PHYSICIAN:		HOSPITAL:	01	28. PLACE OF DEAT	FH (Check only one	)				
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outp		Mursing Home 5 - Resid						
ВУР	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY	M 1 YES 2 N	ORK?					
	3 Suicide 8 Could not be 4 Homicide datarmined	28e. PLACE OF INJURY building, stc. (Speci	Se. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)			28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHOCK ONLY 0 MEDICAL EXAMINER	IAN: To the best of my knowl	edge, death occurred at	the time, date end place, en my opinion, death occured	d due to the ceus	se(e) end manner as stated,	ause(a) and manner as stated.			
TO BE C	290-SIGNATURE AND STLE OF CENTIFISM	opelar 1	MN	29c. LICENS			GNED (Month, Day, Year)			
F	30. NAME AND ADDRESS OF PERSON WHO 5310 Old Cowt Re	al sute 2	los Rando	I RAH	Copel 40 211	and my				
	MAY 29 1992	32: REGISTRAR'S SIGNA	THRE SINGLES			×				





**BALTIMORE, MARYLAND 21215-0020** 

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE FUNERAL OF THE FUNERAL OF THE WITHIN 72 h

mit. Pages 1, 2, 3 should		
id be detached for use as the burial-transit pe		d at once.
led in by the funeral director, page 5 shoul	1, or removal.	medical examiner must be notified
the attending physician and completely fill	Mental Hygiene prior to burial, cremation	njury, or other traumatic event, the
IRECTOR: After this certificate has been signed by	hours after death with the State Dept. of Health and	item 28 is marked, or item 23 shows any i
L DIRECTO	2 hours after	I item 28

92 14971 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH MONTH DAY 3. TIME OF DEATH William Lawrence Henry May 21,1992 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign Country) Washington 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) IF UNDER 1 YEAR IF UNDER 24 HRS. #ONTH\$ DAYS HOURS MIN 1 M 2 F 577 54 0023 Oct. 26 1937 Sa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Physicians Memorial Hospital DIRECTOR LaPlata Charles RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Charles Waldorf 1 YES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 411 Garner Avenue 20602 USA 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 X YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rice 1 YES 2 NO Specify: 1 Never Married 2 Merried BY KOTE & CHAR OR DATES Specify: 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade comple 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY during most of working ntary/Secondary (0-12) College (1-4 or 5+) Computer Programmer US Government 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame Robert M. Henry Esther Lucille Fowler BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) Georgia Henry same as #10 above 20e. METHOD OF DISPOSITION
12 Burlel 2 Cremetton 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State DATE cemetery, cremetory or other place) Sarcoxie Cemetery 4 Donation 5 DOther (Specify) 5/28/1992 Sarcoxie, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Homes Arlington, VA 22201 23. PART I. Entar the diseasea, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiretory arrest, Approximata ahock, or heart failure. List only one cause on each line. Interval Betwee IMMEDIATE CAUSE (Final Onset and Death Carliec avert disease or condition resulting in death) POS TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF). that initiated events resulting in death) LAST BY PHYSICIAN: MEDICAL PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24s. WAS AN AUTOPSY COMPLETION OF CAUSE OF DEATH? 1 TYES X M NO 1 YES 2 NO

25. WAS CASE REFERRED TO MEDICAL	26. PLACE OF DEATH (Check only one)						
EXAMINER?  1 YES 2 NO	HOSPITAL: 1   Inpatient 2   ER/Outpatient 3		OTHE	R: rsing Home 5 🗆 Residence	8 Other (Specify)		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		28c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED		
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, ferm, atreel building, atc. (Specify)			tory, office	281. LOCATION (Street and Number or Rural Route Number City or Town, State)		

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end meriner se stated.

attendin

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) end manner as stated. MI) 29c, LICENSE NUMBER 29b. SIGNATURE AND TITUE OF CERTIFIER

9				5	63	-
30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Print) SC R UD	26 moodys			

31. DATE FILED (Month, Day, Year)

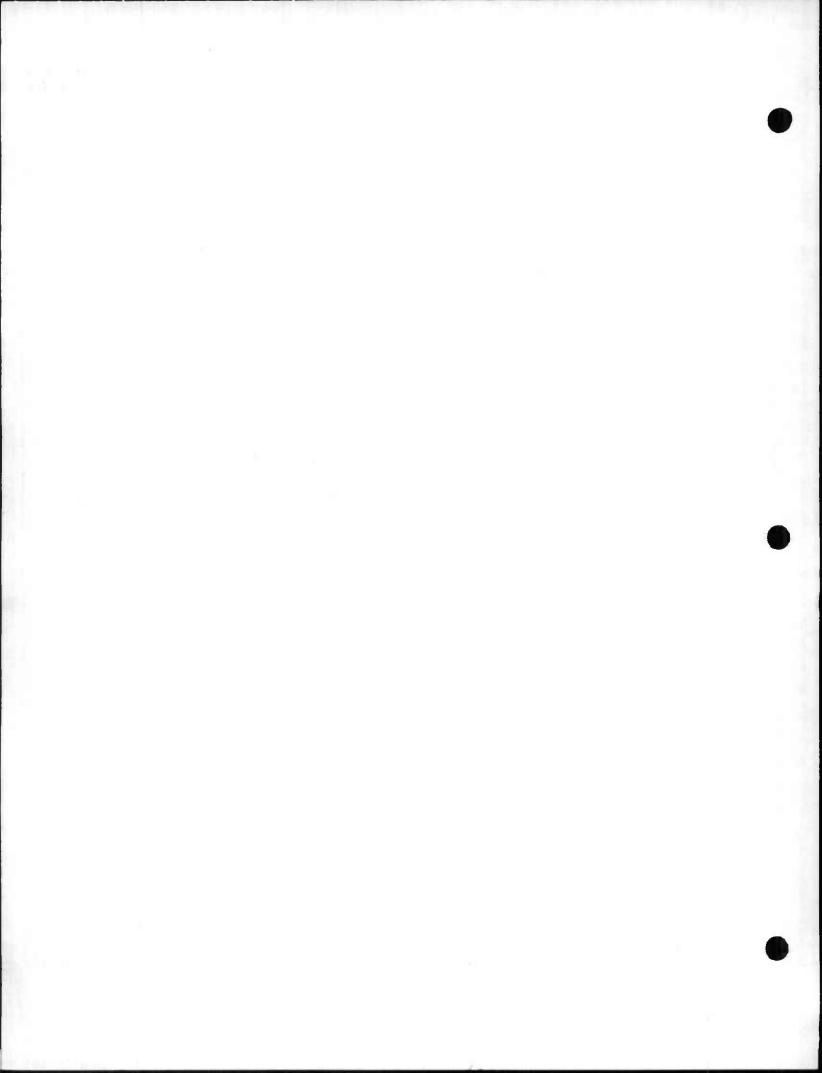
MAY 2 9 1992

32. REGISTRAR'S SIGNATURE his Navidson-Randall



COMPLETED

BE 2 29d. DATE SIGNED (Month, Day, Year)



Items 28a-f, per MEO, G-688, 6/24/92 gn Items 23 Part I,II, per MEO, G-688, 6/15/92 gn

	1. DECEDENT'S NAME (First, Middle, Last)		TE OF DEATH	2. DATE OF D	EG. NO.	3. TIME OF DEATH					
	Corrie	Here		MONTH	DAY	YEAR 4:05					
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthday) IF UM	DER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BI	IRTH 0	. BIRTHPLACE (State or Fore					
	214 44 6154	1 M 2 DF 7/ YRS. MONTH	B DAYS HOURS MIN.	(Month, Day,	22-20	Va.					
-	9a. FACILITY NAME (If not institution, give str	reet and number) 9b. C	ITY, TOWN OR LOCATION OF			Y OF DEATH					
ECTOR	Marylano Manarai Horo. Balto. City										
E C	RESIDENCE OF DECEDENT  10e. STATE 10b. COUNTY	10c, CITY, TOW	N OR LOCATION			10d. INSIDE CITY					
DIR	md	B	1+0			LIMITS?					
ME	10e. STREET AND NUMBER		101. ZIP CODE		t0g. CITIZE	N OF WHAT COUNTRY?					
FUNER		RENJ STIELT	2/21	7		15A					
5	11. MARITAL STATUS 1 Never Married 2 Married	FORCES? 1 YES 2 NO	<ol> <li>WAS DECENDENT OF HISP/ If yes, specify Cuben, Maxic</li> </ol>	ANIC ORIGIN? (Spean, Puerto Rican,	ecify Yes or No— 14 , etc.)	<ol> <li>RACE — American Indian Black, White, etc.</li> </ol>					
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATES	1 TYES 2 NO Spec	offy:		Specify:					
9	15. DECEDENT'S EDUC (Specify only highest grade of		OCCUPATION ne during most of working	16b. KINC	OF BUSINESS/INDUS	STRY					
LET	Elementary/Secondary (0-12)	College (1-4 or 5 +)	d.)		11						
COMP	17. FATHER'S NAME (First, Middle, Last)	Doma			Homa						
E C	Embrass	Hartin	1		, Malden Surname)						
8	19a, INFORMANT'S NAME (Type/Print)	19b. MAILING ADDRI	ESS (Street and Number or Rura	I Route Number, Ch	lty or Town, State. Zio C	Octo)					
5	Robert L.	Hudson 565	Lasura	_							
	204 METHOD OF DISPOSITION	20b. PLACE AND DATE OF DISP	OSITION (Name of	OATE	20c, LOCATION — Cit						
1	4 Donation 5 Other (Specify)	- Frble	tu.5		Bal.	to. m					
	22. NAME AND ADDRESS OF FACILITY  James A. Morton & sons										
	1701 Laurens St. Balto., Md. 21										
	Just w.	Dec. Mousi	1701 Laure	ens St.	. Balto.	, Md. 212					
	23. PART I. Enter the diseases, or co shock, or heart failure. L	omplications that caused the death. Do not and	1701 Laure ter tha mode of dying, au	ens St.	Balto. or respiratory arrea	it, Approximate					
	23. PART I. English the diseases, or co- shock, or heart failure. L IMMEDIATE CAUSE (Final disease or condition	lat only one ceuse on each line.	ter tha mode of dying, au	ch as cardiac d	or respiratory arrea	Approximate interval Bets					
	IMMEDIATE CAUSE (Final	omplications that caused the death. Do not and let only one ceuse on each line.  Dislodgement of tracheost.  DUE TO (OR AS A CONSEQUENCE OF):	ter tha mode of dying, au	ch as cardiac d	or respiratory arrea	Approximate interval Bette Onset and I					
Z	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Dislodgement of tracheost	ter tha mode of dying, au	ch as cardiac d	or respiratory arres	Approximate interval Bette Onset and I					
TION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate	Dislodgement of tracheost	ter tha mode of dying, au	ch as cardiac d	or respiratory arres	Approximatinterval Bet Onset and I					
ICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	Dislodgement of tracheost  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	ter tha mode of dying, au	ch as cardiac d	or respiratory arres	Approximatinterval Bet Onset and I					
TIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Dislodgement of tracheost	ter tha mode of dying, au	ch as cardiac d	or respiratory arres	Approximate interval Better Onset and I					
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Dislodgement of tracheost  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):	omy tube complic	ating gui	or respiratory arres	Approximate interval Better Onset and I					
CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Dislodgement of tracheost  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):	omy tube complic	ating gui	or respiratory arres	Approximatinterval Bet Onset and I					
CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Dislodgement of tracheost  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):	omy tube complic	The Part I. 24a.	illain barre syndro	Approximate interval Bet Onset and I					
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	Dislodgement of tracheost  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):	omy tube complic	The Part I. 24a.	illain barre syndro	Approximate interval Bett Onset and E					
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions Chronic renal fail:	Dislodgement of tracheost  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):	omy tube complices the mode of dying, automy tube complices to the complices of the complices of the complices of the complices of the complices of the complices of the complex of the co	The last of the la	illain barre syndro	24b. WERE AUTOPSY FING AMALABLE PRIOR TO COMPLETION OF CALL OF GEATH?					
MEDICAL CERTIFI	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significent conditions Chronic renal fail.	Dislodgement of tracheost  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  Due to (or as a consequence of):  contributing to deeth but not resulting in the ure; type II diabetes mellitated.	underlying cause given in	Part I. 24a.	illain barres syndro	24b. WERE AUTOPSY FING AMALABLE PRIOR TO COMPLETION OF CALL OF GEATH?					
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YEAR

MD

3. TIME OF DEATH

8. BIRTHPLACE (State or Foreign

7:30

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2. DATE OF DEATH

7. DATE OF BIRTH

(Month, Day, Year) 1/18/29

24

05

IF UNDER 24 HRS.

DAY

1992

CATHERINE

4. SOCIAL SECURITY NUMBER

425-54-2226

JANE

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5. SEX

IF UNDER 1 YEAR

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6. AGE (In yrs. lest birthday)

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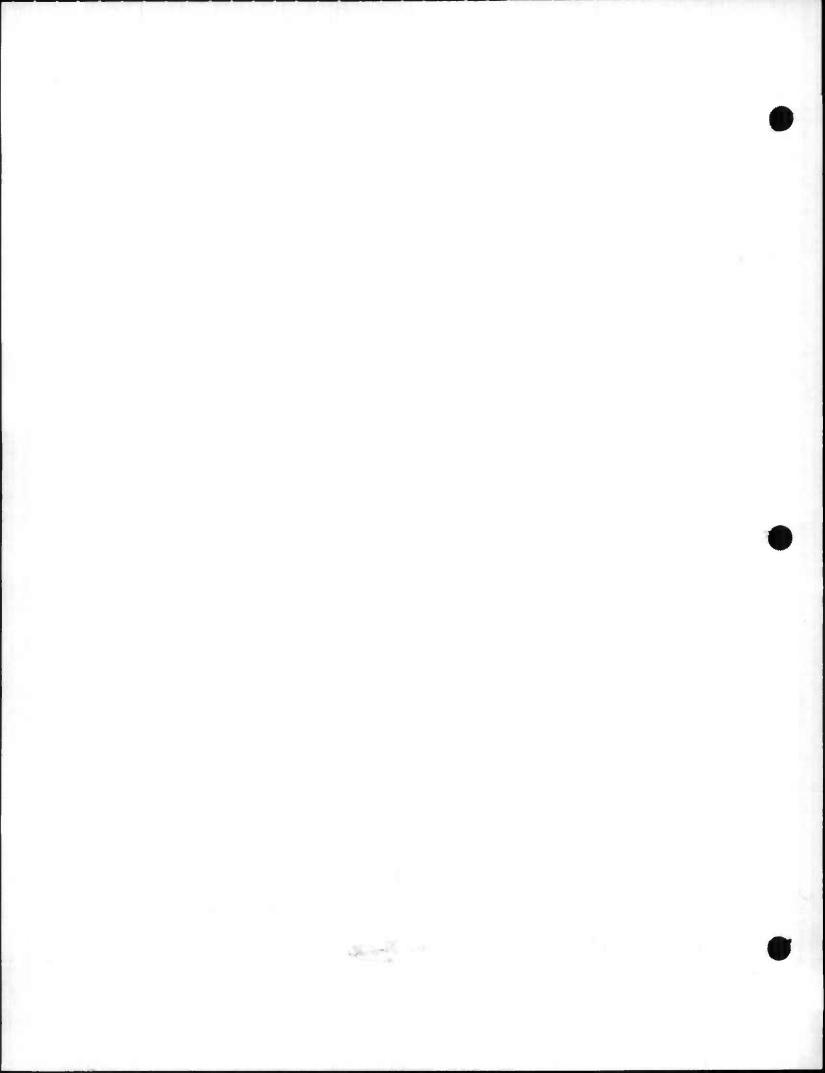
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BALTIMORE, MARYLAND 212:15-0020

Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 115 ROOSEVELT AVE. S.W. DIRECTOR GLEN BURNIE ANNE ARUNDEL RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY MD ANNE ARUNDEL GLEN BURNTE 1 TYES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 115 ROOSEVELT AVE 21061 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: the buria 1 Never Married 2 Married 24 nours after death. Page 6 may be retained by the hospital or attending principle. IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced WHITE SS 60 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY page 5 should be detached for use (Specify only higher COMPLET College (1-4 or 5+) Elementary/Secondary (0-12) NURSE (LPN) NONE HOSPITAL 17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at (UNKNOWN) BE GASKIN FLORENCE **EDWARDS** 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 RAY HOERL 115 ROOSEVELT AVE.S.W. GLEN BURNIE, MD 21061 pe 20a, METHOD OF DISPOSITION

↑ X Burial 2 □ Cremetton 3 □ Re 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, State must director, GLEN HAVEN MEMORIAL PARK 4 Donation 5 Other (Specify) GLEN BURNIE, MD 21061 examiner 21. SIGNATURE OF FUNERAL SHAVICE LIES 22. NAME AND ADDRESS OF FACILITY filled in by the funeral SINGLETON FUNERAL HOME SECOND AVE. S.W. GLEN BURNIE, medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardisc or respiratory street, shock, or heart fellure. List only one cause on each line. **Approximats** Interval Between ŏ **IMMEDIATE CAUSE (Finel** Onset and Death the cremation, disease or condition resulting in death) attending physician and completely ental Hygiene prior to burial, crematic executed within event. ERTENSIVE CARDIOVASONAR SISCASE other traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF If any, leading to immediate cause. Enter UNDERLYING 2 Tabeles certificate CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 6 the atten Mental H injury. PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuee given in Part i. MEDICAL 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS certificate has been signed by the State Dept, of Health and AMAILABLE PRIOR TO COMPLETION OF CAUSE that any 1 TES 2 NO OF OFATH? Shows 1 | YES 2 | NO PHYSICIAN: ME 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) item EXAMINER? OTHER: 1 TES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 5 Residence 6 Other (Specify) 0 27. MANNER OF DEATH 28s. DATE OF INJURY with t 28h TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED is marked, Netural
Z Accident t YES 2 NO BY DIRECTOR: After 1 hours after death death ATTENDING 28e. PLACE OF INJURY — At home, farm, atreet, tectory, office building, atc. (Specify) 3 Suicide 28t, LOCATION (Street and Number or Rural Route Number, City or Town, State) e Could not be COMPLETED 28 4 Homicide item 8 29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. FUNERAL I MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and menner as stated. TO THE HOSPITA
TO THE FUNERA
De filed within 7. 29c. LICENSE NUMBER 296. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, BE 5 26-2 30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 606 HOMMONDS LAND, BALTIMORE, SEENIVASAN MD 212-2 32. REGISTRAR'S SIGNATURE 1992 **DHMH-16 Rev 1/89** 

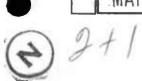


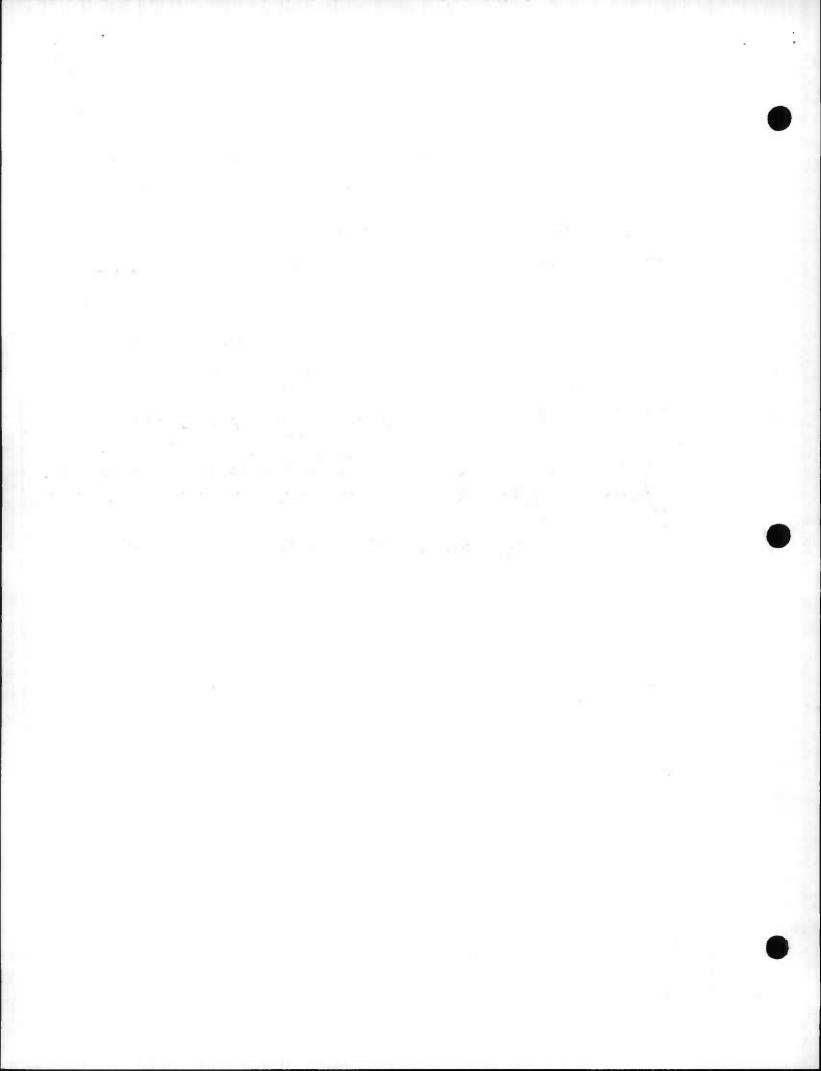
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Herman								2. DATE	OF DEATH	NY.	YEAR	3. TIME OF DEA	/H
		liam		arth				05	27		992	5:11	F
4. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs. last		IF UNDER 1	YEAR DAYB	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH		8. BIRTH Count	IPLACE (State or Fe	reign
219-28-150		1 😡 M 2 🗆 F	60	YRS.				05/	25/ 3	,		ryland	
9a. FACILITY NAME (If not in 6312 Toone RESIDENCE OF DE					more	DEATH		9c. COUN	ity of D	PEATH			
RESIDENCE OF DE						LOCAT	ION					and mining our	_
Maryland		Baltimore						10d. INSIDE CITY LIMITS? 1 1 2 YES 2 1 NO					
100. STREET AND NUMBER 6312 Toone Street						101	21224				U.S.	WHAT COUNTRY?	
	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER FORCES? 1 TO YES IF YES, GIVE WAR OR (WW 2)			J.S. ARMED  13. WAS DECENDENT OF HISPANIC ORIGINATION 15 yes, specify Cuban, Maxican, Puerto				en, Puerto R	IGIN? (Specify Yes or No — 14. RACE — American Ind Black, White, atc. Specify:			E — American Indi k, White, stc.	Bri,
15. DECEDENT'S EDUCATION			16a. DEC	EDENT'S U	ISUAL OC	CUPATIO	ON .	166	KIND OF BUS	NESS/IND	HISTRY	MIII CE	
Elementary/Secondary (	nly highest grade (0-t2)	College (1-4 or 8 +	(Gh	e kind of wo Do NOT use	ork done du retired.)	iring mo	st of working		erchar				
8			Se	aman									
	17. FATHER'S NAME (First, Middle, Last)  Jo seph Hogarth						18. MOTHER'S N		Goedel				
190. INFORMANT'S NAME ( Geraldine	Type/Print) e Roeme	er	T I				nd Number or Rura Road E						
20a. METHOD OF DISPOSIT 1 ☑ Burlel 2 ☐ Cremetic 4 ☐ Donation 5 ☐ Other	on 3 - Ramo	oval from Stata	20b. PLACE A	ND DATE OF	F DISPOSIT	ION/Na	me of 5/30/	92 DATE	20c. LO	cation - c	City or To	wn, State	
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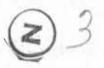


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BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician.	burial
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

WILL WE GOTT IGHTOO TO OF	TO BE COMDI ETED BY DHYSICIAN. MEDICAL CEDITION
	IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached for use as the burial-trail.  al.	IN THE FUNEXALUMETURE. After this commission has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-type filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
ir death. Page 6 may be retained by the hospital or attending physicial	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Lans after death. Page 6 may be retained by the hospital or attending physician

	1 - STATE REGISTRAR	STATE OF MARY		MENT OF HEALTH		HYGIENE REG. NO.	92 14975
1	1. DECEDENT'S NAME (First, Middle, Last)	Opsy Ju	ne HUNTER		2. DATE OF MONTH	DEATH	YEAR 1:20 A M
	4. SOCIAL SECURITY NUMBER  402-34-9293	5. SEX 6. AGE	64 yrs. lest birthday)	F UNDER 1 YEAR F UNDER 2 MONTHS DAYS HOURS	7. DATE OF (Month, D. 8/2/2	BIRTH ay, Ybar) 27	a. BIRTHPLACE (State or Foreign Country) Kentucky
TOR	Franklin Square  RESIDENCE OF DECEDENT			PL CITY, TOWN OR LOCATIO ROSSVIlle	N OF DEATH		nty of DEATH imore County
DIRECTOR	Maryland Anne	Arundel		TOWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	7738 Middlegate			101. ZIP CODE 2112	22	Un	ited States
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 (A)NO	13. WAS DECENDENT OF If yes, specify Cuben 1 — YES 2 X NO	, Maxican, Puerto Rica	ipecify Yes or No n, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of wo	ISUAL OCCUPATION ork done during most of working relired.) Homemaker	16b. Kil	ND OF BUSINESS/IND	USTRY
BE COM	17. FATHER'S NAME (First, Middle, Last)  Kenny Carpent	.er		18, MOTH	er's name (First, Midd Sara Gibl	bs	
70	Darleen Y. Perry			ADDRESS (Street and Number of B Middlegate		adena, Md	. 21122
	20a. METHOD OF DISPOSITION  1 V Burlal 2 Cremation 3 Remo	oval from State CO	Parkwood	FDISPOSITION (Name of Cemetery		Baltimo	ore, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICE  Markt	Zavyne Mark T.	Zavoyna	Leonard 5	J. Ruck,	Inc. Baltimor	e, 21214
	23. PART I. Enter the diseases, or c shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Cardi	each line.	whythmi	as		Interval Between Onset and Death
RTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):	myo Cakd	al rista	ucha	V
ERTIFIC	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):	:			
MEDICAL CE	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions Pholoacology Frantal tol Disabling	DUE TO (OR AS		the underlying ceuse gl	11	e. WAS AN AUTOPSY PERFORMED? YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO
MEDICAL CE	Cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions Final Calls  Final Calls  Calls  PART II. Other significant conditions Final Calls  Calls  Final Calls  C	DUE TO (OR AS  d.  s contributing to deeth in the contribution of	but not resulting in	26. PLACE OF DE	ATH (Check only one)	PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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E COMPLETED BY PHYSICIAN: MEDICAL CE	Cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions Procledate Conditio	DUE TO (OR AS  d.  a contributing to deeth in the contributing to deeth in the contributing to deeth in the contribution of th	put not resulting in  PVD  applient 3 DOA 2  28b. TIME INJUI  Y—At home, farm, str  scify)  wiedge, death occurred on and/or investigation,  EATH (ITEM 27) (Type, P	of Sec. In my opinion, death occurred the underlying ceuse give the underlying ceuse give the underlying ceuse give the underlying section of the un	ATH (Check only one)  Idence 6 Other (Sc  28d. DESCRI  NO  28f. LOCATIC City or 7c  and due to the cause(ed at the time, data and ise NUMBER	PERFORMED?  YES 2 ZNO  Decity)  DE HOW INJURY OCC  ON (Street and Number own, State)  a) and manner as state d place, and due to the	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 VES 2 NO  CURED  Or Rural Route Number,  ed. e cause(a) and manner as stated.  E SIGNED (Month, Day, Year)





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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	

4. SOCIAL SECURITY NUMBER  215-06-4516  9a. FACILITY NAME (If not institution, give stress tella Maris Hosp RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Md.  10c. STREET AND NUMBER  205 Fleming Dri  11. MARITAL STATUS  1   Never Merried 2   Married  3   Widowed 4   Divorced  15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  John C.  10a. INFORMANT'S NAME (Type/Print)  Ardenia B. Jone  10b. METHOD OF DISPOSITION  11   SUMALUR OF FUNERAL SERVICE LICE  23. PART // Enter the diseases, or condition resulting in death)  25. STATE   STATE	S. SEX  1 DM 2 F  Treet and number)  DICE  Balto.  EVE  12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR  CATION Completed)  College (1-4 or 5+)  Jones  ENSEE  ENSEE  C. Morta	R IN U.S. ARMED 22 NO 1 DATES  16e. DECEDENT (Give kind of the Do NOT  CUS  19b. MAILIN 205	S USUAL OCC Work done dure refred.	TOWN OR LC WSON  LOCATION  101. ZIP  AS DECENDE  AS DECENDE  YES 2 C  CUPATION  18.  Street and No.  1.09  ING. (Name of ING.)	Stati CODE 21222  DENT OF HISPANI PUBAN, Maxican Puban, Maxican Puban, Maxican Rosa  Jumber or Rural Re Dr. Ba		sc. COUNTY C Bal  10g. CITIZEN C U  or No- 14. R B BIS  COUNT  COUNT  Surname)  nett	INTHIPLACE (State or Foreign DESTINATION OF DEATH  LIMOTE  10d. INSIDE CITY MMITS? 1	
98. FACILITY NAME (If not institution, give sits Stella Maris Hosp RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  Md.  10c. STREET AND NUMBER  2 0 5 Fleming Dri  11. MARITAL STATUS  1 Never Married  3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  John  C.  19a. METHOD OF DISPOSITION  18a. METHOD OF DISPOSITION  18a. METHOD OF FUNERAL SERVICE LICE  23. PART I. Enter the diseases, or combook, Dr heert fallure, L. IMMEDIATE CAUSE (Fined disease or condition	Balto.  LVE  12. WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OR COMPleted)  College (1-4 or 5+)  Jones  ENSEE  ENSEE  Morta	R IN U.S. ARMED  S 2 NO  10c. CI  10c.	S USUAL OCC Work done dure refred.	TOWN OR LC WSON  LOCATION  101. ZIP  AS DECENDE  AS DECENDE  YES 2 C  CUPATION  18.  Street and No.  1.09  ING. (Name of ING.)	Stati CODE 21222 SENT OF HISPANI RUBAN, Maxican No Specify: working  MOTHER'S NAM ROSa	C ORIGIN7 (Specify Yea, Puerlo Rican, etc.)  16b. KIND OF BUS  Balto.  E (First, Middle, Maiden Barr	sc. COUNTY C Bal  10g. CITIZEN C U  or No- 14. R B BIS  COUNT  COUNT  Surname)  nett	TOP DEATH  LIMOTE  10d. INSIDE CITY  MITS?  1  YES 2  NO  DE WHAT COUNTRY?  SA  ACE — American Indian, Hack, White, atc.	
98. FACILITY NAME (# not institution, give strength of the str	Balto.  LVE  12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR COmpleted)  College (1-4 or 5+)  Jones  ENSEE  ENSEE  Moval from Stata  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	10c. CI	9b. CITY, TOWN OR TURN  13. WAR ITY, TOWN OR TURN  13. WAR ITY ITY ITY ITY ITY ITY ITY ITY ITY ITY	TOWN OR LOW WSON  LOCATION NETS  101. ZIP  101. ZIP  102. ZIP  TES 2  TUPATION  18.  Street and No.  1 ng	Stati CODE 21222 PENT OF HISPANN Ruban, Maxican No Specify: Working  MOTHER'S NAM ROSa	C ORIGIN? (Specify Yes, Puerto Rican, etc.)  16b. KIND OF BUS  Balto.  E (First, Middle, Maiden Barr	sc. COUNTY C Bal  10g. CITIZEN C U  or No- 14. R B BIS  COUNT  COUNT  Surname)  nett	TOP DEATH  LIMOTE  10d. INSIDE CITY  MITS?  1  YES 2  NO  DE WHAT COUNTRY?  SA  ACE — American Indian, Hack, White, atc.	
Stella Maris Hosp RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY  Md.  10a. STREET AND NUMBER 205 Fleming Dri  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last) John C.  19a. INFORMANT'S NAME (Type/Print)  Ardenia B. Jone  19a. METHOD OF DISPOSITION 19a. METHOD O	Balto.  LVE  12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR COMPleted)  College (1-4 or 5+)  Jones  ENSEE  ENSEE  Monta	R IN U.S. ARMED 22 NO 1 DATES  16e. DECEDENT (Give kind of the Do NOT  CUS  19b. MAILIN 205	TOWN OR TURN  13. WAR  17. TOWN OR TURN  13. WAR  17. 1 [  S USUAL OCC  17. Work done durn  18. TOWN  19. 1 [  S TOWN  19. 1	LOCATION NETS  101. ZIP  101. ZIP  101. ZIP  AS DECENDER  THE STREET AND NO. 119.  Street and No. 119.  ING. (Name of the street and No. 119.)	Stati P CODE 21222 DENT OF HISPANN ( Quban, Maxican ( No Specify:  Working  MOTHER'S NAM ROSa  Jumber or Rural Re Dr. Be	C ORIGIN? (Specify Yes, Puarto Rican, etc.)  16b. KIND OF BUS  Balto.  Barri	Bal  10g. CITIZEN C  U  or No- 14. R  B1  B1  Count  Sumame)  nett	10d. INSIDE CITY  JMMTS? 1   YES 2   NO DF WHAT COUNTRY? SA  ACE - American Indian, Black, White, stc.  ack	
RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY Md.  10e. STREET AND NUMBER 2 0 5 Fleming Dri  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last) John C.  19a. INFORMANT'S NAME (Type/Print) Ardenia B. Jone Burlat 2 Cremation 3 Remore 4 Donation 5 Other (Specify)  21. SUMATURE OF FUNERAL SERVICE LICE  23. PART I. Enter the diseases, or concept of the print of the	Balto.  IVE  12. WAS DECEDENT EVER FORCES? 1   VE VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAR OR VES, GIVE WAS AND VES, GIVE WAS AN	R IN U.S. ARMED 22 NO 1 DATES  16e. DECEDENT (Give kind of the Do NOT  CUS  19b. MAILIN 205	13. WAN ITY, TOWN OR TURN  13. WAN ITY  15. USUAL OCC Work done dur use retired.)  Stodia  G ADDRESS (S Flem.	LOCATION NETS  101. ZIP  101. ZIP  101. ZIP  SEPARATION  102. ZIP  LOCATION  103. Ing  100. (Name of location)  104. (Name of location)  105. (Name of location)  106. (Name of location)	Stati CODE 21222  DENT OF HISPANI PUBAN, Maxican Puban, Maxican Puban, Maxican Rosa  Jumber or Rural Re Dr. Ba	C ORIGIN? (Specify Yea, Puarto Rican, etc.)  16b. KIND OF BUS  Balto.  E (First, Middle, Maiden Barr	or No.— 14. R B IS B IS COUNT	10d. INSIDE CITY    MITS?  1   YES 2   NO  DE WHAT COUNTRY?  SA  ACE — American Indian, lack, White, stc.  aCk	
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3 Widowed 4 Divorced  15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  John C.  19a. INFORMANT'S NAME (Type/Print)  Ardenia B. Jone  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  10a. METHOD OF DISPOSITION  11. SIGNALURIA OF FUNERAL SERVICE LICE  23. PART I. Enter the disease, or conclude the principle of the prin	12. WAS DECEDENT EVER FORCES? 1 YE YE YES, GIVE WAR OR CATION Completed)  College (1-4 or 5+)  JONES  ENSEE  C. Morta	16e. DECEDENT (Give kind or iffe. De NOT  CUS  19b. MAILIN 205  20b. PLACE AND DATE	S USUAL OCC work done dur use retired.) S todia G ADDRESS (S Flem.	AS DECENDE yes, specify, YES 2  UPATION an 18.  Street and No. ing	21222  DENT OF HISPANI (Ruban, Mexican (Ruban, Mexican (Ruban)  Working  MOTHER'S NAM  ROSa  Jumber or Rural Re  Dr. Ba	Balto.  Berring High Street Barring Ba	or No- 14. R BIS  Count  Sumame) nett	SA  AACE — American Indian, Hack, White, atc.  CACCK	
3 Widowed 4 Divorced  15. DECDENT'S EDUC (Specify only highest grade of Specify only highest grade of Elementary/Secondary (0-12)  17. FATHER'S NAME (First, Middle, Last)  John C.  19a. INFORMANT'S NAME (Type/Print)  Ardenia B. Jone  19a. METHOD OF DISPOSITION  Burlel 2 Crementon 3 Remo 4 Donetton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICE  23. PART I. Enter the disease, or coehock, or heert fallure, L  IMMEDIATE CAUSE (Finei disease or condition	FORCES? 1 YE IF YES, GIVE WAR OR  CATION completed)  College (1-4 or 5+)  JONES  ENSEE  Moval from Stata  2 0	16e. DECEDENT (Give kind or iffe. De NOT  CUS  19b. MAILIN 205  20b. PLACE AND DATE	S USUAL OCC work done dur use retired.) S todia G ADDRESS (S Flem.	Types, apocity,  YES 2 CUPATION ring most of 1  an  18.  Street and No. ing	working  MOTHER'S NAM  ROSa  Jumber or Rural Re  Dr. Ba	Balto.  Berring High Street Barring Ba	B1 <sup>S</sup> Count Surname)	Mack, White, atc.	
19a. INFORMANT'S NAME (Type/Print)  Ardenia B. Jone  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  20a. METHOD OF DISPOSITION  21a. METHOD OF FUNERAL SERVICE LICE  22a. PART // Enter the diseeses, or or ehock, or heert fallure, L  19a. METHOD OF DISPOSITION  23a. PART // Enter the diseeses, or or ehock, or heert fallure, L  19a. METHOD OF DISPOSITION  24a. METHOD OF DISPOSITION  25	Jones  Soval from Stata  2  College (1-4 or 5+)  2  College (1-4 or 5+)  2  College (1-4 or 5+)	19b. MAILIN 205	G ADDRESS (S Flem	an  18.  Street and No.  ing	Rosa  Norther's NAM  Rosa  Number or Fural Re  Dr. Ba	Balto.  E (First, Middle, Meiden: Barr	Count Surmanne) nett	У	
10an C.  10a. INFORMANT'S NAME (Type/Print)  Ardenia B. Jone  20a. METHOD OF DISPOSITION  21 Burlis 2 Cremation 3 Remo  22 Donation 5 Other (Specify)  23. PART / Enter the diseases, or or ehock, or heert fallure, L immediate Cause (Finei disease or condition	es oval from Stata 20 ENSEE 2. Morta	196. MAILIN 205 206. PLACE AND DATE	G ADDRESS (S Flem For Dispositi	Street and No	Rosa Jumber or Rural Ro Dr. Ba	E (First, Middle, Meiden : Bari	Sumame) nett		
19a. INFORMANT'S NAME (Type/Print)  Ardenia B. Jone  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  20a. METHOD OF DISPOSITION  21a. METHOD OF FUNERAL SERVICE LICE  22a. PART // Enter the diseeses, or or ehock, or heert fallure, L  19a. METHOD OF DISPOSITION  23a. PART // Enter the diseeses, or or ehock, or heert fallure, L  19a. METHOD OF DISPOSITION  24a. METHOD OF DISPOSITION  25	es oval from Stata 20 ENSEE 2. Morta	ROB. PLACE AND DATE	of dispositi	Street and No	Rosa Jumber or Rural Ro Dr. Ba	Barr	nett	22	
19a. INFORMANT'S NAME (Type/Print)  Ardenia B. Jone  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  19a. METHOD OF DISPOSITION  20a. METHOD OF DISPOSITION  21a. METHOD OF FUNERAL SERVICE LICE  22a. PART // Enter the diseeses, or or ehock, or heert fallure, L  19a. METHOD OF DISPOSITION  23a. PART // Enter the diseeses, or or ehock, or heert fallure, L  19a. METHOD OF DISPOSITION  24a. METHOD OF DISPOSITION  25	es oval from Stata 20 ENSEE 2. Morta	ROB. PLACE AND DATE	of dispositi	ION (Name of	lumber or Rural Ro Dr. Ba			22	
Ardenia B. Jone  100. METHOD OF DISPOSITION  110. Burlei 2 Cremation 3 Remo  110. Burlei 2 Cremation 3 Remo  110. Burlei 5 Other (Specify)  211. Burlei OF FUNERAL SERVICE LICE  223. PART J. Enter the diseases, or conceptor, or heart fallure, L. immediate Cause (Finei disease or condition	ensee . Morta	ROB. PLACE AND DATE	of dispositi	ION (Name of		alto., Mo	State, Zio Code 212	22	
Bas. METHOD OF DISPOSITION  The Burlar 2 Cremation 3 Remo  4 Donation 5 Other (Specify)  1. SIGNALURA OF FUNERAL SERVICE LICE  23. PART // Enter the diseases, or or ehock, Dr heert fallure, L  IMMEDIATE CAUSE (Finel disease or condition	ensee . Morta	ROB. PLACE AND DATE	of dispositi	ION (Name of		alto., Mo	1. 212	44	
23. PART /. Enter the diseases, or conducting the conduction of th	Ensee . Morta	MG crematives	riona.	ION (Name of					
23. PART I. Enter the diseases, or concentrate the control of the	ENSEE . Morta				of	6/2 Lat	arion - city o	r Town, Stata Md .	
23. PART /. Enter the diseeses, or co- ehock, or heert fallure. L iMMEDIATE CAUSE (Finel disesse or condition		(	1 2 <u>2</u> , NA	AME AND AD	DORESS OF FAC	ton & So			
23. PART I. Enter the diseases, or contact the contact of the cont						fton & So s St. Bai		Md. 21217	
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS	S A CONSEQUENCE (	OF):						
d									
PART II. Other eignificent conditions	contributing to death	but not recuiting	in the unde	eriying ceu	use given in P	art i. 24a. WAS AN / PERFORI t YES 2	MEO?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 760	
25. WAS CASE REFERRED TO MEDICAL				26. PLACE	OF DEATH (Chec	k only one)			
	HOSPITAL: 1   Inpatient 2   ER/Ou	utpatient 3 🗆 DOA	OTHER:				Iomi		
27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	1   Inpatient 2   ER/Outpatient 3   DOA   4   Nursing Home 5   Residence 8   Other (Specify)   HOSDICE    27. MANNER OF DEATH   28a. DATE OF INJURY (Month, Day, Year)   1   Netural   5   Pending   Pending   Netural   5   Pending   Pendi								
3 Suickde 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUF building, atc. (Sp	RY — At home, ferm, pecify)	street, factory	r, office		2et. LOCATION (Street as City or Town, State)	nd Number or Rur	al Route Number,	
29e. CERTIFIER 1 CERTIFYING PHYSICI One) 2 MEDICAL EXAMINER:								e(a) and manner as stated	
296. SIGNATURE AND TITLE OF CERTIFIER  30. NAME AND ADDRESS OF PERSON WHO	2 alex	and	NO Print)		D 2708	7	12.	ED (Morith, Day, Year) -27-92	
Carla S. Alexande	22. REGISTRANIE SIG	ella Mari	s Hosp	ice-I	Dulaney	VAlley Ro	dTows	on 21204	

DHMH-16 Rev 1/89

Ob (4) -- 3-215

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regions pand that there?

ermit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	IVITE FUNEKALL UIRECTORS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pube filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR		STATE OF A	MARYLAND / I		TMENT OF I			MENTA	HYGIEN	lE .	92	14977	7
	1. DECEDENT'S NAME (First	, Middle, Last)	El i.	zabeth Ru	uth .	James			2. DATE MONITI	OF DEATH -26-1	992	YEAR	. TIME OF DEATH	м
	4. SOCIAL SECURITY NUME 214-01-905	1	5. SEX	6. AGE (In yrs. lest 84	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS.	(Month	DE BIRTH , Day, Year) -28-19		BIRTHPI Country)	LACE (State or Foreign	
TOR	St. Agnes I	Hospit				96. CITY, TOWN	or locati		ATH		9c. COUNT		o. City	
L DIRECTOR	10s. STATE  Maryland  10s. STREET AND NUMBER	10b. COUNT	more Cour	nty	10c. CIT	Y, TOWN OR LOCA	TION					1	Od, INSIDE CITY LIMITS?  VES 2 NO	
FUNERAL		402 Jo	yce Place	T EVER IN U.S. ARM	IED				2120	7 ? (Specify Ye		U.	S . A .  - American Indian, White, etc.	
ВУ	Never Married 2   3   Widowed 4   Divo	rced	IF YES, GIVE W			1 Dyes, at	ecity Cube 2 1 NO	Specify	n, Puerto F	lican, atc.)		Black, Specify:		
COMPLETED	15. DEC (Specify onl) Elementary/Secondary (0	EDENT'S EDU y highest grade 0-12)	CATION completed)  College (1-4 or 5+	) 16a, DECI (G/ve ///e, D		vork done during me retired.) Seamstre		ng	16b.	KIND OF BU	SINESS/INDU	STRY		
BE CON	17. FATHER'S NAME (First, M	liddle, Last)	Edwin I	. James			18. MOT			liddle, Maiden				
10	19e. INFORMANT'S NAME (II  Mr. and Mrs 20e. METHOD OF DISPOSIT  XX Burlel 2 Cremetlo 4 Donation 10 Other	S ⊡∂W ION In 3 □ Rem	in .lames	20b. PLACE AN	12. S	OF DISPOSITION (N	as A	venu	DATE	20c. LO	ore M	aryl:	and 21206 s, State	
	21. SIGNATURE OF NUNERAL	n fo	Sugar.	Hense		3631	Fall	s Ro	ad :	urgee- Baltin	Henss	Fun Mary	eral Home land 2121	11
	23. PART I. Enter the di ahock, or hi IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart reliure.	a. CAR	caused the deal se on sech line.	AKA	REST	da of dy	ing, auch	aa card	lac or reap	iratory arres	st,	Approximate interval Between Onset and Deat	
CERTIFICATION	Sequantially list condition of any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust that initiated events	diate NG	c	OR AS A CONSEQU										
	resulting in death) LAS		d.											
MEDICAL	PART II. Other algorifica  CHOONIC  TOBACCE	OBSTR	UCTIVE P					given in i	Pert I.	24a. WAS AN PERFOR	RMED?	C	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
AN: N	ALZHEL			SE								1	YES 2 1 NO	

WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one, HOSPITAL:
1 | Inpetient 2 | ER/Outpetient 3 | DOA OTHER 4 - Nursi 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO 2 Accident 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be determined

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my

2 MEDICAL EXAMINER: On the beals of

Walls J. alt, no

29c. LICENSE NUMBER DZ0676 29d. DATE SIGNED (Month, Day, Year) 29 5 92

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Walter Alt

29b. SIGNATURE AND TITLE OF CERTIFIER

301 Marydell Road

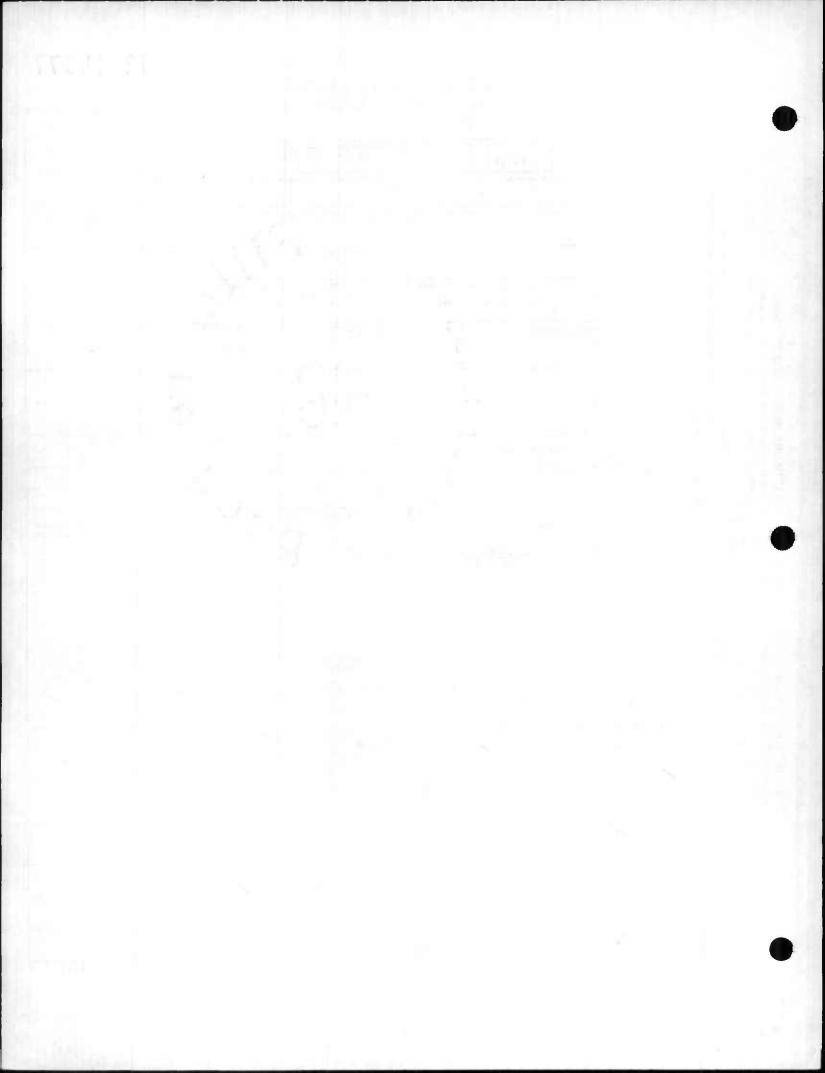
31. DATE FILED (Month, Day, Year)
MAY 29 1992

4 Homicide

32. REGISTRAR'S SIGNATURE



BE COMPLETED BY PHYSICI



THE FINEDRAL DISCTANCE AND EXPERIENCES HAVE STRANGED PARKETS AND ACCOUNTS AND ACCOUNTS. THE STRANGED OF THE STRANGED ACCOUNTS AND ACCOUNTS. THE STRANGED ACCOUNTS AND ACCOUNTS AND ACCOUNTS. THE STRANGED ACCOUNTS AND ACCOUNTS. THE STRANGED ACCOUNTS AND ACCOUNTS. THE STRANGED ACCOUNTS AND ACCOUNTS. THE STRANGED ACCOUNTS AND ACCOUNTS. THE STRANGED ACCOUNTS AND ACCOUNTS. THE STRANGED ACCOUNTS AND ACCOUNTS AND ACCOUNTS. THE STRANGED ACCOUNTS AND ACC	be field within 72 hours after death with the State Dept. of Health and Mental Hygien prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR STATE REGISTRAR

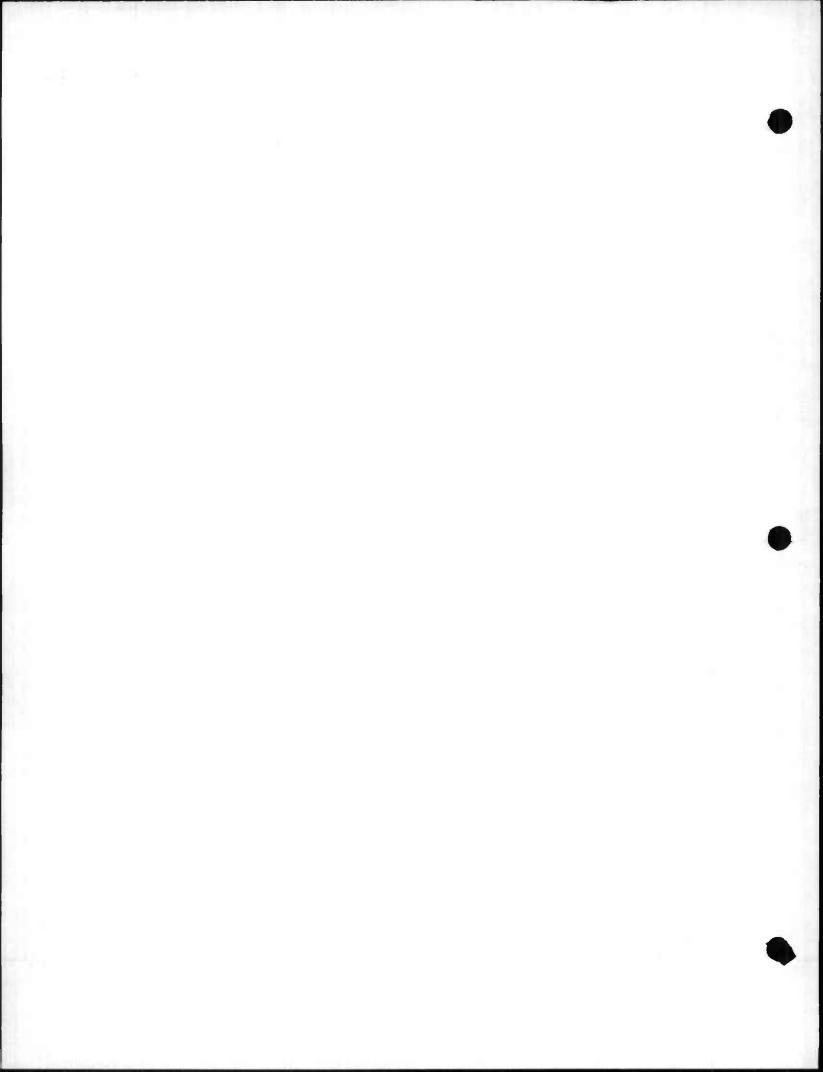
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. lest birthdey) F UNDER 1 YEAR F UNDER 24 HRS 1 M 2 1 F 79 YRS. MONTHS DAYS HOURS MIN.	5 24 1992
a. Soor was the second of the	(Month, Day, Near) 7-1-1912 Country) S.C.
9a. FACILITY NAME (If not institution, give street end number)  403 N. Edgewood Street  Baltimore	DEATH Sc. COUNTY OF DEATH
403 N. Edgewood Street  RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY 10a. STATE 403 N. Edgewood Street 10a. STREET AND NUMBER 403 N. Edgewood Street 1. MARITAL STATUS 1. MARRIAL STATUS 1. Navyer Marriad 1. Nav	16d. INSIDE CITY LIMITS? 1 (X) YES 2 \( \) NO
10a. STREET AND NUMBER 403 N. Edgewood Street 21229	10g. CITIZEN OF WHAT COUNTRY? USA
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 NO Spe	PANIC ORIGIN? (Specify Yes or No— 14. RACE — American Indian, Black, White, etc.)  Specify: Black
15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  9 th  17. FATHER'S NAME (First, Middle, Last)  Mac Austin  18. MOTHER'S  18. MOTHER'S	Baltimore Laundry
17. FATHER'S NAME (First, Middle, Lest) Mac Austin  18. MOTHER'S Ida	NAME (First, Middle, Meiden Surneme)
196. INFORMANT'S NAME (Type/Print) Leroy Kelly  196. MAILING ADDRESS (Street and Number of Pur 403 N. Edgewood St	rel Aoute, Number, Chy, or, Town, State, Zip Gode) 21229
20e. METHOD OF DISPOSITION 1 N Burlel 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify)  20b. PLACE AND DATE OF DISPOSITION (Name of gemaler), grematory or other place) ACDULUS Memorial Park	DATE 20c. LOCATION - City or Town, State 53092 Arubutus, Md
21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF March 1 F/	H West ash Avenue
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):	Donenta
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given	In Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?  1 YES 2 NO 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:	Check only one)
1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence	e 8 ☐ Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED
27. MANNER OF DEATH   28e. DATE OF INJURY (Month, Day, Year)   28b. TIME OF INJURY AT WORK?   1	
Month Day Mari	26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)
Netural   5   Pending   (Month, Day, Year)   INJURY   WORK?   1   YES 2   NO	City or Town, State)  Use to the cause(s) end meriner ee stated.
Netural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide 6 Could not be determined 2. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: on the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and death occurred at the time, d	City or Town, State)  lue to the cause(e) end menner ee stated, the time, date and place, end due to the cause(e) end manner as stated.
Netural 5 Pending Investigation 2 Accident 3 Suicide 4 Homicide 6 Could not be datermined 2. Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and done) 2 MEDICAL EXAMINER; the best of examination end/or investigation, in my opinion, death occurred at the second accordance of the best of examination end/or investigation, in my opinion, death occurred at the second accordance of the best of examination end/or investigation, in my opinion, death occurred at the second accordance of the best of examination end/or investigation, in my opinion, death occurred at the second accordance of the best of examination end/or investigation, in my opinion, death occurred at the second accordance of the best of the best of examination end/or investigation.	City or Town, State)  lue to the cause(e) end menner ee stated, the time, date and place, end due to the cause(e) end manner as stated.





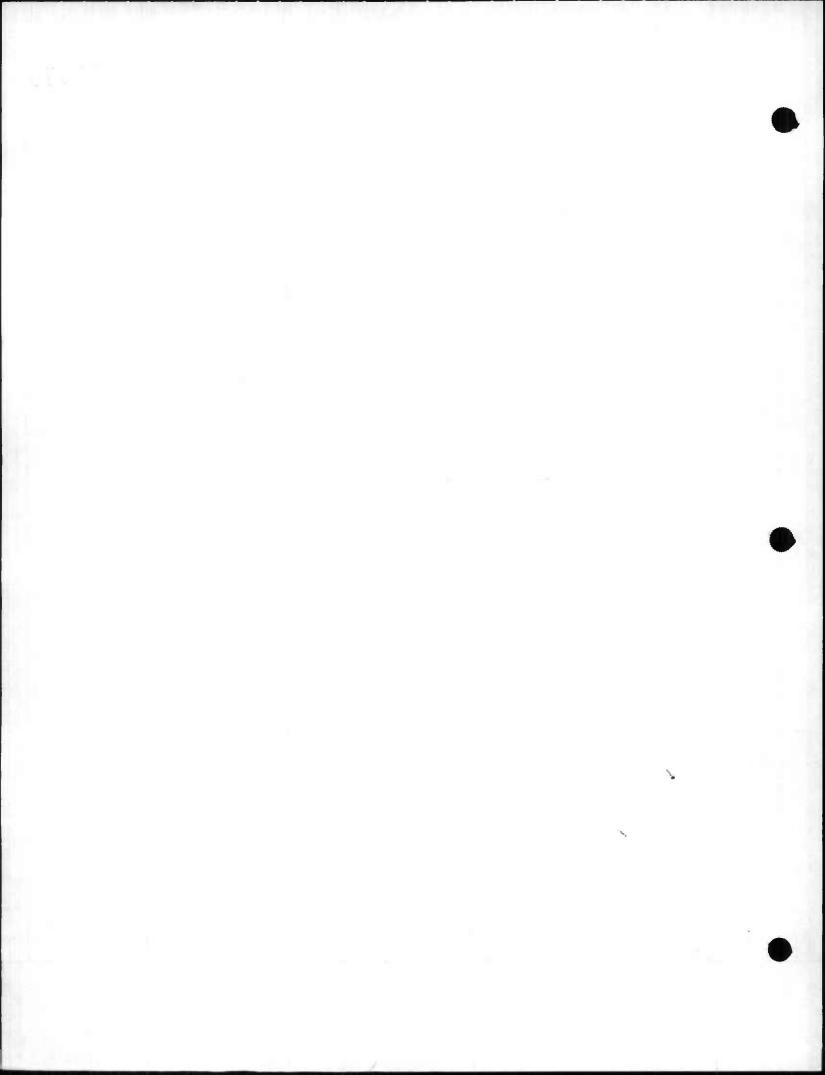


FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last	1						1 2 04	TE OF DEATH			THE 07 07 17
		DORIS	LEON	IA KI	RAUS			MO	lav 25	. 199	YEAR	LO:00 A
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (in y	s. last birthday,	IF UNDER	t YEAR	IF UNDER 24 HRS	- 40.4	TE OF BIRTH			ACE (State or Foreign
æ	213-18-7398 1 70 YRS. 70 YRS.							80	3/14/21	L		land
	9a. FACILITY NAME (# not institution, give street and number)  9b. CITY, TOWN OR LOCATIO							DEATH		9c. COUNT	TY OF DEAT	Н
ECTOR	Catonsville Comun	ity Convale	scent Ce	enter	Ca	to	nsvill	e		Ba1	timo	ore
3EC	10a. STATE 10b. COUN				TY, TOWN O	R LOCA	TION				10	d. INSIDE CITY
L DIR		Baltimor	e				Rand	alls	town		1	LIMITS?
3AL	10e. STREET AND NUMBER					10	f. ZIP CODE			10g. CITIZ	EN OF WHA	T COUNTRY?
FUNER	3816 Cherrybr			J.S. ARMED 13. WAS DECEMBENT OF HISPAN					133 U			
BY	1 Never Married 2 Married 3 X Widowed 4 Divorced	FORCES?	1 YES 2 WAR OR DATES	€ NO	1	yes, sp	DENDENT OF HIS Decify Cuban, Mea B 2 □ NO Sport	ican, Puerl		or No-	14. RACE — Black, W Specify:	American Indian, Thite, atc.  White
8	15. DECEDENT'S ED (Specify only highest grad	DECEDENT'S USUAL OCCUPATION     (Give kind of work done during most of working					8b. KIND OF BUS	SINESS/INDU	ISTRY	WILLEC		
LET	Elementary/Secondary (0-12)	College (1-4 or 5	i+)	Iffe. Do NOT use retired.)					1.1.0			
COMPL	12th  17. FATHER'S NAME (First, Middle, Last)			Sec	ereta	ary					ince Ac	ministratio
	Nathania	18. MOTHER'S NAME (First, Middle, Maiden Surneme)  Annie Zimbler										
BE	19a, INFORMANT'S NAME (Type/Print)	19b. MAILIN	Annie Z:  G ADDRESS (Street and Number or Rural Route Number, City or Town,									
5	Louis Kraus						t Road		ltimor			206
	20a. METHOD OF DISPOSITION	20b. PL	ACE AND DATE OF DISPOSITION (Name of					DATE 20c LOCATION City or Town State				
	4 Donestion 4 Other (Specify) Medical Personal Translation (Specify) Medical Persona									nore,	MD	
	21. SIGNATURE OF FUNERAL SERVICE L	21. SIGNATURE OF FUNERAL SERVICE LICENSEE / La Mac Nabb 22. NAME AND ADDRESS OF FACILITY Cremation Society of Md., Inc. 290 Frederick Pood Polite MD 21229										
	George E. MacNabb  299 Frederick Road Balto., MD 21228  23. PART I. Enter the diseases, Dr complications that caused tha death. Do not anter the mode of dying, such as cardisc or respiratory arrest,   Approximate											
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted evente resulting in death) LAST  a. CUASICUL Cauch Break Consequence on:  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL C	PART II. Other aignificent condition	na contributing to	o death but r	ot resulting	in the unc	derlyin	g ceuse given	in Part I.	24a. WAS AN PERFOR	MEO?	AM CO	RE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE
2									1 1 123 2	X		YES 2 10
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF DEATH	Check only	one)			
YSI	1 TES 2 NO	1 inpetient 2	☐ ER/Outpetier	nt 3 🗆 DOA	4 Nurs		e 5 🗆 Residenc	• 8 □ Ot	her (Specify)			
ВУ РН	27. MANNER OF DEATH  1 Netural 5 Pending 2 Accident Investigation	26a. DATE Of (Month, L	F INJURY Day, Year)	28b. TII	JURY M		PURY AT DRK? YES 2 NO	28d. D	EŞCRIBE HOW IN	URY OCCU	RED	
0	3 Suicida 6 Could not be 4 Homicide determined	28e. PLACE ( building	OF INJURY — I I, atc. (Specify)	At home, ferm,	street, facto	ory, offic	4	281. LC	CATION (Street a ty or Town, State)	nd Number o	r Rural Flouti	Number,
COMPLETE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICAL EXAMIN											d manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	This	)un	on	en	i	29c. LICENSE N	UMBER O	61	N		6. 1992
2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED ON	SE OF DEATH	(ITEM, 27) (Typ)	e, Print)	50	n sei	con	125) t	+63	ay 2	6, 1992
	31. DATE FILEO (Month, Day, Year)	32 REGISTR	AR'S SIGNATUI	DE .	Dal	lu	wor	1	Md -	- 2	1,5	23.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.





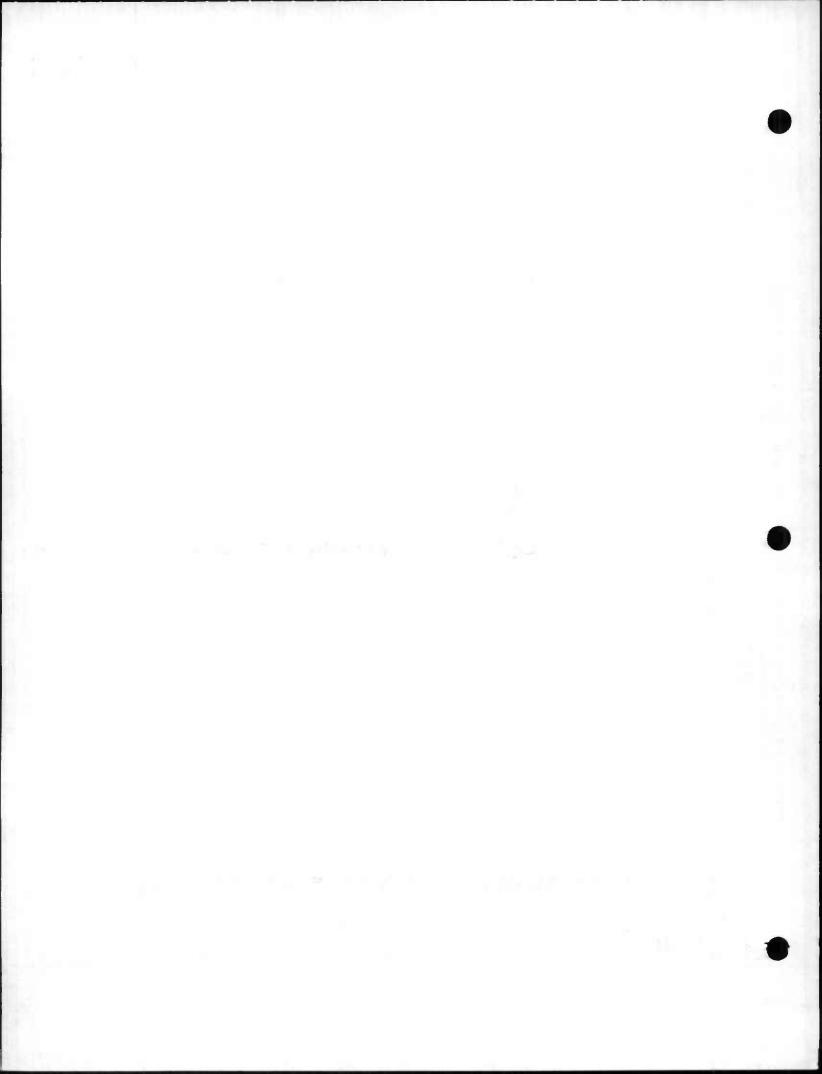
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached.	be med whom it nows are death with the state begin, of reading any height prior to burda, cremation, or removal, IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	L OR	DIA	be med whom it nows are oean with the state begund needs any went any years prior to burial, cremation, or removal, IMPORTANT: If I tem 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical ex
	PITA	ERAL	T. 16
	HOS	FUN	TAN
	품	포	IMPORTANT
	2	2	2 2

1 - STATE REGISTRAR		CE	RTIF	ICATE OF	DEATH	6	REG. NO.			
1. DECEDENT'S NAME (First, Middle, La						2. DATE OF		Y 1 1	YEAR.	3. TIME OF DEATH
FRED KOS						6	25	7.1	92	1007 P
4. SOCIAL SECURITY NUMBER 218-09-5928	5. SEX	6. AGE (In yrs. las	YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Morth, Di MAY 2	BIRTH by. Year) 2,19	09	Country	TIMORE
9a. FACILITY NAME (If not institution, gi	TAL		ALTIMOR			9c. COL	INTY OF DE	ATH		
RESIDENCE OF DECEDENT  10a. STATE  10b. COU  MARYLAND		10c. CITY, TOWN OR LOCATION BALTIMORE							10d. INSIDE CITY LIMITS?	
100. STREET AND NUMBER 200 S. SMALLW	r	101. ZIP CODE 21223				10g. CITIZE U.S.			HAT COUNTRY?	
ST. AGNES HOSPI RESIDENCE OF DECEDENT  10a. STATE 10b. COU MARYLAND  10c. STREET AND NUMBER 200 S. SMALLW  11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	T EVER IN U.S. AR YES 2V N	MED	if yes, sp	ENDENT OF HISP ecity Cuben, Maxie 2 NO Spec	can, Puerto Rica	Specify Yes in, etc.)	or No-	14. RACE Black, Specify	- American Indian, White, etc. WHITE
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) UNAVAILABLE 17. FATHER'S NAME (First, Middle, Lest)	EDUCATION rade completed) College (1-4 or 5	+) (Gi	ive kind of Do NOT u	USUAL OCCUPATION work done during more retired.)  DRIVE	ON st of working	16b, Kil	ND OF BUS	INESS/IN		NPAPER
17. FATHER'S NAME (First, Middle, Last)			ROOK	DRIVE	18. MOTHER'S N	AME (First, Midd	lle, Maiden S	Surname)	30	NIALEK
FREDERICK KOSL	OWSKI			41		GALLIO				
19a. INFORMANT'S NAME (Type/Print)	A T) (T) X I Z A	198		ADDRESS (Street of						01000
MARGARET H. P  20a, METHOD OF DISPOSITION 1 N Burlel 2 Cremetion 3 R		20b. PLACE A	AND DATE	9 MAIDEN  OF DISPOSITION (No		DATE -			City or Tow	
4 Donation 5 Other (Specify) 21. SIGNATURE_OF FUNERAL SERVICE		MEADO	WRÍD	GE MEMOR	IAL PARI		ELI	KRID	GE	
Dawn	1. Pisher			HUBBA	RD FUNE	RAL HOM			RE. M	D. 21229
shock, or heart feilur immediate cause. Enter UNDERLYING	a. Acc	OR AS A CONSECUTE	DUENCE O	locaro	nang	/:	Ede sch	en	4	Interval Betwee
CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSEC	DUENCE O	F):						
PART II. Other significant condite University Bilatela	-trai		1 Cel	tion	g ceuse given l		e. WAS AN A PERFORI	MED?		WERE AUTOPSY FINDING MALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				ACE OF DEATH (C	theck only one)				
1 TES 2 NO	1 Minpatiant 2	ER/Outpatiant 3		OTHER:		_				
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation		ay, Year)		M 1	PRK? YES 2 NO	28d. DESCRI	BE HOW IN	JURY OC	CURED	
3 Suicide 6 Could not determined	building,	of INJURY — At horetc. (Specify)	me, farm,	street, factory, offic		28f. LOCATIO	ON (Street as own, State)	nd Numbe	r or Rural Ro	ute Number,
	YSICIAN: To the best of									and manner as stated
296. SIGNATURE AND TITLE OF CERTIF	5 N	ND			29c. LICENSE NU	JMBER		29d. DAT	E SIGNED	Month, Day, Year)
30. NAME AND ADDRESS OF PERSON  31. DATE FILED (Month, Day, Year)	WHO COMPLETED CAU	D'S SIGNATIOS		Print)  Andalle						

BALTIMORE, MARYLAND 21215-0020	in 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the medical examiner must be netified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the for affect within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	1. DECEDENT'S NAME (First, Mi		Regis	W. :	Lucas				2. DATE ( MONTH 05	OF DEATH DA		YEAR	3. TIME OF DE
	4. SOCIAL SECURITY NUMBER		5. SEX	1.0	yrs. lest birthday)			UNDER 24 HRS.	7. DATE C	OF BIRTH Day, Year)			IPLACE (State or
	218 12 9602		1 M 2 F	73	YRS.				12/	7/1918		Ма	rvland
DIRECTOR	9a. FACILITY NAME (If not institute of the second of the s	Aver	You have been a				timor	CE	EATH		9c. COUN Ar	TY OF D	
EC	RESIDENCE OF DECE	DENT	TY		10c, Cr	TY, TOWN OR	LOCATION					-	10d. INSIDE CI
E	Maryland	Anr	ne Arunde	1		altimo							LIMITS?
	10e. STREET AND NUMBER						101. ZIP	CODE	-		10g. CITIZ	EN OF V	WHAT COUNTRY?
ER	303 - 6th A	Aveni	ae				2	21225				5.A.	
BY FUNERAL	11. MARITAL STATUS  1 Never Married 2 Ma  3 Widowed 4 Divorce		12. WAS DECEDED FORCES? IF YES, GIVE Y	YES WAR OR DATI	2 NO	If y	yes, specify	ENT OF HISPAI Cuben, Mexica NO Specifi	n, Puarto R	(Specify Yes lcan, etc.)	or No-	14. RACE Black Speci	E — American Inc. k, White, etc.
ED E	70		World										White
ETE	15. DECEDI (Specify only hi	nighest grad	le completed)		(Give kind of life. Do NOT a	work done dur		working	16b.	KINO OF BUS	SINESS/INDL	JSTRY	
PLE	7th Grade	2)	College (1-4 or 5	+)		ologis	ts			Civi1	Servi	Ce	
COMPL	17. FATHER'S NAME (First, Middle	die, Last)			LAT COM	10910		MOTHER'S NA					
D H			Thomas F	. Lu	cas		10.	Lil1		Turn	,		
00	19a. INFORMANT'S NAME (Type					G ADDRESS (S	Street and Nu	umber or Rural I				Code)	
2	Mary L. Sfie	er				- 6th							d 21225
	20a. METHOD OF DISPOSITION 1 ☑ Buriel 2 ☐ Cremetion	N	noval fenor State		LACE AND DATE	OF DISPOSITI			OATE		CATION — C		
1	4 Donation 5 Other (Sp	pecify)		cemete	ery, crematory or piphany	other place)  Ceme	tery		5/2	27 Ode	nton,	Ma	ryland
	21. SIGNATURE OF FUNERAL S			100	1	22. NA	ME AND AD	DDRESS OF FA	CILITY				
	Jecon	ne;	manue	ous	hu			J. Gon					
7	shock, or hear iMMEDIATE CAUSE (Final disease or condition resulting in death)	rt fallure.	LUNG	CA	h line.	mot enter the	ne mode o	of dying, auc	h as cerdi	ac or respi	ratory arre	st,	Approxi
HTIFICATION	iMMEDIATE CAUSE (Final disease or condition	ns, ata	a. Lu 2 G  DUE TO  C.	OR AS A CO	NCER	META	ne mode o	of dying, auc	h as cerdi	ac or respi	ratory arre	est,	Approxi
IN: MEDICAL CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ns, sta	a DUE TO  d DUE TO	OR AS A CO	ONSEQUENCE C	META  META  PF):	ASTA	of dying, auc	Part I.	ac or respi	AUTOPSY MED?	st,	Approxision interval Onset as Service Autopsy Amail Able Prilo Completion of Death?
MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immediacause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant  25. WAS CASE REFERRED TO MEXAMINER?	ns, sta	a DUE TO  d DUE TO	OR AS A CO	ONSEQUENCE C	METAPP:	A STA	of dying, auc	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	st,	Approxision interval Onset as Service Autopsy Amail Able Prilo Completion of Death?
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BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if amy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pen 1 Netural 5 Pen 2 Accident 3 Suicide 8 Cou	ns, fita G Condition	B. DUE TO  B. DUE TO  C. DUE TO  d	(OR AS A CO (OR AS	ONSEQUENCE CONSEQU	OTHER: 4 ONUSIN	erlying cau  26. PLACE  26. INJURY / WORK?  1   YES	use given in  OF DEATH (Cha	Part I.  Pack only one, 6 Other 28d. DESC	24a. WAS AN. PERFOR 1 YES 2	AUTOPSY MED?  NO	24b.	Approximatory interval Onset a U. / -
BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pen Investment Suicide 8 Coudent Suicide 8 Coudent Check only 1 CERTIFY Check only 1 CERTIFY CERTIFY CONCERNS TO THE CERTIFY CE	condition  MEDICAL  MEDICAL  MINING PHYS	B. DUE TO  B. DUE TO  C. DUE TO  d	USE DN each  (OR AS A CI  (OR AS A CI  (OR AS A CI  (OR AS A CI  (OR AS A CI  (OR AS A CI  (OR AS A CI  (OR AS A CI  (OR AS A CI  (OR AS A CI  (OR AS A CI  (OR AS A CI  (OR AS A CI  (OR AS A CI  (OR AS A CI  (OR AS A CI	ONSEQUENCE CONSEQU	OTHER: 4   Nursing AE OF JURY M street, factory	26. PLACE ( g Home 8   Bc. INJURY / WORK? 1   YES p, data and p	use given in  OF DEATH (Ch.	Part I.  Part I.  Color one of Other 28d. DESC.  City or to the cause to the cause	24a. WAS AN. PERFOR  1 YES 2  (Specify)  RIBE HOW IN	AUTOPSY MED? NO NUMBER OCCU	24b.  JRED  V Rural R	Approximation of the following state of the f
COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pen Investment Suicide 8 Coudent Suicide 8 Coudent Check only 1 CERTIFY Check only 1 CERTIFY CERTIFY CONCERNS TO THE CERTIFY CE	ms, and a condition of the condition of	a. DUE TO b. DUE TO c. DUE TO d	GR AS A CO (OR AS A CO) (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO) (OR AS A CO (OR AS A CO) (OR AS A CO) (OR	ONSEQUENCE CONSEQU	OTHER: 4   Nursing AE OF JURY M street, factory	26. PLACE g Home 8 8c. INJURY WORK? 1  YES r, office	use given in  OF DEATH (Chi  Residence  AT  2 NO	Part I.  Part I.  28d. DESC  28f. LOCA City or  to the caus time, data s	24a. WAS AN. PERFOR  1 YES 2  (Specify)  RIBE HOW IN	AUTOPSY MED?  NO NUMBER OCCU	24b.  JRED  Aural R  cause(e)	Approximatory interval Onest a Constant of the Constant of the Completion of Death?  1 YES 2 Constant of the Constant of the Completion of Death?
BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other algnificant  25. WAS CASE REFERRED TO MEXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pen Investigation of the Condition o	ms, and a condition of the condition of	B. DUE TO  B. DUE TO  C. DUE TO  d	GR AS A CO (OR AS A CO) (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO (OR AS A CO) (OR AS A CO (OR AS A CO) (OR AS A CO) (OR	ONSEQUENCE CONSEQU	OTHER: 4   Nursing AE OF JURY M street, factory	26. PLACE g Home 8 8c. INJURY WORK? 1  YES r, office	use given in  OF DEATH (Che  Residence  AT  2 NO	Part I.  Part I.  28d. DESC  28f. LOCA City or  to the caus time, data s	24a. WAS AN. PERFOR  1 YES 2  (Specify)  RIBE HOW IN	AUTOPSY MED?  NO NUMBER OCCU	24b.  JRED  Aural R  cause(e)	Approximatory interval Onest a Constant of the Constant of the Completion of Death?  1 YES 2 Constant of the Constant of the Completion of Death?
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BE COMPLETED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list condition if any, leading to immedia cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other algnificant  25. WAS CASE REFERRED TO MELAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pen Invention of the Condition of th	condition  medical  m	B. DUE TO  b. DUE TO  c. DUE TO  d	CA (OR AS A CO (OR	ONSEQUENCE CONSEQU	OTHER: OTHER: OTHER: A - Nursing ME OF JURY M street, factory and at the time on, in my opin	26. PLACE g Home 8 8c. INJURY WORK? 1  YES r, office	use given in  OF DEATH (Chi  Residence  AT  2 NO	Part I.  Part I.  28d. DESC  28f. LOCA City or  to the caus time, data s	24a. WAS AN. PERFOR  1 YES 2  (Specify)  RIBE HOW IN	AUTOPSY MED?  NO NUMBER OCCU	24b.  JRED  Aural R  cause(e)	1 YES 2 Number,





ION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Ian	TO THE FUNERAL DIRECTOR: After this certificate has be filed within 72 hours after death with the State Dep	IMPORTANT: If Item 28 is marked, or Item 23

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	CERTIFICA	ATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Last)  Marian Levine				DATE OF DEATH	1992 <sup>YEAF</sup>	3. TIME OF DEATH 7:45 pni M			
	064 07. 9137 1□M2□XF 80	Mon	INDER 1 YEAR THE DAYS		DATE OF BIRTH		THPLACE (States or Foreign unity)  ew York			
LOR	90. FACILITY NAME (If not institution, give street and number)  #Hebrew Home of Greater Wa			R LOCATION OF DEAT		9c. COUNTY OF				
DIRECTOR	Maryland Montgomery	ROCKV	WAY OR LOCATION				10d. INSIDE CITY LIMITS?			
FUNERAL	100. STREET AND NUMBER 6121 Montrose Road			ZIP CODE 0 8 5 2		109. CITIZEN O	1 ☐ YES 2 ★ NO F WHAT COUNTRY?			
BY	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced  12. WAS DECEDENT EYER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	13. WAS DECE If yes, spe 1 YES	INDENT OF HISPANIC city Cuben, Mexican, I 2 NO Specify:	ORIGIN? (Specify Yes Puerto Rican, etc.)	BI	ACE — American Indian, ack, White, etc. sectly: White			
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5 +)	Give kind of work of ite. Do NOT use retire	one during mos ed.)	N t of working	Restau					
BE CON	17. FATHER'S NAME (First, Middle, Last) Paul Lieberman			18. MOTHER'S NAME (First, Middle, Meiden Sumerne) Martha Rossoff						
TO B	19e. INFORMANT'S NAME (Type/Print)  Marsha Levine	196. MAILING ADDI 2001 H	ighbo	oro Way,	te Number, City or Town	, State, Zip Code) Church	, VA 22043			
	4 Donation 5 Other (Specify)	CE AND DATE OF DIS	POSITION (Name of the manager)	Gdns 5/	OATE 20c. LOG 26/92 Fa	CATION — City or	Town, Slate hurch, VA			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		Ives- Falls	Pearson Church	Funeral , VA 2	l Home				
	23. PART I. Enter the diseases, or complicatione that ceused the shock, or heert failure. Liet only one ceuse on each IMMEDIATE CAUSE (Final disease or condition resulting in death)  SCUCKE M  DUE TO (OR AS A COI	NSEQUENCE OF):	ART	Deman		atory arreat,	Approximate Interval Between Onset and Death			
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST									
	PART II. Other significent conditions contributing to death but n	ot resulting in the	underlying	cause given in Par	t I. 24a, WAS AN /		4b. WERE AUTOPSY FINDINGS			
MEDICAL	GANGRENOUS TOE, PERIPHENT VIS	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO							
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  HOSPITAL:  HOSPITAL:									
	1 YES 2 NO 1 Inpatient 2 ER/Outpatient 27. MANNER OF OEATH 1 Natural 5 Pending 28s. DATE OF INJURY (Month, Dey, Year)		Nursing Home 26c, INJU WOR	K?	Other (Specify)	JURY OCCUREO				
ED BY	2 Accident Investigation 3 Suicide 6 Could not be determined determined determined model. (Specify)  M 1 YES 2 NO  269. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)  269. PLACE OF INJURY — At home, farm, street, factory, office City or fown, Stete)									
COMPLETED	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge	, death occurred at t	ne time, date e	nd place, end due to t	he cause(e) and menr	ner ee stated,	o(s) and manner se stated.			
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIER			D39166			ED (Month, Day, Year)			
	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ALVIN S. MADARAN G, MD 61	ZI MON	TROSE	RD; Roc	KVIUE,	ND 201	852			
	31. DATE FILEO MONTH Disk water 38. REGISTRAR'S SIGNATURE File Davidson-R	indella								



3. TIME OF DEATH 20:11 PM

2. DATE OF DEATH MONTH 05 23

FOR STATE REGISTRAR

**EDWARD** 

1. DECEDENT'S NAME (First, Middle, Last)

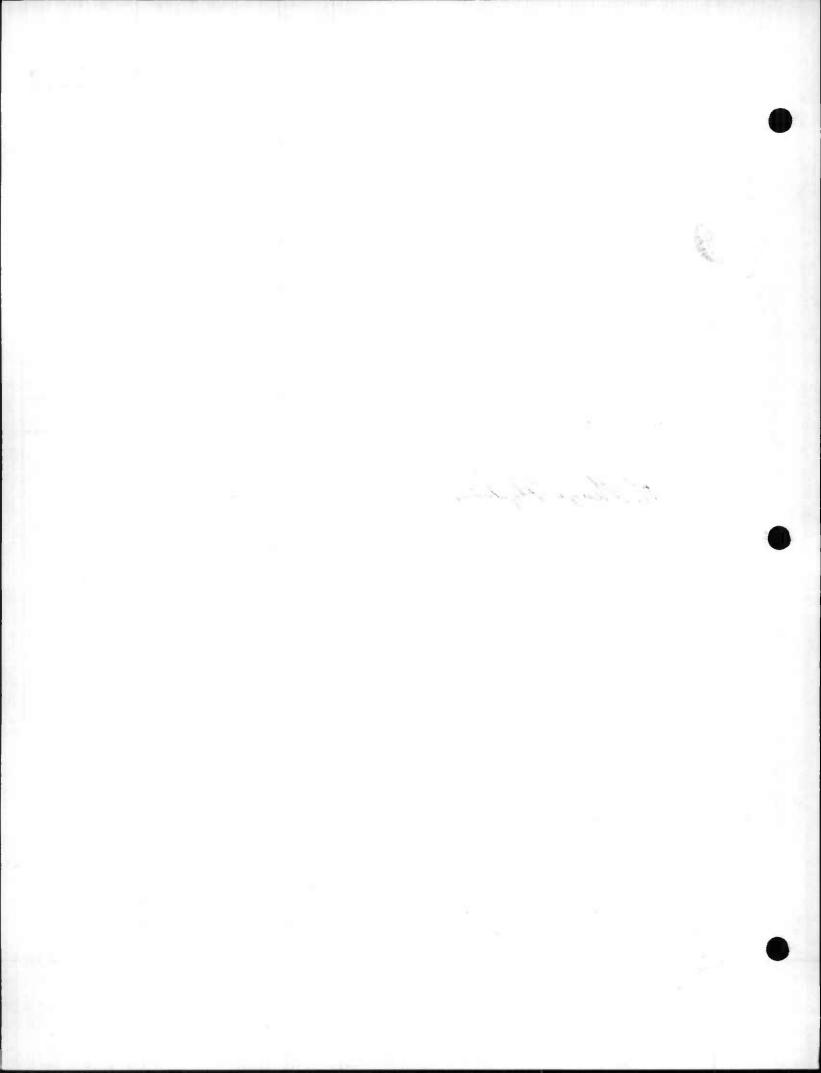
**JAMES** 

	- autor
	24
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	COSTAL OD ATTENDIAG DUVERSAN. The law remains that the death partitions he executed within 24 hours
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	212-16-9590	**						02 27	<u>~</u> 1922	N	Country) MARYLA	AND	
CTOR	9a. FACILITY NAME (If not institution, give street and number)  NORTH ARUNDEL HOSPITAL ASSOCIATION  RESIDENCE OF DECEDENT						96. CITY, TOWN OR LOCATION OF DEATH GLEN BURNIE				A.A. COUNTY		
MREC	10e. STATE 10b. COUNTY 10c. CIT					BURNI						I. INSIDE CITY LIMITS?	
	1 WESTPARK COURT (FERNDALE)						10	21061			U.S	A.	COUNTRY?
BY FUN	11. MARITAL STATUS  1 Never Married 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D.			NT EVER IN U I X YES MAR OR DATE	U.S. ARMED 2 NO ES WW	II	If yes, sp	CENDENT OF HISP secify Cuban, Maxis 2 X NO Spec	an, Puarto Rica	Specify Yes o in, etc.)	14. RACE — American Indian, Bleck, White, stc. Specify: WHITE		
TEO T		ECEDENT'S EDU		1	16a. DECEDE (Give kir	ENT'S USU	IAL OCCUPATION done during movined.)	ON ost of working	16b. KI	ND OF BUSI	NESS/INDU	ISTRY	
COMPLET	Elementary/Secondary	(0-12)	NONE	+)				DRIVER	BON	ND DIS	STRIB	UTERS	COMPAN
NO.	17. FATHER'S NAME (First,	Middle, Last)				,		18. MOTHER'S N					
ш	JOSEPH			LECH	HERT			HELE	N			UNKN	OWN
TO B	19a. INFORMANT'S NAME				19b. MA	ILING AD	DRESS (Street	and Number or Rure	Route Number	Chy E. Nown	RITE NOT	Cede)	
F	MRS. MARIE		HERT		1 W	ESTP	ARK CO	URT (FER	NDALE)	MARY	YLAND	21	061
	1 M Burial 2 ☐ Cremation 3 ☐ Ramoval from Stata  4 ☐ Donetion 5 ☐ Other (Specify) MAR						<b>CERANS</b>	CEMETER				tty or Town,	stata MARYLA
	21. SIGNATURE OF FUNE	RAL SERVICE LI	CENSEE A	1			22. NAME A	ND ADDRESS OF I ETON FUN OND AVE.	ERAL HO		BURNT	E. MD	21061
NOIL	iMMEDIATE CAUSE (F disease or condition resulting in death)	Heart failure.	a. Oue to	ACH AS A C	CONSEQUEN	pn ice or:	y C	udij	en su cardiac und	for raapira	Di	ii ~	intervai Bet
RTIFICATION	ahock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	Hitlons, nedlate YING sjury	a. Oue to	EUL AOR AS A O	CONSEQUEN	ICE OF):	yva	udij	on an cardial	fnr	Di	is n	intervai Bet
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list conditions, listed the sequence of the se	Iltions, lediate ying sijury lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition was lest condition was lest condition with the lest condition was lest condition with the lest condition was lest condition wa	DUE TO  BUE TO	ACRIAS A CO  (Off All	consequent to treat to the total consequent to the total consequent to the total consequent to the total consequent to the total consequent to the total consequent to the total consequence to the	ice of):  Iting in the operation of the	28. PI  28. PI  28. IN.  WC  1 1  t, factory, office the time, data my opinion, of	a, ceuse given i	n Part I. 24  1  1  1  1  1  1  1  1  1  1  1  1  1	a. WAS AN AI PERFORM  VES 2 ()  Pecify)  IBE HOW INJ  ON (Street and own, State)  a) and menned d place, end	JURY OCCU	AMA COOI OF 1	Interval Bet Onset and Ons
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BE COMPLETED BY PHYSICIAN: MEDICAL	Sequentially list condition resulting in death)  Sequentially list condition resulting in death)  Sequentially list condition, leading to immicause. Enter UNDERL CAUSE (Disease or in that initiated eventa resulting in deeth) LA  PART II. Other algniffs  25. WAS CASE REFERRED EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 2 Accident  3 Suicide 6 4 Homicide  29e. CERTIFIER (Check only one) 2 ME  29b. SIGNATURE AND TITE  30. NAME AND ADDRESS	Intions, redilate ying plury last condition was a condition with the pending investigation could not be determined retirying physical exaministic properties of person when ying presson with the	DUE TO  DUE TO	deeth but  ER/Outpath  ENJURY—  SE (Specify)  Type (Specify)  SE OF DEAT(  D. / 78	t not reault 200 200 200 200 200 200 200 200 200 20	ICE OF:	26. PI  THER: Nursing Horr  28c. IN. M 1 1  t, factory, office the time, data in my opinion, d	Couse given in the state of the state of Death (constant in the state of the state	Part I. 24  1  1  1  1  1  1  1  1  1  1  1  1  1	e. WAS AN AI PERFORM  VES 2 ()  Pecify)  DN (Street annown, State)  a) and menned d place, end	JURY OCCU	JRED  JRED  A Rural Route  d.  CRUSS(S) SINC  SIGNED (Mol.	Interval Bei Onset and  RE AUTOPSY FIN IL ABLE PRIOR T MELETION OF CA DEATH?  YES 2 No Number,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

LECHERT, SR



r attending physician.	use as the burial-transit permit. Pages 1, 2, 3 should	
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should with the State Dept, of Health and Mental Hygiene prior to burlail, cremation, or remoral.	rked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
HOSPITAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be ex	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the f within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ITANT: If item 28 is marked, or item 23 shows any injury, or other traum:
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CERTIFICATION

MEDICAL

PHYSICIAN:

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COMPLETED

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92 14984 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH Moore 1992 Eugene 4. SOCIAL SECURITY NUMBER 5. SEY 7. DATE OF BIRTH (Month, Day, Year) 7-7-1912 6. AGE (in yrs. lest birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 1 M 2 D F 79 216-10-8739 Va 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATH Baltimore DIRECTOR 3703 Garrison RESIDENCE OF DECEDENT 10a. STATE 10c, CITY, TOWN OR LOCATION 10d. INSIGE CITY Md Baltimore 1 X YES 2 NO FUNERAL 10e. STREET AND NUMBER 101 ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? USA 3703 Garrison Blvd 21215 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 \( \) YES 2 \( \) NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORION? (Specify Yes or No—If yes, specify Cuben, Mexicen, Puerto Ricen, atc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, atc. 1 Never Married 2 X Married Specifi lack 3 Widowed 4 Divorced COMPLETED 15. OECEDENT'S EDUCATION 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Sumame) Cynthia Unknown 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 15008 Alabama Avenue Harold Moore Woodbridge, Va 22191 20a. METHOD OF DISPOSITION
1/G Burlal 2 Cremation 3 Removal from State 20b. PLACE AND OATE OF DISPOSITION (Name of DATE 20c. LOCATION - City or Town, State Garrison Forest Vet 4 Donation 8 Other (Specify) 52992 Owings Mills, Md 21. SIONATURE, OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART I. Enter the diseases, or complications that caused the deeth. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart feliure. List only one cause on each line. interval Between **IMMEDIATE CAUSE (Finei** Onset and Daeth Metastatio Colonic Cargioma disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO arter COMPLETION OF CAUSE 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: 1 TES 2 NO OTHER: 1 | Inpatient 2 | ER/Outpatient 3 | DOA ng Home 5 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 1 YES 2 NO 28e. PLACE OF INJURY — Al home, larm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicide 29s. CERTIFIER
(Check only

CERTIFVINO PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner se atsted. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) me down -Ronald 001703 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

23

Grosswood



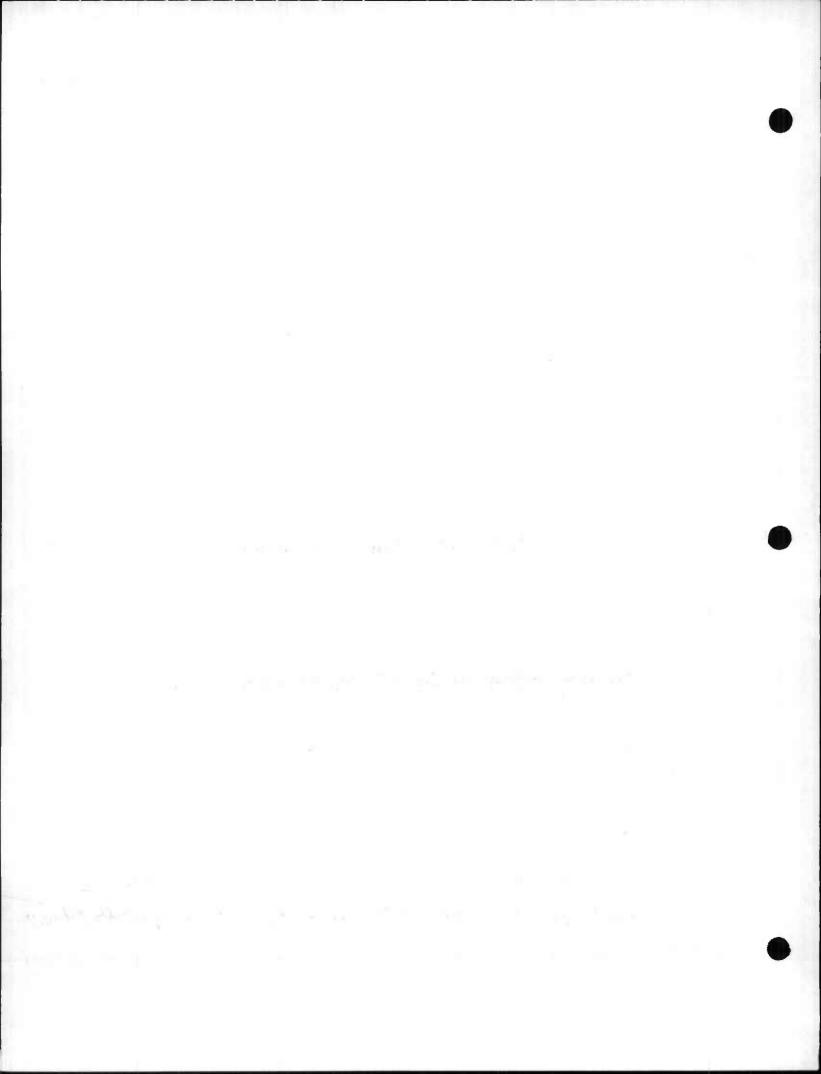


H. Ronald

31. DATE FILED (Month, Day, Year)
MAY 2 9 1992

Friedman

32. REGISTRAR'S SIGNATURE

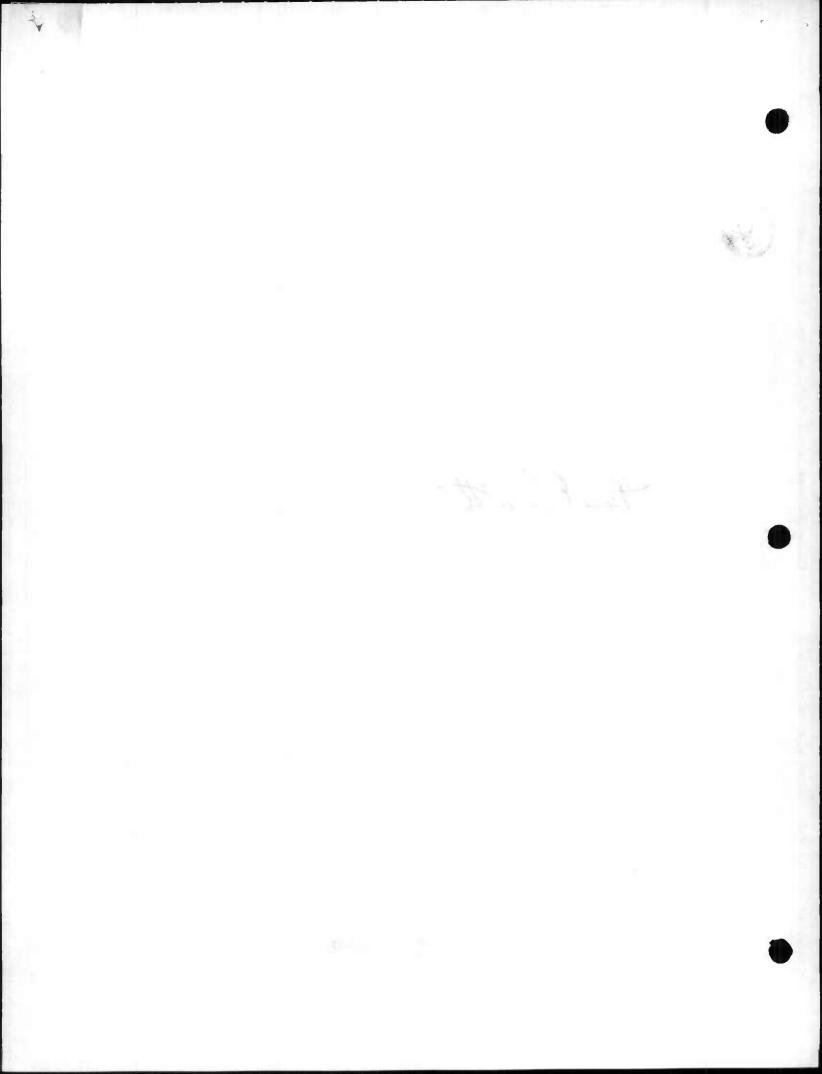


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The state of the s	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the h	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detact be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at oned
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31. DATE FILED (Month, Day, Year)

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DAYS HOURS MIN.  TOWN OR LOCATION OF OR BALTIMORE  IN LOCATION  ALTIMORE  101. ZIP CODE  21229  MAS DECENDENT OF HISPAN  I yea, specify Cuben, Mexice  Yes 2 No Specify  CCUPATION  18. MOTHER'S NA MARIA  (Street and Number or Rural I  ECHFIELD AVE  TION (Name of USOLEUM  IAME AND ADDRESS OF FAME)  OF WILKENS A	(Month, Day, Year) OCT.16, 1914 Se. CO BAI  10g. CI U. S.  IIC ORIGIN? (Specify Yee or No— n, Puerto Rican, etc.)  18b. KIND OF BUSINESS/IN  (UNKNOWN)  ROUTE Number, City or Town, State, Z. NUE—BALTIMORE, DATE 20c. LOCATION— 05/29 BALTIN  CHUTY L HOME INC.  VENUE—BALTIMORE VENUE—BALTIMORE	Country)  LITHUANIA  UNITY OF OEATN  LIMITS?  10d. INSIDE CITY LIMITS?  1X YES 2 K NO  TIZEN OF WNAT COUNTRY?  3. A.  14. RACE — American Indian, Black, White, atc. Specify: WHITE  DUSTRY  TO Code) MD. 21229  City or Town, State HORE  LE, MD. 21229  Treat, Approximate interval Between							
BALTIMORE  IN LOCATION ALTIMORE  101. ZIP CODE  21229  MAS DECENDENT OF HISPARY I yea, specify Cuben, Markee  YES 2 NO Specify CUPATION  18. MOTHER'S NA  MARIA  (Street and Number or Rural I ECHFIELD AVE TION (Name of USOLEUM  MAME AND ADDRESS OF FAME BARD FUNERA  OF WILKENS A	ME (First, Middle, Maiden Surname)  (UNKNOWN)  NOUTE NUMBER, City or Town, State, Z.  NUE-BALTIMORE,  DATE 20c. LOCATION —  05/29 BALTIN  CHARLES INC.  VENUE-BALTIMORE  VENUE-BALTIMORE	DUSTRY  JOD. 10d. INSIDE CITY LIMITS?  1\times YES 2 \times NO  TIZEN OF WNAT COUNTRY?  S. A.  14. RACE — American Indian, Black, White, etc.  Specify: WHITE  DUSTRY  JO Code) MD. 21229  City or Town, State  HORE  LE, MD. 21229  Treat, Approximate interval Between							
ALTIMORE  10f. ZIP CODE  21229  MAS DECENDENT OF HISPARY If yea, specify Cuben, Maxice  Yes 2 X NO Specify  CUPATION  18. MOTHER'S NA  MARIA  (Street and Number or Rural I  ECHFIELD AVE  TION (Name of  USOLEUM  MAME AND ADDRESS OF FAME  BBARD FUNERA  OF WILKENS A	Itic Origin? (Specify Yee or No— n, Puerto Rican, etc.)  18b. KIND OF BUSINESS/IN  ME (First, Middle, Meiden Sumeme)  (UNKNOWN)  Route Number, City or Town, Stele, Z.  NUE-BALTIMORE  DATE 20c. LOCATION— 05/29 BALTIN  CHUTY  L HOME INC.  VENUE-BALTIMOR	10d. INSIDE CITY LIMITS? 1X YES 2 X NO  TIZEN OF WNAT COUNTRY?  3. A.  14. RACE — American Indian, Black, White, atc. Specify: WHITE  DUSTRY  To Code) MD. 21229  City or Town, State  MORE  E, MD. 21229  Treat, Approximate Interval Between							
ALTIMORE  101. ZIP CODE  21229  MAS DECENDENT OF HISPAN  1 yes, specify Cuben, Mexice  YES 2 NO Specify  CUPATION  18. MOTHER'S NA  MARIA  (Street and Number or Rural I  ECHFIELD AVE  TION (Name of  USOLEUM  MAME AND ADDRESS OF FAME  BARD FUNERA  OF WILKENS A	IIC ORIGIN? (Specify Yee or No— n, Puerto Rican, etc.)  18b. KIND OF BUSINESS/IN  ME (First, Middle, Maiden Surmanne)  (UNKNOWN)  NUE-BALTIMORE  DATE 20c. LOCATION— 05/29 BALTIN  CHUTY  L HOME INC.  VENUE-BALTIMORE  VENUE-BALTIMORE	LIMITS?  1X YES 2 NO  TIZEN OF WNAT COUNTRY?  S. A.  14. RACE — American Indien, Black, White, stc.  Specify: WHITE  DUSTRY  IP Code) MD. 21229  City or Town, State  HORE  L. MD. 21229  Treat, Approximate interval Between							
21229  MAS DECENDENT OF HISPAN If yea, specify Cuben, Mexice Yes 2 NO Specify  CUPATION Uning most of working  18. MOTHER'S NA MARIA  (Street and Number or Rural I ECHFIELD AVE TION (Name of USOLEUM  MAME AND ADDRESS OF FAME BARD FUNERA  OF WILKENS A	IIC ORIGIN? (Specify Yee or No— n, Puerto Rican, etc.)  18b. KIND OF BUSINESS/IN  ME (First, Middle, Maiden Surmanne)  (UNKNOWN)  NUE-BALTIMORE  DATE 20c. LOCATION— 05/29 BALTIN  CHUTY  L HOME INC.  VENUE-BALTIMORE  VENUE-BALTIMORE	IZEN OF WNAT COUNTRY?  3. A.  14. RACE — American Indian, Black, White, atc. Specify: WHITE  DUSTRY  Ip Code) MD. 21229  City or Town, State  MORE  E, MD. 21229  Treat, Approximate Interval Between							
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I yea, specify Cuben, Mexice  VES 2 NO Specify  CCUPATION  Invining most of working  18. MOTHER'S NA  MARIA  (Street and Number or Rural I  ECHFIELD AVE  TION (Name of  USOLEUM  IAME AND ADDRESS OF FAIR  BBARD FUNERA  OF WILKENS A	ME (First, Middle, Maiden Surneme) (UNKNOWN) NOUTE Number, City or Town, State, Z NUE-BALTIMORE, DATE 20c. LOCATION — 05/29 BALTIN CHITY L HOME INC. VENUE-BALTIMORE VENUE-BALTIMOR	In the state of th							
18. MOTHER'S NA MARIA (Street and Number or Rural II ECHFIELD AVE TION (Name of USOLEUM MAME AND ADDRESS OF FAIR BARD FUNERA OF WILKENS A	ME (First, Middle, Maiden Surreme)  (UNKNOWN)  NOUTE NUMBER, City or Town, State, Z  NUE—BALTIMORE,  DATE 20c. LOCATION—  05/29 BALTIN  CHITY  L HOME INC.  VENUE—BALTIMOR	ip Code) MD. 21229 City or Town, State ORE  E, MD. 21229  reat,   Approximate interval Between							
18. MOTHER'S NA MARIA (Street and Number or Burst It ECHFIELD AVE TION (Name of USOLEUM MAME AND ADDRESS OF FAR BBARD FUNERA	ME (First, Middle, Maiden Surreme)  (UNKNOWN)  NOUTE NUMBER, City or Town, State, Z  NUE—BALTIMORE,  DATE 20c. LOCATION—  05/29 BALTIN  CHITY  L HOME INC.  VENUE—BALTIMOR	(p Code) MD. 21229 City or Town, State MORE  E, MD. 21229 Treat,   Approximate interval Between							
MARIA (Street and Number or Rural I ECHFIELD AVE TION (Name of USOLEUM IAME AND ADDRESS OF FAR BBARD FUNERA OF WILKENS A	OUNKNOWN)  NUE-BALTIMORE  DATE 20C. LOCATION —  05/29 BALTIM  HOME INC.  VENUE-BALTIMORE  VENUE-BALTIMORE	MD. 21229  City or Town, State  MORE  E, MD. 21229  Treat, Approximate interval Between							
MARIA (Street and Number or Rural I ECHFIELD AVE TION (Name of USOLEUM IAME AND ADDRESS OF FAR BBARD FUNERA OF WILKENS A	OUNKNOWN)  NUE-BALTIMORE  DATE 20C. LOCATION —  05/29 BALTIM  HOME INC.  VENUE-BALTIMORE  VENUE-BALTIMORE	MD. 21229  City or Town, State  MORE  E, MD. 21229  Treat, Approximate interval Between							
ECHFIELD AVE TION (Name of USOLEUM NAME AND ADDRESS OF FAI BBARD FUNERA OF WILKENS A	NUE-BALTIMORE,  DATE 20c. LOCATION -  05/29 BALTIM  L HOME INC.  VENUE-BALTIMOR  VENUE-BALTIMOR	MD. 21229  City or Town, State  MORE  E, MD. 21229  Treat, Approximate interval Between							
ECHFIELD AVE TION (Name of USOLEUM NAME AND ADDRESS OF FAI BBARD FUNERA OF WILKENS A	DATE 200. LOCATION - 05/29 BALTIN CHUTY L HOME INC. VENUE-BALTIMOR	MD. 21229  City or Town, State  MORE  E, MD. 21229  Treat, Approximate interval Between							
USOLEUM MAME AND ADDRESS OF FA BBARD FUNERA OF WILKENS A	05/29 BALTIN L HOME INC. VENUE-BALTIMOR	TORE  E, MD. 21229  reat, Approximate interval Between							
BARD FUNERA  WILKENS A	L HOME INC. VENUE-BALTIMOR	E, MD. 21229 reat, Approximate interval Betwee							
7 WILKENS A	VENUE-BALTIMOR	reat, Approximate interval Between							
the mode of dying, such	NENUE-BALTIMOR  as cardiac or reapiretory as	reat, Approximate interval Between							
the mode of dying, seci	as cardiac or reapiretory as	interval Betwee							
OUE TO (OR AS A CONSEQUENCE OF):									
Sequentially list conditions, If any, leading to immediate  Due TO (OR AS A CONSEQUENCE OF):									
that initiated eventa DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST  d.									
ierlying cause given in	Part I. 24a, WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS							
	PERFORMED?	AVAILABLE PRIOR TO COMPLETION DF CAUSE							
	1 YES 2 NO	OF DEATH?							
	_	1 TES 2 NO							
26. PLACE OF GEATN (Che	ck only one)								
28c. INJURY AT		CUREO							
WORK?									
200 PLACE OF INVENT									
ne, date end piece, end due inion, death occured at the t	to the cause(s) end menner ee sta ime, date end place, and due to the	ted,							
29c. LICENSE NUM		E SIGNED (Month, Day, Year)							
-	28c. INJURY AT WORK?  1 YES 2 NO Dry, office	WORK?  1 YES 2 NO  281. LOCATION (Street and Number City or Town, State)  The date and piece, and due to the cause(s) and menner se state pinion, death occured at the time, date and piace, and due to the cause of							

32. REGISTRAR'S SIGNATURE
Q 1997 Julia Davidson-Rondall



M.

BALTIMORE, MARYLAND 21203-3146

LYNDALL

## NICHOLS STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR CERTIFICATE OF DEATH	REG. NO.									
		DATE OF DEATH	YEAR 3. TIME OF DEATH								
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. D. (A	ATE OF BIRTIN 7,1927 tober 27,1927	BIRTHPLACE (State or Foreign Country) Marvland								
OR	9a. FACILITY NAME (If not institution, give atreet and number)  9b. CITY, TOWN OR LOCATION OF DEATN	9c. COUNT	ry of DEATH								
ECT	RESIDENCE OF DECEDENT  10a. STATE  10b. COUNTY  10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY								
P.	Missouri Lewis Lewistown		LIMITS?								
FUNERAL DIRECTOR	100. STREET AND NUMBER P. 0. Box 36  101. ZIP CODE 63452	10g. CITIZ	EN OF WHAT COUNTRY? USA								
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 1 NO Specify:	RIGIN? (Specify Yes or No— erto Rican, atc.)	14. RACE — American Indian, Black, White, atc. Soachy: White								
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working	16b, KIND OF BUSINESS/INDU	STRY								
COMPLETED	Elementery/Secondery (0-12) College (1-4 or 5+) 12/4 4 College (1-4 or 5+) Inspector Landlord/tenant	Montgomery (	County Govt.								
CO	17. FATNER'S NAME (First, Middle, Last)  18. MOTNER'S NAME (Fi	First, Middle, Melden Surname)									
핆	WIIIIam Hungeriord Elizabet		ldicord								
2	P Robert R. Nichols Same as #10	reamber, only or rown, Stein, 210 (	55000)								
	20a. METNOD OF DISPOSITION  1	20c. LOCATION — C									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE  22. NAME AND ADDRESS OF FACILITY MURIEL H. BARBE	Y FINERAL HON	Æ.								
	Box 5038, Layto										
	23. PART I. Enter the tileases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or reapiretory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition reaulting in deeth)  DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if eny, leading to immediata cause. Enter UNDERLYING										
ERTIF	CAUSE (Disease or injury thet initiated events reaulting in daeth) LAST										
DICAL C		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?									
: ME	2		1 TYES 2/2 NO								
PHYSICIAN	Z 28. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check or DEATH (Check o	only one)									
YSIC	EXAMINER?  1 YES 2 Selo  HOSPITAL: 1 Department 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8										
ВУ РН	II 127 PRINTING I PRODUCE I II A VEC A VIO	28d. DESCRIBE HOW INJURY OCCURED									
8	3 Suicide 6 Could not be datarmined 28f. Nomicida datarmined 28f.	3 Suicide 6 Could not be 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28s. LOCATION (Street and Number or Rural Route Number, City or Town. State)									
COMPLET	29e. CERTIFIER (Check only one)  29e. CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the one)  2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time,										
BE	296. SIONATURE AND TITLE OF CERTIFIES 296. LICENSE NUMBER	792 DATE	SIONED (Month, Day, Year) - 26 - 92								
10	So name and address of person who completed cause of Death (ITEM 27) (Type, Print)	An Dr.	R,MD.								
-	31. DATE-HARD (Mogth, Day, Year)		20852								



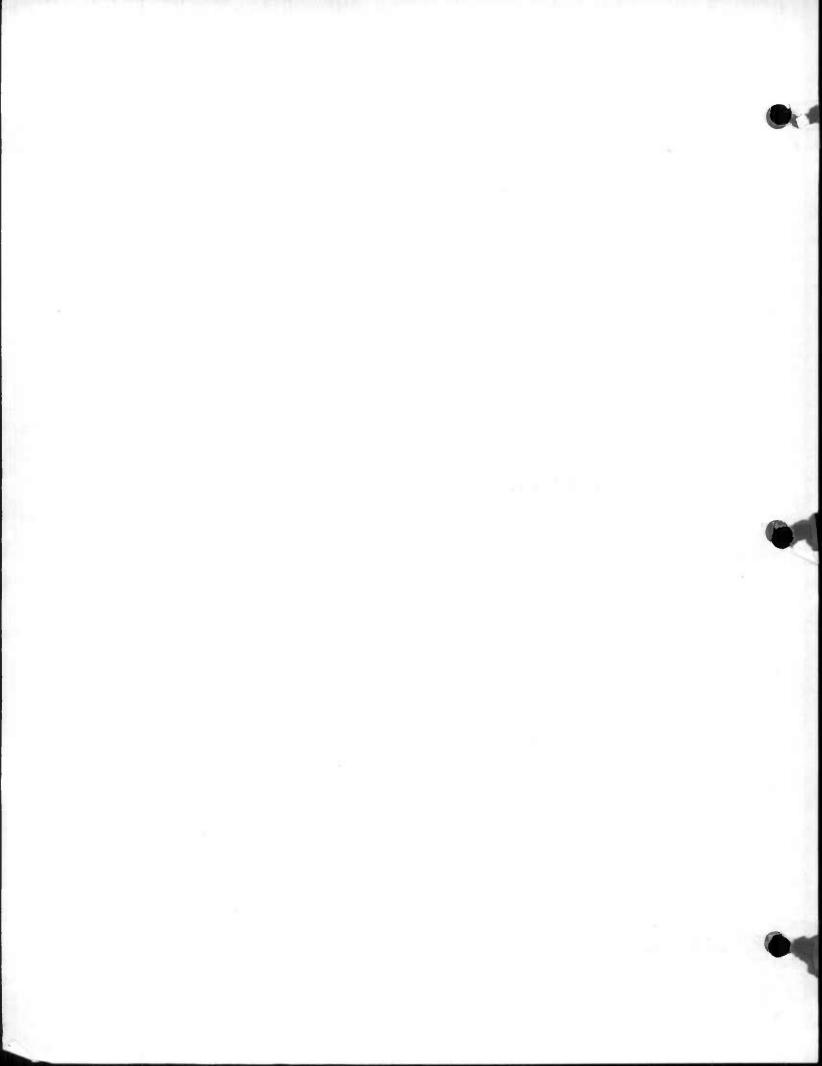
a la la la

DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	STATE OF MARY	CERTIFIC	CATE OF	DEATH		REG. NO				
	1. DECEDENT'S HAME (First, Middle, La	NAGLWIH	liam Donova	an Nagl	е	2. DATE	OF DEATH			IME OF DEATH	
	4. SOCIAL SECURITY HUMBER 103-05-0336	5. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mon	OF BIRTH	a.		DE (State or Foreign	
HOL	90. FACILITY HAME (If not institution, git  ST. JOSEPH M  RESIDENCE OF DECEDENT	tospital		To we	SO N	EATH		BA BA	LTO		
DIRECTOR	10a. STATE 10b. COU	INTY	10c. CITY,	BALT					100	. IHSIDE CITY LIMITS? YES 2   HO	
FUNERAL	5020 YORK			10	1. ZIP CODE 2/2/7	2		10g. CITIZEH OF WHAT COUNTRY?			
BY FU	11. MARITAL STATUS  1 Never Married 2 Merried  3 Widowed 4 Divorced	12. WAS DECEDENT EYER FDRCES? 1 YE IF YES, GIYE WAR OR	S 2 XND	13. WAS DECEMBENT OF HISPANIC ORIGIN? (Spo It yes, specify Cuber, Mexican, Puerto Ricen, 1 Tes 2 No Specify:				or Ho— 14.	RACE — / Black, Wh		
COMPLETED	15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	EDUCATION rade completed) College (1-4 or 5+)	(Give kind of wo	ECEDENT'S USUAL OCCUPATION live kind of work done during most of working So NOT use retired.)					TRY		
BE CON	17. FATHER'S HAME (First, Middle, Last) William Patric			16. MOTHER'S NAME (First, Middle, Meiden Surneme) Margaret Donovan							
10	196. INFORMANT'S HAME (Type/Print)  Mary E. Meyer  198. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  6107 Allwood Court Baltimore, Md. 21210										
	20e. METHOD OF DISPOSITION  1										
	James d. Is	1 0 1					[2	OF Han	ford	Dood 2	
		or complications that cause	ed the death. Do no		ard J. Ru						
	23. PART I. Enter the diseases,	a. SEPS	each line.	ot antar the mo						Approximate Interval Betw	
RTIFICATION	23. PART I. Enter the diseases, shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition	a. DUE TO (OR AS	each line.	ot anter the mo						Approximate Interval Betw	
: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, shock, or heart fellur IMMEDIATE CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR AS	B A CONSEDUENCE OF)	ot antar the mo	ode of dying, auc	ch aa car		AUTOPSY	24b. WERAMALOMO OF 6	Approximate Interval Betw Onset and D	
MEDICAL	23. PART I. Enter the diseases, shock, or heart fellur immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the conditions in t	a. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS  HOSPITAL:	S A CONSEDUENCE OF)  A CONSEDUENCE OF)  B A CONSEDUENCE OF)  B but not resulting in	the underlying	g cause given in	Part I.	24a. WAS AN PERFOR	AUTOPSY	24b. WERAMALOMO OF 6	Approximate Interval Betw Onset and Donest a	
PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart fellur immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the conditio	B. DUE TO (OR AS	B A CONSEDUENCE OF)  B A CONSEDUENCE OF)  B A CONSEDUENCE OF)  B but not reculting in	the underlying  the underlying  26. Pt  OTHER: 4   Nursing Horr  OF   28c. INJ  WC   WC   WC   WC   WC   WC   WC   WC	ode of dying, aud	Part I.	24a. WAS AN PERFOR	AUTOPSY MED?	24b. WER AWAL COM OF 1	Approximate Interval Betw Onset and Di  E AUTOPSY FINDILABLE PRIOR TO  PUETTON DF CAUSE EEATH?	
BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart fellur immediate CAUSE (Finel disease or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the conditio	B. DUE TO (OR AS	B A CONSEDUENCE OF)  B A CONSEDUENCE OF)  B A CONSEDUENCE OF)  B Dut not resulting in  Cutpatient 3 DOA  Y  28b. TIME INJU	26. PI OTHER: MY MY  28. INV MY MY MY MY MY MY MY MY MY MY MY MY MY	g cause given in  LACE DF DEATH (Ch  10 5   Residence  FURTY AT  78K7  YES 2   ND	Part I.  6 □ Other  28d. OE	24a. WAS AN PERFOR	AUTOPSY MED?  NURY OCCUR	24b. WER AMAI COM OF 1	Approximate Interval Betw Onset and Donest a	
BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart fellur immediate cause or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the condit	B. DUE TO (OR AS	B A CONSEDUENCE OF)  B A CONSEDUENCE OF)  B A CONSEDUENCE OF)  B Dut not resulting in  Cutpatient 3 DOA  Y  28b. TIME INJU  RY — At home, lerm, streedly)  Owledge, death occurred	26. Pl OTHER: 4   Nursing Horr OF   28c. INJ RY   M   1   1   reet, tactory, officed at the time, date	g cause given in  LACE DF DEATH (Ch  10 5   Residence  JURY AT  79K7  2   ND	Part I.  6 Other 28d. OE 28t. Loc City	24a. WAS AN PERFOR 1 YES 2  at (Specify) SCRIBE HOW II  CATION (Street a or Town, Stete)	AUTOPSY IMED?  NO NJURY OCCUR	24b. WER AMAL COM OF 1	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De	
PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart fellur immediate cause or condition resulting in death)  Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other significant conditions in the condition of the condit	B. DUE TO (OR AS  DUE	B A CONSEDUENCE OF)  B A CONSEDUENCE OF)  B A CONSEDUENCE OF)  B but not resulting in  Utpatient 3 DOA  Y  28b. Time INJU  RY — At home, lerm, str  Docify)  When the courred the end/or investigation.	26. Pt  26. Pt  OTHER:  4   Nursing Horr  OF   28c. INJ  RY   M   1   1   1    reet, factory, office  d at the time, date  i, In my opinion, d	g cause given in  LACE DF DEATH (Ch  10 5   Residence  JURY AT  79K7  2   ND	Part I.  6 Other 28d. OE 28t. LOC City to the case time, date	24e. WAS AN PERFOR 1 YES 2  ar (Specify) SCRIBE HOW II  CATION (Street or Town, Stete)	AUTOPSY MED?  NO  NJURY OCCUR  and Number or I	24b. WER AMAIL COMPOSE 1 1 C	Approximate Interval Betwo Onset and De De De De De De De De De De De De De	







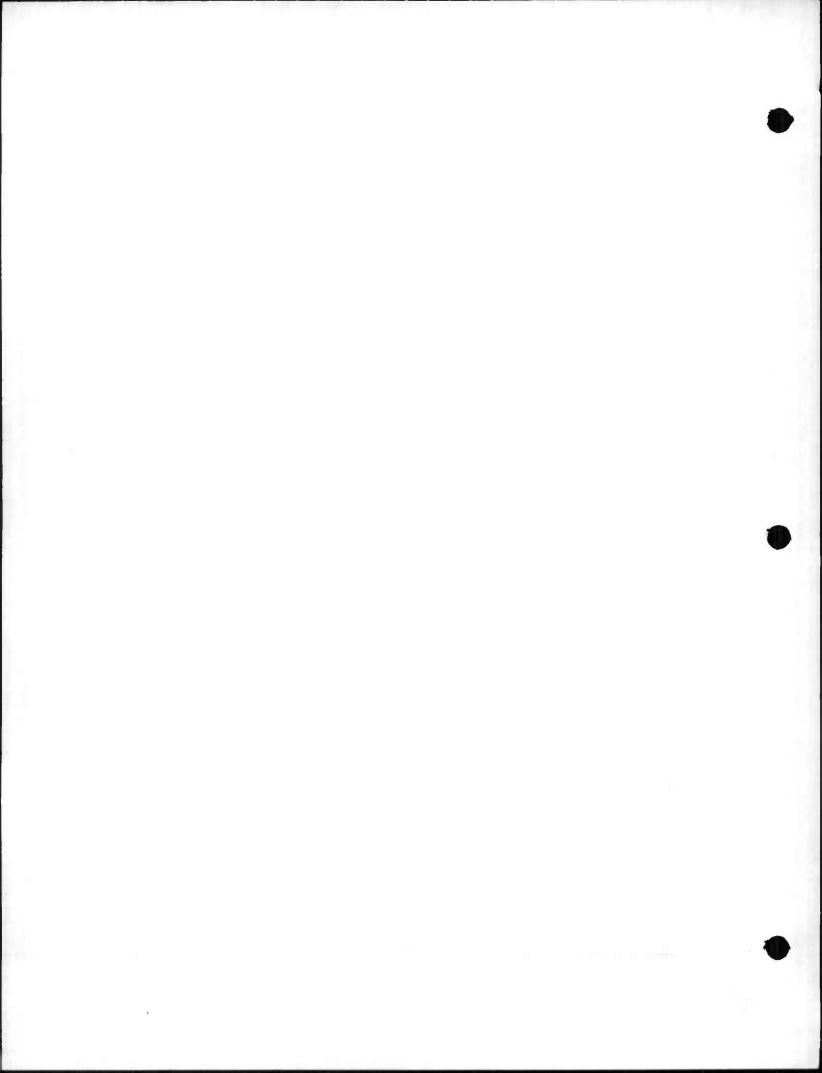
DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Planes 1, 2, 3 should
be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal,
IMPORTANT: if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE	STATE OF N	IARYLAND	/ DEPAF	RTMEN	TOF	HEALTH A	ND M	IENTAL HYGIE!		12	1498	38	
_	1 - STATE REGISTRAR		C	ERTIF	ICATI	E OF	DEATH	1	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DEATH	DAY	YEAR	3. TIME OF DE	ATN	
	LUKE	JOHN			OWEI	NS				17	92	7:31	Рм	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le	ist birthday)		R 1 YEAR	IF UNDER 24 I		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTNI	PLACE (State or	Foreign	
	223-25-1006	1 📉 M 2 🗌 F	13	YRS.	MONTHS	DAYS	HOURS N	MIN.	6 SEP 197	78		7land		
	9e. FACILITY NAME (If not institution, give at	treet and number)			9b. CIT	Y, TOWN (	OR LOCATION	OF DEA	TN	9c. COU	INTY OF DE		-	
CTOR	HOLY CROSS HOSPITA			17.5	SIL	VER	SPRING	3		MON	TGOME	ERY		
BY FUNERAL DIRECTOR		County			ry, town o							10d. INSIDE CIT LIMITS? 1 YES 2		
ERAL	100. STREET AND NUMBER route 1, Box 262					101	22849	)				what country? States		
5	11. MARITAL STATUS	12. WAS DECEDENT	FEVER IN U.S. A	RMED	13.	WAS DEC	CENDENT OF N	NISPANIC	C ORIGIN? (Specify Ye		-		dien.	
	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 X	NO		If yes, sp	pecify Cuben, N	Mexican, Specify:	exican, Puerto Rican, stc.) Black, While, etc.					
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a, D	ECEDENT'S	USUAL O	CCUPATION	ON ost of working		16b. KIND OF BU	JSINESS/INI				
<u>=</u>	Elementary/Secondary (0-12)	College (1-4 or 5+)	116	le. Do NOT us	se retired.)	during mo	ist of working							
鱼	8			Stude	ent				Page C	County	y Hig	h Schoo	01	
COMPLETED	17. FATNER'S NAME (First, Middle, Last)						18. MOTNER	R'S NAM	E (First, Middle, Maider					
BE C	Kenneth J. Owens						Mar	gar	et Weisge	rber				
	19e. INFORMANT'S NAME (Type/Print)		11	9b. MAILING	ADDRES	S (Street e			oute Number, City or Tox		p Code)	_		
2	Margaret Miller								nandoah,		22849	9		
	1 △ Buriel 2 ☐ Cremation 3 ☐ Remo	oval from State	cemetery, cre		other place)	1			5/21			Virgini	4.0	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE # MO	0690	OIL			ND ADDRESS	OF FACI		Hande	)an,	VILKI	La	
	Downed D.				K	Kygei	r Fune	ral	Home					
	23. PART I. Enter the diseasea, or complications that ceused the deeth. Do not enter the mode of dying, such as cardiac or reapiratory arrest, ahock, or heart failure. List only one cause on each line.  Approximate interval Between													
	IMMEDIATE CAUSE (Finel											Onset an		
	disease or condition resulting in death)	. MULT	OR AS A CONSE	117-	TUR	IEC	1							
	Tooling III County	DUE TO (	OR AS A CONSE	OUENCE O	r):	1						-		
z	L. L. Language	h										ļ		
CERTIFICATION	Sequentially list conditiona, if any, leading to immediate	DUE TO (	(OR AS A CONSE	OUENCE O	F):									
8	cause. Entar UNDERLYING CAUSE (Disease or Injury	G.												
H	that initiated events	DUE TO (	OR AS A CONSE	QUENCE O	F):								-	
F	resulting in death) LAST	d												
	DADT II Other significant condition		to sets have made						1					
PHYSICIAN: MEDICAL	PART II. Other algnificant conditions	a contributing to t	Jeeth Dut not	resulting	in the ur	iderlying	g cause give	an in Pa	art I. 24a. WAS AI PERFO	N AUTOPSY PRMED?	24b.	WERE AUTOPSY	OT R	
ğ									- 1X YES	2 🗌 NO		OF DEATH?	CAUSE	
M									_			1 NES 2 [	NO	
ä												^		
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:					LACE OF DEAT	IN (Check	k only one)					
Si	1 X YES 2 NO	1 inputient 2 💢	ER/Outpatient	3 DOA	4 Nun		te 5 🗆 Reeld	ience 8	Other (Specify)					
H	27. MANNER OF DEATN	28e. DATE OF I (Month, De	INJURY Wart	28b. TIM	-	28c. INJ			28d. DESCRIBE NOW	INJURY OC	CURED			
BY	1 Natural 5 Pending 2 Accident Investigation	05/17/9		7:00		1 🗆 Y		10 P	BICYCLIST	STRU	CK B	Y AUTO		
	Suicide 8 Could not be	28e. PLACE OF	FINJURY — At he	1		tory, offic		-	281. LOCATION (Street	end Number				
COMPLETED	4 Nomicide determined	Surroung, s	STRE	EET				G	City or Town, State EORGIA AV					
7	29m. CERTIFIER 1 CERTIFYING PNYSIC	ICIAN: To the best of a			and at the I	Mana data	and place an							
M	(Check only one) 2 MEDICAL EXAMINE											and manager on	-A-A-A-A	
	A	101		III.	11, 111,	Aprilleri -				na aus to tr	10 COURT(+)	end manner we	stated.	
BE	296 SIGNATURE AND TITLE OF CHRITISHES	( ) (Na)	0				29c. LICENSI					(Month, Day, Year,	)	
2	MMM. Y	othy	H				O.C.N	M.E.		0	5/18/	/92		
	MARTO F GOVERN	COMPLETED CALLS	A A 1 1 1	M 27) (Type,	Print)	e mar	NT MTM	ODE	MADVI AND	2120	1			



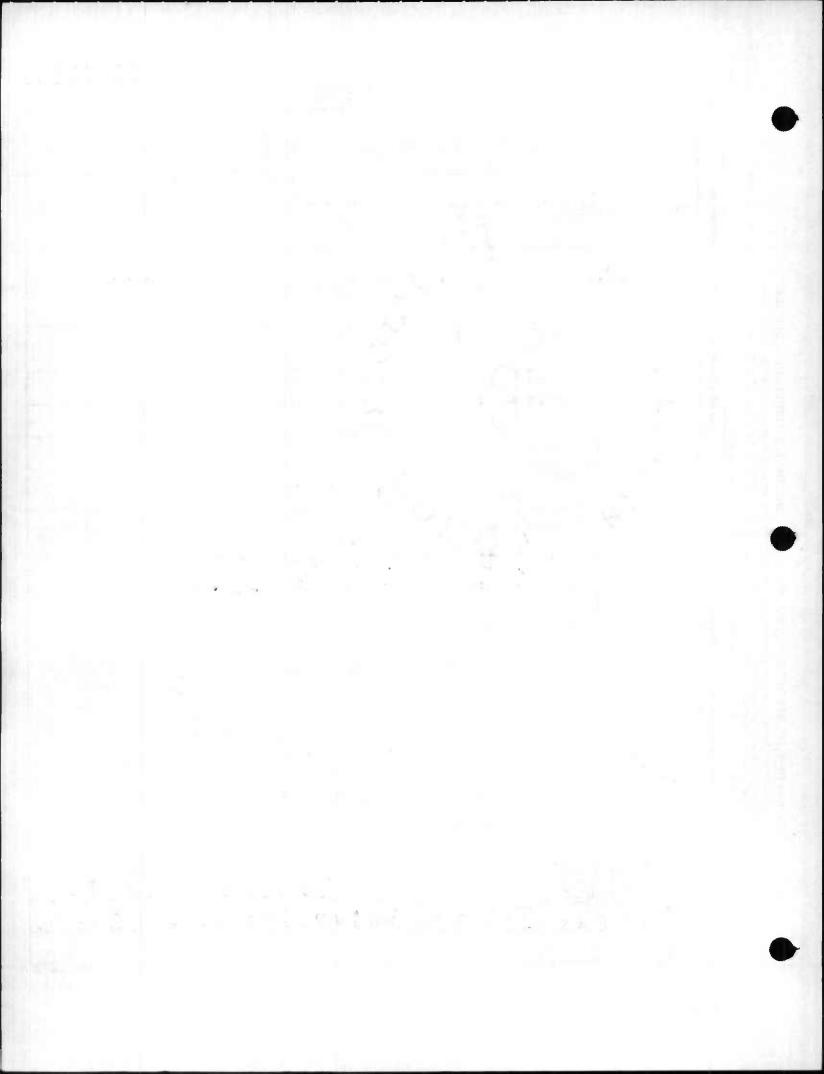
MAY 2 9 1992



FOR

ARYLAND	ined by the hosp	nould be detache	fied at once.
BALLIMORE, MARYLAND	ge 6 may be reta	lirector, page 5 s	r must be not
BALII	urs after death. Pa	in by the funeral or removal.	edicai examine
8/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	certificate be exec	ding physician and tygiene prior to by	r other traumat
CHUS, F	es that the death	gned by the atten	s any injury, or
HAL HE	IN: The law requir	ficate has been si State Dept. of He	Item 23 show
LO NOIS	ENDING PHYSICIA	R: After this certiter of the service of the servic	Is marked, or
	SPITAL OR ATTE	NERAL DIRECTOR	NT: If Item 28
	TO THE HO	TO THE FU	IMPORTA

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC	MENT OF HI	ALTH AND		GIENE S. NO.	-	1970.
		Josephine	Ochab			2. DATE OF DEA MONTH May	Ž3 19		IME OF DEATH
	4. SOCIAL SECURITY NUMBER  214-20-9891  98. FACILITY NAME (If not institution, given	1 🗆 M 2 🕡 F	84 YRS.	DAYS DAYS DAYS DAYS	HOURS MIN.	7. DATE OF BIRTY (Month, Day, M	8	BIRTHPLAC Country) MARYL Y OF DEATH	
DIRECTOR	1000 Franklin A	ve. Apt. 10			River	JEAN A			e County
	MARVIAND  100. STREET AND NUMBER	BALTIMORE	10c. CITY, 1		IDDLE 1	RIVER		1 🗆	INSIDE CITY LIMITS? YES 2 NO
FUNERAL	1000 FRANKLIN A	12. WAS DECEDENT EVER	RIN U.S. ARMED			1 2 2 1 ANIC ORIGIN? (Speci	u.	S.A.	COUNTRY?
BY	1 Never Merried 2 Merried 3 Wildowed 4 Divorced	FORCES? 1 YE	S 2 NO DATES	If yes, spec	ify Cuben, Mexi	can, Puerto Rican, et	c.)	Black, Whit Specify:	WHITE
COMPLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12)	college (1-4 or 5+)	life. Do NOT use n	k done during most etired.)	of working	16b. KIND C	F BUSINESS/INDUS	TRY	
	8TH GRADE  17. FATHER'S NAME (First, Middle, Lest)	N/A	WES	TERN EL	18. MOTHER'S I	IAME (First, Middle, M			
TO BE	190. INFORMANT'S NAME (Type/Print)				d Number or Flum	STIA MAK	or Town, State, Zip Co		
	UAITER OCHAR  20e. METHOD OF DISPOSITION 1 @ Burlel 2 □ Cremation 3 □ Re 4 ② Donation 5 □ Other (Specify)		0b. PLACE AND OATE OF I		e of	DATE 20	E. MARYL De. LOCATION — CH	y or Town, S	
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	) ~	Duda	-RUCK	uneral H	ome of D		
	23. PART I. Enter the diseases, or shock, or heart failur	or complications that cause on	ed the daeth, Do not each line.	7922	Wise /	venue			21222 Approximata Interval Batween
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	a. May a	A CONSEQUENCE OF IN	14	for	ut	1		Onset and Death
LION	Sequentially list conditions, if sny, leading to immediate	· Antes	A CONSEQUENCE OF):	sh	Hart	Disex	su		
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. OUE TO (OR AS	A CONSEQUENCE OF):				-		
	PART II. Other algnificant conditi	done contributing to death	but not resulting in t	the underlying	Cause Given i	n Part I 24e W	AS AN AUTOPSY	24h WEDI	E AUTOPSY FINDINGS
PHYSICIAN: MEDICAL						PE	RFORMED?	AMAIL COMP OF DE	ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	10	26. PLA	CE OF DEATH	Check only one)			
PHYS	1 YES 2 NO 27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	tpatient 3 DDA 4	Nursing Home PF 28c. INJUI	RY AT	6 Other (Specify 28d. DESCRIBE H	OW INJURY OCCUR	ED	
В	1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not b	28e. PLACE OF INJUI	RY — At home, larm, stre		S 2 NO	261. LOCATION (S	treet end Number or I	Rural Route 1	Vumber,
LETE	4 Homicide datermined					City or Town,			
COMPLETED	(Check only	VSICIAN: To the best of my known NER: On the bacle of examination						ouse(e) end :	menner se stated.
TO BE	30. NAME AND ADDRESS OF PERSON V	Ly den	SEATH ATEM OF CO.		O G	202	29d. DATE SI	2-3	9 2
	31. DATE FILED (Month, Day, Year)	22 PEGISTRADIO SIG	DEKA	D 6 4	026	CLOEN	RIves	( B)	ur M.
	MAY 28 1992	Julia Davidson	- Handell						

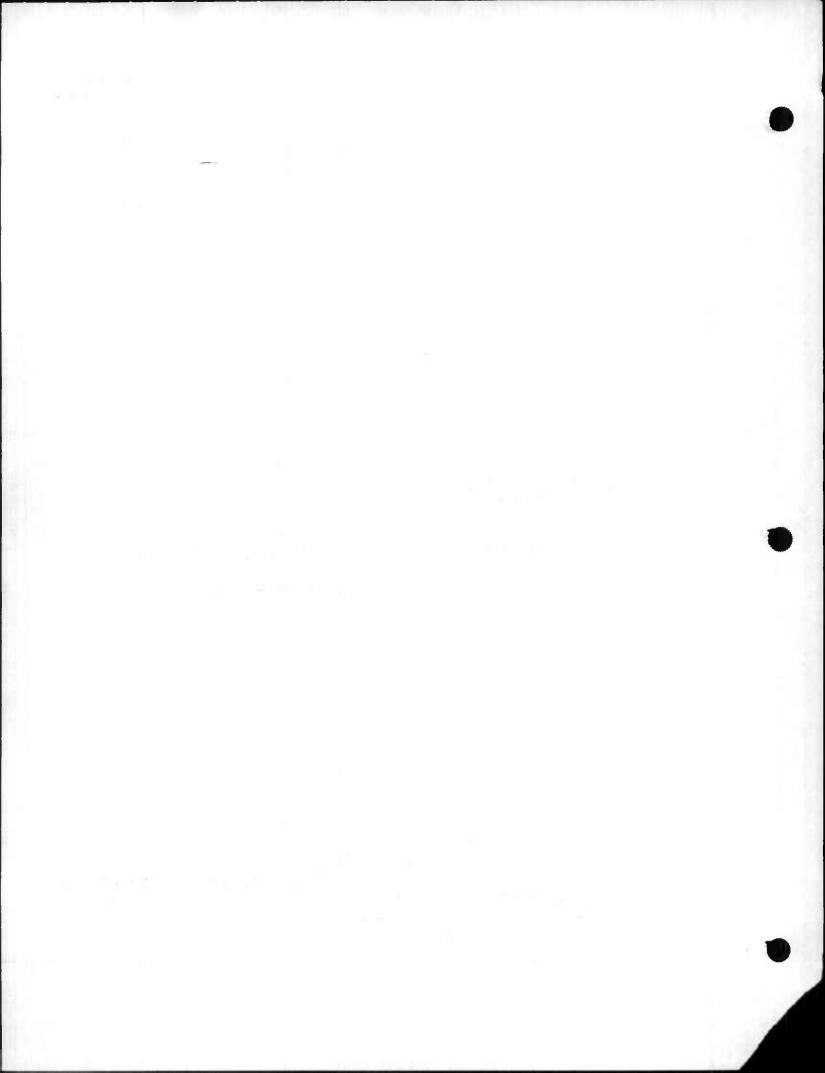


BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Item7 6-1-92
FilmG688 W.H. Per F/H STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. NO	).		U		
- 1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	year 3. TIME OF DEATN			
	EDITH M		PA	RKER		05 2		2 1:50 PM	M		
15	4. SOCIAL SECURITY NUMBER 219-22-6808	1 🗆 M 2 💢 F		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month, 08, 1) Feb. 28, 1	928	BIRTHPLACE (State or Fore) Country) Maryland	gn		
HOI	9a. FACILITY NAME (If not institution, give  NORTH ARUNDEL HO  RESIDENCE OF DECEDENT				OR LOCATION OF DE	АТН	9c. COUNT	A COUNTY			
DIRECTOR		Arundel		TOWN OR LOCA 1 Burni				10d. INSIDE CITY LIMITS? 1 YES 2 X NO	<b>.</b>		
FUNERAL	1323 Howard Rd.			10	21060		1	en of what country? ed States			
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XNO	If yes, s	CENDENT OF HISPAN pecify Cuben, Mexical S 2 1 NO Specify		a or No 1	14. RACE — American Indian, Black, White, etc. Specify: White			
2	15. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)  18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  16b. KIND OF BUSINESS/INDUSTRY  (Give kind of work done during most of working life. Do NOT use retired.)										
COMPLET	8 Sales Associate Retail  17. FATHER'S NAME (First, Middle, Lest)  18. MOTHER'S NAME (First, Middle, Maiden Surname)  Mary Anne Silberzaun										
BE	19a. INFORMANT'S NAME (Type/Print)	ııy	19h MAILING A	DDDESS /Street		ine Silber Route Number, City or Tox					
2	George W. Parker	Jr.				Burnie,					
	20s. METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Ren	20 acres from State	b. PLACE AND DATE OF	DISPOSITION /N				ity or Town, State			
	4 Donation 5 DOther (Specify)	Č	metery, cremetory or other	e MD Ve	et. Cem.	5/29/92 Ci	cownsv	ille, A.A.,	MD		
	21. SIGNATURE OF FUNERAL SERVICE LICENSES  22. NAME AND ADDRESS OF FACILITY  Kirkley-Ruddick Funeral Home  421 Crain Hwy., S.E., Glen Burnie, MD 2106  23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, Approximate										
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death)  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS  C. DUE TO (OR AS  DUE TO (OR AS  DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	Jeny ()	dod	en en	r Fren	St, Approximate Interval Betwoen and D	veen		
	PART II. Other significent condition	ns contributing to death	but not resulting in	tha underlyin	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO			
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (Che	ck only one)					
Z	X 1 □ YES 2 NO	1 inpatient 2 ER/Out		OTHER:	ne 5 🗆 Rasidence	6 🗆 Other (Specify)					
BY PH	27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME (	SA MI	JURY AT DRK? YES 2 ND	28d. DESCRIBE NOW	INJURY OCCU	RED			
ا د	3 Suicide 6 Could not be 4 Nomicide determined	28a. PLACE OF INJUR building, atc. (Spe	Y — At home, farm, stre	eet, factory, offic	•	28f. LOCATION (Street City or Town, State	and Number of	r Rural Route Number,			
COMPLETE	29a. CERTIFIER 1 A CERTIFYING PNYS	ICIAN: To the best of my know	wledge, death occurred on and/or investigation,	at the time, date	and place, and due death occured at the	to the cause(a) and ma time, data and place, a	nner sa stated	l. couse(a) and manner as state	ıd.		
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE	7 6		1.	29c. LICENSE NUM	BER It of	29d. DATE	29d. DATE SIGNED (Monty, Day, Ying)			
	CHARLES WU, M.D.	1600 CRAIN I	HIGHWAY, S	.W. #3	06/GLEN B	URNIE, MA	RYLAND	21061			
	31. ONTE PLANTO (MONIL) OUR CHET!	A. REGISTRAR'S SIG	MITURE AND								



	1. DECEDENT'S NAME (First, Middle, Las	nt)				OF DEA		. DATE OF			TIME OF DEATH
		RALPI	H POWEL	L				MONTH	- 22 -	92	12:400
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la:		IF UNDER 1 YE	AR IF UND	ER 24 HRS. 7	DATE OF (Month, D	BIRTH ey, Ybar)	8. BIRTHPL Country)	ACE (State or Foreign
	215-14-5155	1)( M 2   F	69	YRS.				(Month, D		VIRG	
E	Se. FACILITY NAME (If not institution, give FRANCIS SCOTT KE		CENTED				E CITY		9c. CO	UNTY OF DEA	ГН
CTOR	RESIDENCE OF DECEDENT	Table and the Law	CLIVILI			*	L C119				
DIRE	10e. STATE 10b. COUN			10c. CITY	, TOWN OR L		INDALK				LIMITS?
	MARY LAND  100. STREET AND NUMBER	BALTIMORE				101. ZIP CO			10g. CIT	FIZEN OF WHA	T COUNTRY?
ERAL	7946 ST. CLAIRE	LANE			21222					и.	S.A.
FUN	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT FORCES? 1	YES 2 AR OR DATES	RMED NO	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica					14, RACE — Black, V	American Indian, Vhite, etc.
BY	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES		1 🗆	YES 2 XX	O Specify:			Specify:	WHITE
ED	15. DECEDENT'S EC (Specify only highest gra		16e. DE	ECEDENT'S	USUAL OCCU	PATION	kina	16b, K)	ND OF BUSINESS/IN	DUSTRY	
LET	Elementary/Secondary (0-12)	College (1-4 or 5 +		. Do NOT us	e retired.)						
COMPL	8 YEARS  17. FATHER'S NAME (First, Middle, Last)	N/A		TKU	RUCK DRIVER FREIGHT						
BE C	ALEXANDER POWELL				18. MOTHER'S NAME (First, Middle, Melden Surname)  MARY JANE (JALLY						
TO 8	19a. INFORMANT'S NAME (Type/Print)				. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)						
_	200. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION AND ALL 200. LOCATION — City of Town State										
	110 Buriel 2 Cremetion 3 Re	moval from State	cemetery, cre	AND DATE C	her place	N (Name of	5/26/0	DATE			
	19. Surfel 2 Cremetton 3 Removal from State  4 Donatton 5 Other (Specify)  21. SIGNATURE OF FUNERAL SERVICE LICENSE  22. NAME AND ADDRESS OF FACILITY  DUDA—RUCK FUNERAL HOME OF DUNDALK INC.										
	7922 WISE AVENUE DUNDALK MD 21222										
	23. PART I. Enter the diseases, Dr complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest,  Approximate										
	ahock, or heart failure. List only one cause on each line.								Onset and D		
	disease or condition resulting in death)	. /	1 yo ca	rdi	al	Into	aRCT	701	<i></i>		
	DUE TO (OR AS A CONSEQUENCE OF):										
CATION	Sequentially list conditions,	b	OR AS A CONSE	OUENCE OF	):				<del></del>		
2	If any, leading to immediate cause. Enter UNDERLYING										
					<b>)</b> :						
	that initiated events resulting in death) LAST	d									
L CERTIF	that initiated events	d	death but not (	rasuiting l		lying cause	given in Pa	rt i. 24	a. WAS AN AUTOPSY PERFORMED?	A	AILABLE PRIOR TO
EDICAL CERTIFI	that initiated events resulting in death) LAST	d	death but not	raauiting l		lying cause	given in Pa			CC OI	MILABLE PRIOR TO IMPLETION OF CAUS F DEATH?
MEDICAL CERTIFI	that initiated events resulting in death) LAST	d	death but not (	rasulting l		lying cause	given in Pa		PERFORMED?	CC OI	OMPLETION OF CAUS
AN: MEDICAL CERTIFI	PART II. Other algnificant condition	ona contributing to	death but not (	rasulting l	n the under		given in Pa	_ 1	PERFORMED?	CC OI	MILABLE PRIOR TO IMPLETION OF CAUS F DEATH?
SICIAN: MEDICAL CERTIFI	PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	d d	ER/Outpatient 3		other:	6. PLACE OF		only one)	PERFORMED?	CC OI	MILABLE PRIOR TO IMPLETION OF CAUS F DEATH?
PHYSICIAN: MEDICAL CERTIFI	PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ona contributing to	ER/Outpetient 3		OTHER:	6. PLACE OF Home 5 :: INJURY AT WORK?	DEATH (Check Residence 8	only one)	PERFORMED?	AN CC OI	MILABLE PRIOR TO IMPLETION OF CAUS F DEATH?
BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation	HOSPITAL: 1 / (npatient 2   28e. DATE OF (Month, Date of 1) 28e. PLACE Of 1	ER/Outpetient 3 INJURY 19, Yeer) FINJURY — At h	DOA DOA	OTHER: 4   Nursing E OF   28c	6. PLACE OF Home 5 :: INJURY AT WORK? : YES 2	DEATH (Check Residence 8 [2]	only one) Other (S	PERFORMED?  YES 2 NO  Decity)  BE HOW INJURY OF	A CC OI OI OI OI OI OI OI OI OI OI OI OI OI	MILABLE PRIOR TO MAPLETION OF CAUSE F DEATH?  YES 2 NO
ED BY PHYSICIAN: MEDICAL CERTIFI	PART II. Other algnificant condition  25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 VES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending	HOSPITAL: 1 / (npatient 2   28e. DATE OF (Month, Date of 1) 28e. PLACE Of 1	ER/Outpetient 3	DOA DOA	OTHER: 4   Nursing E OF   28c	6. PLACE OF Home 5 :: INJURY AT WORK? : YES 2	DEATH (Check Residence 8 [2]	only one) Other (S	PERFORMED?  YES 2 NO	A CC OI OI OI OI OI OI OI OI OI OI OI OI OI	MILABLE PRIOR TO MAPLETION OF CAUSE F DEATH?  YES 2 NO
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D BY PHYSICIAN: MEDICAL CERTIFI	that initiated events resulting in death) LAST  PART II. Other algnificant conditions and the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditions as a condition of the conditions are conditionally conditions.	HOSPITAL: 1 i Ampatient 2  28e. DATE OF (Month, De building, or SICIAN: To the beals of experience)	ER/Outpetlent 3 INJURY y, Year) F INJURY — At he atc. (Specify) my knowledge, de	29b. TIMM	OTHER: 4 Nursing FOF 28c JRY M 1 treet, factory,	6. PLACE OF Home 5 : INJURY TWORK? VES 2 office date and place on, death occ	DEATH (Check Residence 8 [ NO 26	only one) Other (S  Bd. DESCR  St. LOCATH City or 1  the cause(	PERFORMED?  YES 2 NO  Pocity)  IBE HOW INJURY OF Power, State)  N (Street and Number of Number o	A CCURED  CCURED  or or Rural Roul  sted.	MALABLE PRIOR TO DMPLETION OF CAU P YES 2 NO

31. DATE FILED (Month, Day, Year)
MAY 2 8 1992

42150n

FOR STATE REGISTRAR

**BALTIMORE, MARYLAND 21215-0020** 

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

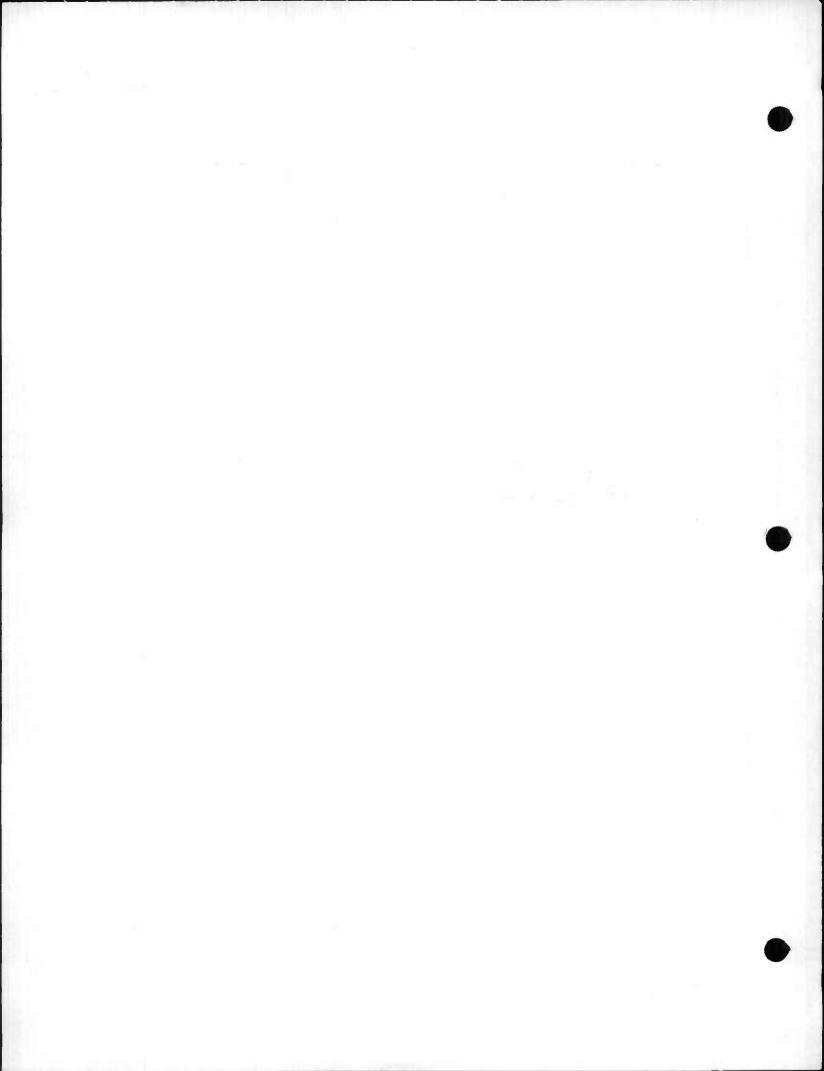
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First,					2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF					Н			
	Anthony		Jos			_	ika		05	2		92	7:47	Рм
	4. SOCIAL SECURITY NUMBER 219-16-5683		5. SEX 1 M 2 F	6. AGE (In yrs. last	birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	(Mor	OF BIRTH (th, Day, Year)	1	Count	PLACE (State or Form) (RYLAND	reign
	9e. FACILITY NAME (If not ins		704	07		9b. CITY	TOWN	OR LOCATION OF D		14-172		NTY OF D		
DIRECTOR	Union Memor	ial Hos	spital				time							
EC	10a. STATE	106. COUNTY			10c. CIT	Y, TOWN C	R LOCA	TION					10d. INSIDE CITY	
	MARYLAND	1	BALTIMOR	E				DUNDAL	.K				LIMITS?	NO
FUNERAL	844 MILDRED	AVENU	E				10	ZIP CODE	222		10g. CIT		U.S.A.	
B	11. MARITAL STATUS  1 Never Married 2 3 Widowed 4 Divor	merrieu	12. WAS DECEDEN FORCES? A IF YES, GIVE W	TEVER IN U.S. ARI X YES 2 N MR OR DATES	MED O		f yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 NO Speci	an, Puerto	IN? (Specify Yes	or No-	14. RACI Blac Spec	E — American India k, White, etc.	
	15. DECE	EDENT'S EDUCA	ATION			USUAL O			16	b. KIND OF BU	SINESS/IND	DUSTRY		
COMPLETED	Elementary/Secondary (0- 11TH GRADE		College (1-4 or 5 d		Do NOT us	vork done o ve retired.) VTING		st of working		J.J.	HAIN	VES		
BE CON	17. FATHER'S NAME (First, MIC ANDREW PIKA								RY G	LODEK	,			
10	MARY PIKA			196	MAILINO	ADDRESS AILDR	Street &	Number or Rural					ND 2122	2
	20e, METHOD OF DISPOSITION 1 N Buriel 2 Cremation 4 Donation 5 Other	n 3 🗆 Remov	ral from State	20b. PLACE A	ND DATE	of dispos	Y R	ussian 0	RTH.	TE 20c. LO	CATION —	City or To LKRI1	DGE, MD	
- 1	21. SIGNATURE OF FUNDAM	SERVICE LICE	NSEE			22,	NOME A	RUCK FU	NERA	L HOME	0F 1	DUNDA	ALK INC.	
	37	IL	1					WISE AV					21222	
CERTIFICATION	IMMEDIATE CAUSE (Findisease or condition resulting in death)  Sequantially list condition if any, leading to immedicause. Enter UNDERLYIF CAUSE (Disease or injurthat initiated evanta resulting in death) LAST	ons, b. b. lieta	DUE TO	OR AS A CONSEC	UENCE O	F):	erot	ic Cardio	ovas	cular D	)isea	se	Interval Be Onset and	
5		d.												
MEDICAL	PART II. Other significan	nt conditions	contributing to	death but not re	eaulting i	In the un	derlyln	g causa givan in	Part I.	24a. WAS AN PERFORM	MED?	24b	. WERE AUTOPSY FIN AMAILABLE PRIOR 1 COMPLETION OF CO OF DEATH?	NO AUSE
										_	_			
ᇗᆘ	25. WAS CASE REFERRED TO EXAMINER?		HOSPITAL:					ACE OF DEATH (C)	heck only o	ne)				
S	1 XYES 2 NO		1 ☐ Inpatient 2 €	ER/Outpatient 3	□ DOA	OTHER		e 5 🗆 Residence	8 🗆 Oth	er (Specify)				
BY PHYSICIAN:		Pending nvestigation	28e. DATE OF (Month, D.		28b. TIM INJ	E OF URY M		URY AT RK? /ES 2 NO	28d. DE	SCRIBE HOW	NJURY OC	CURED		
0 1	3 Suicide 8 C	Could not be letermined	28e. PLACE O building,	F INJURY At hor etc. (Specify)	ne, farm, s	street, fect	ory, offic			CATION (Street or Town, State)		or Rural I	Route Number,	
COMPLETE				my knowledge, des									s) end menner es st	ated.
w II	299 SHOHATURE AND TITLE	OF CENTRES.						29c. LICENSE NU	MBER		29d. DAT	E SIGNED	(Month, Day, Year)	
0	28/1	7/						O.C.M.	.E.	15.	<b>•</b> 0	5 22	1992	
	NO NAME AND ADDRESS OF		2.50	SE OF DEATH (ITEM								0400		
	31. DATE FILED (Month, Day, Y		MD 32 REGISTRA	R'S SIGNATURE	l Pe	nn S	tree	et, Balt	ımore	e Mary	land	2120	1	
	MAY 28 199	2 gui	in handaday											





anding physician. as the burial-transit permit. Pages 1, 2, 3 should BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

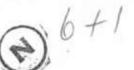
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or arte	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use a feel within 72 hours after death with the State Debt, of Heath and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TAL	AL D	11
IOSPI	UNER	ANT
THE	THE F	ORT
2	2 2	3

	02 2072 205												
	92-2973-005									92	2 1	499	3
	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPAI CERTIF	RTMEN	T OF H	EALTH	AND N		YGIEN EG. NO.	E			0
	1. DECEDENT'S NAME (First, Middle, Last)		OLITTI	IOAI		DEAI		2. DATE OF I	DEATH			3. TIME OF D	EATH
	KENNETH	LOUIS			PAL	IER		монтн 05	27		992	7:00	Р. м
	117		yrs. last birthday)		R 1 YEAR	IF UNDER		7. DATE OF E (Month, Da	HRTH			PLACE (State of	
		M 2   F	70 YRS.	MONTHS	DAYS	HOURS	MINI.	3/04/				m arylar	nd
œ	9a. FACILITY NAME (If not institution, give atreet	and number)		9b. CIT		R LOCATIO		ATH		9c. COU	OUNTY OF DEATH		
DIRECTOR	11 McCORMACK ROAD				Baltimore BALTIMORE						RE		
REC	10a. STATE 10b. COUNTY		10c. CI	10c. CITY, TOWN OR LOCATION								10d. INSIDE C	YTE
ā	Maryland Baltin	more	Ba	altin	more							1 YES 2	₩ NO
RAL	100. STREET AND NUMBER  11 Mc Cormick Ave	enue			10	ZIP CODE					ZEN OF V	WHAT COUNTRY	Y?
FUNERAL		. WAS DECEDENT EVER IN I	I A ADMICO										
F	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	13.	If yes, sp	ecity Cuber	n, Mexican	, Puerto Ricar	pecify Yea i, etc.)	or No		E — American I k, White, etc.	
В	3 ☐ Wildowed 4 ☐ Divorced IF YES, OIVE WAR OR DATES 1 ☐ YES 2 ☑ NO Specify:								Speci	" Whit	e		
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON pleted)	8a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL (	OCCUPATION during me	ON st of working	g	16b. KIN	D OF BUS	INESS/IN	DUSTRY		
Z.		ollege (1-4 or 5+)			)								
Mo	12 17. FATHER'S NAME (First, Middle, Last)		Painter	<u>c</u>		18 MOTH	IFR'S NAM	Sell		ploy	red_		
BE C	Russel James Pal	Lmer						ry Rut		Gurnemey			
TO B	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRES	SS (Street e	nd Number	or Rural Ro	oute Number, C	ity or Town	n, State, Zij	Code)		
-	Myrtle Joan Byrne 5411 East Avenue Baltimore, MD, 21206  206. METHOD OF DISPOSITION 200. PLACE AND DATE OF DISPOSITION / Name of DATE 20c. LOCATION — City or Town, State												
	20a. METHOD OF DISPOSITION  1 Burial 2 Cremation 3 Removal  4 Donation 5 Other (Specify)	from State cemet	ery, crematory or o	other place	)			DATE					
	21. SIGNATURE OF FURERAL SERVICE-LICENCE	ge Da	rkwood	Ceme	NAME A	Z 5/	30/9	2	Par	kvil	le,	MD.	_
	* Golfon I	Supel										Home,	Inc.
	23. PART / Enter the diseases or complications that causes the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate												
	shock, or heart failure. List	only one cause on eac	h line.									interva	i Between and Death
	disease or condition resulting in death)	ct Gunsha	+ We	und	l e	4 1	tend	P					
	disease or condition resulting in death)  Onset and Dasth  Onset and Dasth  Onset and Dasth  Due to (or as a consequence of):												
ON	Sequentially list conditions, b	DUE TO (OR AS A C	ONSEQUENCE O	MED .									
TIFICATION	if any, leading to immediate cause. Enter UNDERLYING	502 10 (611 25 2 6	ONSECUENCE C	<i>a</i> . j.								ĺ	
E	CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A C	ONSEQUENCE O	OF):								-	
CERT	resulting in death) LAST												
	PART II. Other significant conditions co	ontributing to death but	not reaulting	in the u	nderlyin	g cause g	iven in P	Part i. 24s	. WAS AN		24b	. WERE AUTOPS	Y FINDINGS
PHYSICIAN: MEDICAL								1/8	PERFOR			AVAILABLE PRI	
MEC									1-	1		OF DEATH?	□ NO
ä								50	NOW	(			
5		OSPITAL:		OTHE		ACE OF DE	ATH (Chec	ck only one)					
Υ×S	1 XYES 2 NO 1	Inpatient 2 ER/Outpat	ent 3 DOA		28c. INJ			Other (Sp					
	1 Netural 5 Pending	(Month, Day, Year) 05-27-1992	10:0	JURY	WC	ES Z		SELF		ICTE		NSHOT V	ALUI IOL
D BY	3 Suicide 8 Could not be	28a. PLACE OF INJURY building, stc. (Specify	At home, term.				-	28f. LOCATIO	N (Street e				MOOIND
1	4 Homicide determined	sustaining, etc. (Special)	AT HOM	E			1	City or To		CK R	OAD		
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYINO PHYSICIAN	: To the best of my knowled	ige, death occur	red at the	time, date	end place,	end due t	o the cause(a	and men	ner ee stat	ted.		
S S	one) 2 💢 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, end due to the ceuse(e) and manner as stated.												
BE C	296. SIGNATURE AND TITLE OF CERTIFIER	1011				29c. LICE	NSE NUME	BER		29d, CAT	E SIGNED	(Month, Day, Ye	er)
Q Menny (Chute m) O.C.M.E. 05-28-1992													

Chute 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 PENN STREET BALTIMORE MARYLAND 21201

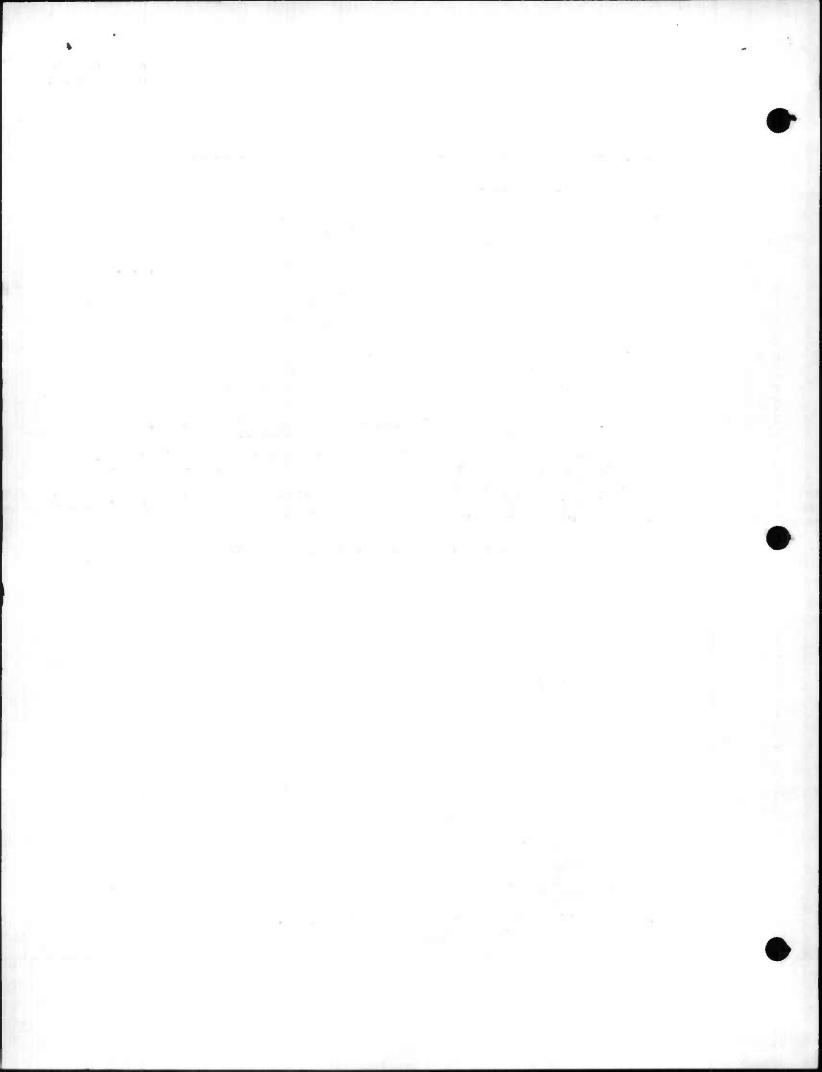
MAY 29 1992 32. REGISTRAR'S SIGNATURE



68/60, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	tile event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be as	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fibe within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF MARYI	AND / DEPARTI	MENT OF H	EALTH AND DEATH		GIENE	C 14	994
	1. DECEDENT'S NAME (First, Middle, La.		ry PF	REMATTA		2. DATE OF D. MONTH May 27	, 1992	VEAD	D6 A
	4. SOCIAL SECURITY NUMBER 213-16-5262	1 □ M 2 🙀 F		F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, 07/31,	RTH Year)	8. BIRTHPLACE Country) Maryla	(State or Foreign
TOR	9a. FACILITY NAME (If not institution, gives Franklin Square RESIDENCE OF DECEMENT		9		r location of d	County			
DIRECTOR	10e. STATE 10b. COU	timore		TOWN OR LOCAT				L	NSIDE CITY IMITS? YES 2 1 NO
FUNERAL	10. STREET AND NUMBER  15 Madeline Av	enue			ZIP CODE 21206			ZEN OF WHAT C	
8≺	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 NO	13. WAS DECI	ENDENT OF HISPA city Cuban, Mexico 2 NO Specia	n, Puarto Ricen,	cify Yea or No-	14. RACE — Am Black, White Specify: Wh	a, etc.
COMPLETED	15. DECEDENT'S E (Specify only highest gro Elementary/Secondary (0-12)		Ille. Do NOT use i	k done during mos etired.)	N t of working	16b. KIND	OF BUSINESS/IND		
MP	12		House	wife			Home		
	17. FATHER'S NAME (First, Middle, Last)	1.		v		, ., .,	Maiden Surname)		
8	An thony Mari	.CK				ret Heme			
5	Gerald J. Prem		15 Made	eline	Avenue	Baltimo	y or Town, State, Zip Dre, MD.	21206	
	20a. METHOD OF DISPOSITION  1 Burlal 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	netery, crematory or other	DISPOSITION (Nar	ne of 05/29	9/90ATE			ria
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE . A A	ost mry	22. NAME AN	ADDRESS OF FA	erly Dir	Baltimon pel Fun	re, MD.	hme
	· John ?	Poppel					altimore,		21206
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):  A CONSEQUENCE OF):	certra	ryarte	rydese	el		Onset and Death
MEDICAL	PART II. Other significant conditi	one contributing to death to Huma	out not resulting in	the underlying	ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 <sup>/1</sup> NO	AWAILA COMPL OF DEA	AUTOPSY FINDINGS IBLE PRIOR TO LETION OF CAUSE ATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL			CE OF DEATH (Ch	eck only one)			
YSI	1 TYES 2 NO	HOSPITAL: V 1 □ Inpatient 2 □ ER/Out	patient 3 DOA 4	THER:  Number Home	5 Residence	6 Other (Spec	cify)		
ву РН	27. MANNER OF DEATH  1 Natural 5 Pending  2 Applicant Investigation	26s. DATE OF INJURY (Month, Day, Year)	26b. TIME C	Y WOR		26d. DESCRIBE	HOW INJURY OCC	URED	
	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide detarmined	28a BLACE OF IN ILLO	f — At home, farm, atre	et, factory, offica		261. LOCATION City or Town	(Street and Number ( n. State)	or Rural Route Nu	imber,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY	SICIAN: To the best of my know NER: On the beals of examination	riedga, death occurred a	it the time, data i	and place, and due	to the cause(s) : time, data and p	and manner as state	d. cause(a) and m	tanner sa stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIF	Covaler 6	u un		29c, LICENSE NUI			SIGNED (Month.	
	Dr. Kowalewski	8604 Harfor	d Road B		e, MD.	21234			
	MAY 2 9 1992	32. REGISTRAR'S SIGN	ndelle						

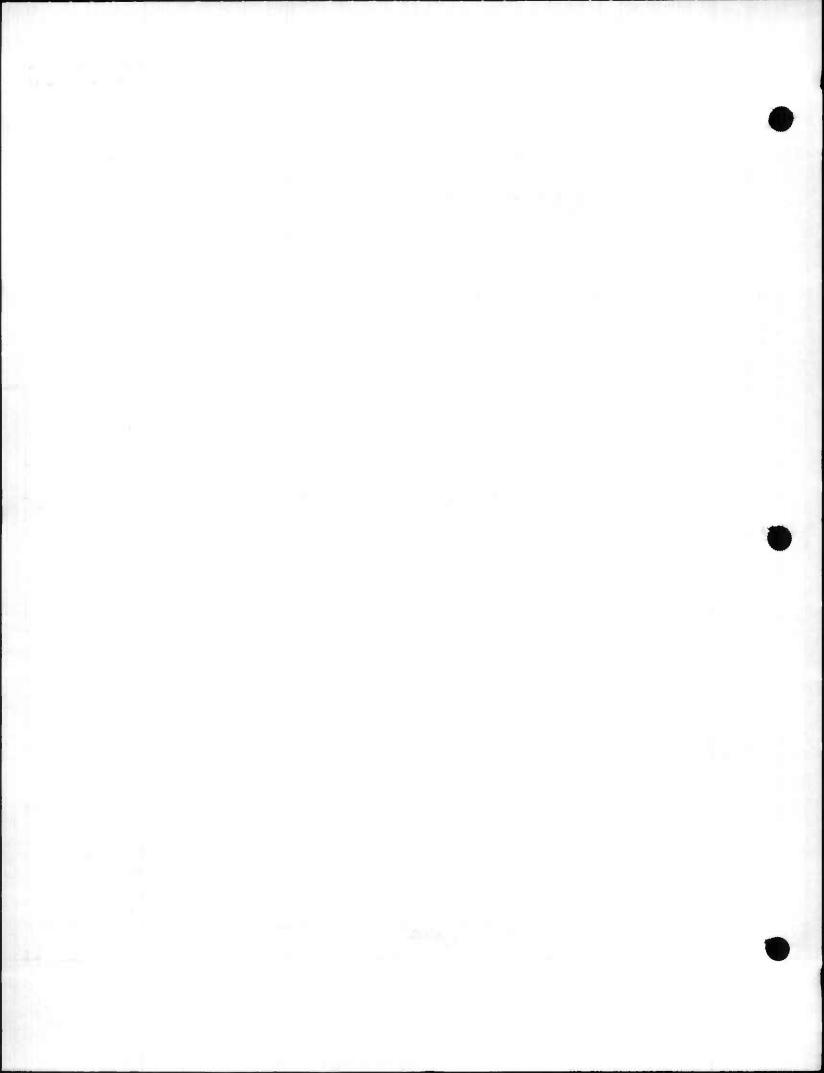




SALLIMONE, MANIENTO ZIZISTOSO	ir death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	i examiner must be notified at once.
SALIMONE, MANIENTE SIZONO,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ibe filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once,

	FOR 1 - STATE REGISTRAR ·	STATE OF I	MARYLAND C		RTMENT				MENTA	AL HYGIEN		92	1499
	1. DECEDENT'S NAME (First, Middle, Les Elmer	1)	J	F	ROTH				MON	ay 27	1992	YEAR	3. TIME OF DEATH  12:44 P
	4. SOCIAL SECURITY NUMBER 216-09-3504	5. SEX 1 🙀 M 2 🗌 F	6. AGE (In yrs. Ia 7 2	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE	of BIRTH th, Day, Year) 169,1		CM	PLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number)  Franklin Square Hospita.  RESIDENCE OF DECEDENT				9b. CITY,	TOWN	Ros					rimo	
DIRECTOR	10e. STATE 10b. COUNTY  Md.			10c. CITY, TOWN OR LOCATION Baltimore								10d. INSIDE CITY LIMITS? 1 XXS 2 NO	
FUNERAL	10. STREET AND NUMBER 430 Cain Street			10f. ZIP CODE			224		10g. CIT		WHAT COUNTRY?		
ВУ	11. MARITAL STATUS  1 Never Merried 2 Married  3 Widowed 4 Divorced  12. WAS DECEDENT EVI FORCES? 12. VAS FORCES? 12. VAS FORCES? 12. VAS FORCES? 12. VAS FORCES? 12. VAS FORCES? 13. VAS FORCES. 13. VAS FORC			2 NO If yes, specify Cuban, Ma:			F HISPAI				14. RACE — American Indian, Black, White, etc. Specify White		
COMPLETED	1s. DECEDENT'S EDUCATION (Specify only highest grade completed)  Elementary/Secondary (0-12)  College (1-4 or 5+)			e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)  Truck Driver				b. KIND OF BU	SINESS/INI				
BE CON	17. FATHER'S NAME (First, Middle, Last)  John Rot	:h			18. MOTHER'S NAME (First, Middle, Maiden Surname) Alice Mullaney								
10	19a. INFORMANT'S NAME (Type/Print)  JoAnn Keller			b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)  1452 Gslena Road Baltimore Md. 21					21221				
	1 Burial 2 Cremation 3 Removal from Stata cemeters				ACEAND DATE OF DISPOSITION (Name of y, crematory or other place)  K Lawn Cemetery 5/3  22. NAME AND ADDRESS OF FACE				DATE 20c. LOCATION — City or Town, Stata 30/92 Baltimore Md.			,	
	Connelly	Fund	al Ho	me	9					Home	300M	aceA	ve.21221
	23. PART I. Enter the disease, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory arrest, ahock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  Presumed Acute Myocardial Infarction  Due to (or as a consequence of):								Approximate interval Between Onset and Deati				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST  Hypertensive Cardiovascular Disease  DUE TO (OR AS A CONSEQUENCE OF):  Chronic Obstructive Pulmonary Disease  DUE TO (OR AS A CONSEQUENCE OF):  Tension Pneumothorax												
MEDICAL	PART II. Other aignificant condition	death but not i	not resulting in the underlying ceuse given in i			Part I. 24s. WAS AN AUTOPSY PERFORMED?  1 YES 2 NO			WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO				
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1 YES 2 NO	HOSPITAL:	ER/Outpetlant 3	I DOA	OTHER:	:	ACE OF D			-			
PHY	27. MANNER OF DEATH  1 Netural 5 Pending Investigation	27. MANNER OF DEATH  1 Netural 5 Pending  28a. DATE OF INJURY (Month, Day, Year)				28c. INJ				SCRIBE NOW	NJURY OC	CURED	
ETED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	F INJURY — At he etc. (Specify)	At home, farm, street, factory, offica		201. LOCATION (Street and Number or Rural Route Number, City or Town, State)			oute Number,					
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PNY 2 MEDICAL EXAMI												and manner as stated.
TO BE C	MAN BOHATURE AND TITLE OF CERTIFIC	andre	h/				29c. LICE	NSE NUN	MBER 29d. DATE SK			= SIGNED	(Month, Day, Year)
	LOUISE AND ADDRESS OF PERSON W LOUISE AND AND AND AND AND AND AND AND AND AND	1D. 9000 F	ranklin	Squa		rive	21	237					
	MAY 29 1992	gura views	H'S SIGNATURE!	436									





## STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

	1 - STATE REGISTRAR		CE				DEATH	INITIAL	REG. NO	L.			
	1. DECEDENT'S NAME (First, Middle, Last)								TE OF DEATH			3. TIME OF DE	ATH
	Lucy	C			Rya	n		G		AY 1	992	7:46	S.M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	birthday)	IF UNDER 1 Y		IF UNDER 24 HRS.	7. DA	TE OF BIRTH			PLACE (State or	4
- 2	215-42-0005	1 🗆 M 2 💆 F	85	YRS.	MONTHS D	MYS	HOURS MIN.	(MA	onth, Day, Year)	26	Countr	sylvani	
	9a. FACILITY NAME (If not institution, give a	treet and number)			9b. CITY. TO	DWN O	R LOCATION OF D	_	12 15		UNTY OF D		La
TOR	6225 York Road-Apa	artment 3	117				imore			J. 00	ONIT OF D	EATH	
DIRECTOR	10a. STATE 10b. COUNTY Maryland		10c. CITY, TOWN OR LOCATION				Balt	Baltimore			10d. INSIDE CIT LIMITS? 1 X YES 2		
FUNERAL	10s. STREET AND NUMBER		101. ZIP CODE				01.01		10g. Cl		VHAT COUNTRY?		
NE	6225 York							2121		<u> </u>		.A.	
BY FU	1 Never Married 2 Married 32 Widowed 4 Divorced	YES 2 NO					an, Puer	an, Puerto Rican, etc.) Blac			E — American ind k, White, etc.		
B	15. DECEDENT'S EDU	CATION			USUAL OCCI				I6b. KIND OF BU	SINESS/IN	IDUSTRY		
Щ	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+	Min I	e kind of w Do NOT use	ork done duri retired.)	ng mos	t of working					- 1	
F F	12th			Но	usewi	fe				Ho	usewi	.fe	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)							AME (First, Middle, Malden Surname)					
BE	Thom	gan Guth	rie			Ire	ne l	ljoe					
TO B	19a. INFORMANT'S NAME (Type/Print)		19b.	MAILINO	ADDRESS (S	treet an	d Number or Rural	Route N	umber, City or Tow	n, Stete, Z	'ip Code)	nc-	
F	Mr. Monty R. Ryan		5821 Fifth Road, South Arlington, Virgin							rginia	22204		
	20a, METHOD OF DISPOSITION 1.6. Burlel 2 Cremetion 3 Rem	oval from State	20b. PLACE A			ON (Nan	ne of	D	ATE 20c. LO	LOCATION City or Town, State			
	4 Donation 5 Other (Specify)		Most H	olv	Redee	mer	Cemete	ry	5/29 Ba	alti	more.	Marvla	and
	21. SIGNATURE OF FUNERAL SERVICE LA	en sa Ca	ant	-	22. NA	ME AN	Falls R	ACILITY	Burgee-	Hens	s Fur	eral Ho	ome
NOIL	23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiec or respiratory arrest, ahock, or itser failure. List only one ceuse on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death)  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):									Between			
CERTIFICATION	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST  C. DUE TO (OR AS A CONSEQUENCE OF):  d.												
	PART II. Other algolificant condition	a contributing to	death but not re	aulting is	the unde	rlying	ceuse given in	Part I.	24s. WAS AN		24b.	WERE AUTOPSY	
PHYSICIAN: MEDICAL								_	PERFOR			AVAILABLE PRIOR COMPLETION OF OF DEATH?  1 YES 2	CAUSE
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PL/	CE OF DEATH (C	hack only	one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient 3 [	DOA	OTHER.								
ВУ РНУ	27. MANNER OF DEATH Natural 5 Pending	28a. DATE OF (Month, Da	INJURY					_	6 LI Other (Specify)  28d. DESCRIBE HOW INJURY OCCURED				
	3 Suicide a Could set be 28s. PLACE OF INJURY — At home, farm, street, factory, office 26f. LOC							. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29a. CERTIFIER (Check only one)  1 CERTIFYINO PHYSI 2 MEDICAL EXAMINE	CIAN: To the best of R: On the basis of a	my knowledge, dast	th occurre	d at the time	, date a	and place, end du	to the	cause(a) and mer ate and placa, en	ner ae st	ated. the cause(e	) and manner se	stated.
BE C	200. SIGNATURE AND TITLE OF CENTIFIER	MI	7			T	29c. LICENSE NU	MBER		29d. DA	TE SIGNED	(Month, Day, Year	)
	land. To	oll !	100				O.C.M.	E		05	26	1992	
5	MARIO # 50LV	BI TIZ	MO 111	COOpline-	differ	051			. M 3	112			
	31. DATE FILED (Morith, Day, Year)	32 REGISTRA	D'S SIGNATIEDE		II STY	eet	. Balti	more	e Maryl	and	2120		
	MAY 29 1992	1. La Der	idson-Rand	ندو									

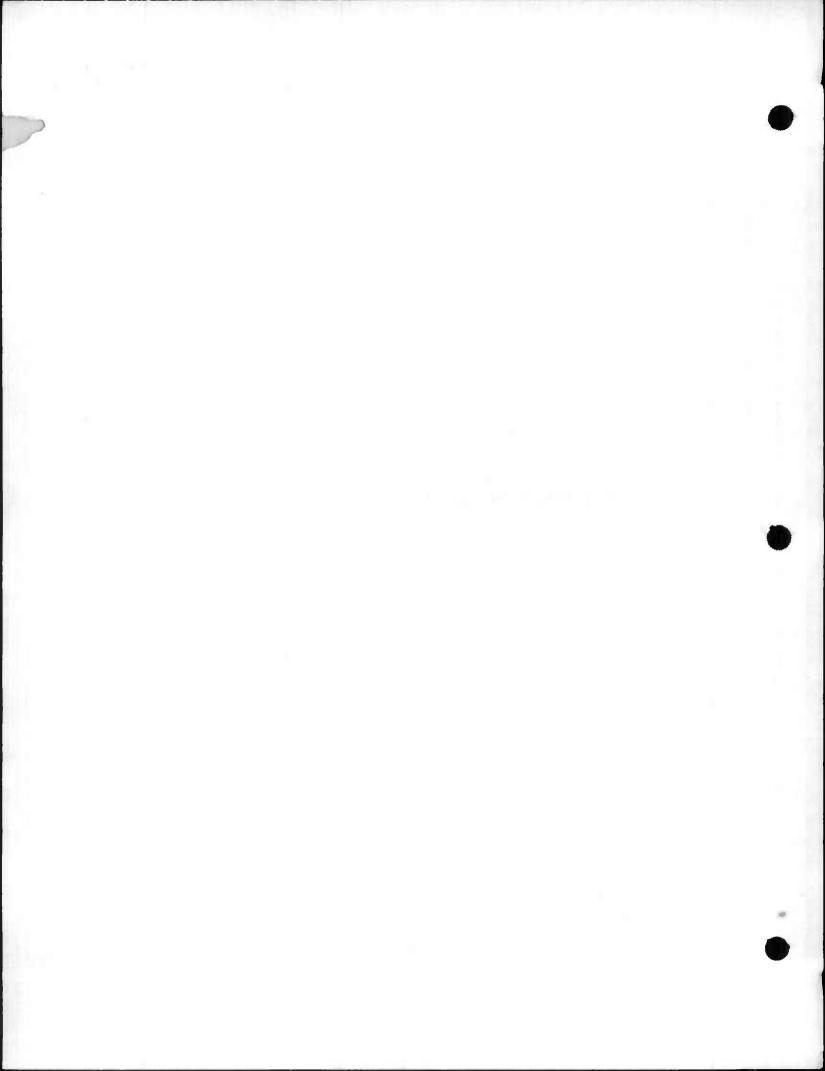
DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020



TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 28 is marked, or flam 23 shows any injury, or other traumatic event, the medical parameter has partitled as ences.
bath cartificate be executed within 24 hours after death. Page 6 may be retained by attending physician and completely filled in by the funeral director, page 5 should be tall Hygiene prior to burial, cremation, or removal.

1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	ATE OF	DEATH	MENTAL HYGIEN				
77	0 /				2. DATE OF DEATH		3. TIME OF DEATH		
Barbara	M. Riley				MONTH 2	AY Z	YEAR 92 5.1514		
4. SOCIAL SECURITY NUMBER	5. SEX SE (In )		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		B. BIRTHPLACE (State or Foreign		
212304152	1 🗆 M 2 🖫 F	87 YRS. MO	NTHS DAYS	HOURS MIN.	(Month, Day, Year)	4	Country)		
90. FACILITY NAME (If not institution, give so Frame CS South Key RESIDENCE OF DECEDENT	medical Ga	ofer "	Ba,	LOCATION OF E		9c. COUN	Maryland ITY OF DEATH LAND		
RESIDENCE OF DECEDENT Y  10a. STATE  10b. COUNTY  MD		10c. CITY, T	OWN OR LOCATI	ION			10d. INSIDE CITY		
			Balh	motre	•		1 TES 2 NO		
100. STREET AND NUMBER 1209 63 if	01		101.	ZIP CODE		10g. CITI	ZEN OF WHAT COUNTRY?		
1208 631	5+.			2123	37		43		
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 X XNO	If yes, spe	endent of HISPA edity Cuban, Maxic 2 X NO Speci	NIC ORIGIN? (Specify Yes an, Puerto Rican, atc.) lly:	or No-	14. RACE — American Indian, Black, White, etc. Specify: Will He		
15. DECEDENT'S EDUC (Specify only highest grade	CATION 16	6a. DECEDENT'S US	UAL OCCUPATION	N	166. KIND OF BU	SINESS/IND	USTRY		
1s. DECEDENT'S EDUC (Specify only highest grade of the property (0-12) of the grade	College (1-4 or 5 +)	(Give kind at work life. Do NOT use re	oone auring mos itired.)	at of working					
7th grade		Homem	aker		Но	memak	ing		
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.	AME (First, Middle, Maiden				
Harry Sanft					ry Sleigh				
		19b. MAILING AD	DRESS (Street arr		Route Number, City or Tow	n, State, Zip	Code)		
Marian Hughes					3-C Balto.				
20a. METHOD OF DISPOSITION	20b. Pt	LACEAND DATE OF D	ISPOSITION (Nan	ne ol			City or Town, State		
1 Surial 2 ☐ Cremation 3 ☐ Remo	val from State cemete	ry, crematory or other CE	place) metery	5.			re, Maryland		
21. SIGNATURE OF FUNERAL SERVICE LIC	00.	C Edwil Oc		D ADDRESS OF F		CIMOI	c, naryrana		
> Zassehu Ze			Lassar 7401 E	nn Fune: Belair f	ral Home Rd. Baltimo				
IMMEDIATE CAUSE (Final	complications that caused the List only one cause on each	he deeth. Do not h line.	enter the mod	fe of dying, au	ch ss cerdiac or reapi	ratory em	est, Approximats Interval Between Onset and Deatl		
disesse or condition resulting in deeth)	1 /a ches		u un	fe t	is tula		2 m. L		
	DUE TO (OR AS A CO	17		///					
Sequentially list conditions,	pulsy	ed	vent	, lato.	_		2 cyont		
If any, leading to immediate	DUE TO (OR AS A CO	ONSEQUENCE OF):	0	Is hu	,				
CAUSE (Disease or Injury	small	الم س	& c	) Is true	chon		Lunast		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	ONSEQUENCE OF):							
, d									
PART II. Other significant conditions	contributing to death but	not resulting in t	he underlying	ceuse given in			24b. WERE AUTOPSY FINDINGS		
Chrone	Us huch've	pula	nona	a dis	PERFOR	-	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
1				J		Carro	DF DEATH?		
							T TES 2 NO		
y II			26. PLA	ACE OF DEATH (C)	heck only one)				
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:		THER:						
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	1 Security 1 Security								
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	28e. DATE OF INJURY	(Month, Day, Year) INJURY WORK?							
Natural 5 Pending	28a. DATE OF INJURY				1				
2 Accident Investigation	28e. DATE OF INJURY (Month, Dey, Year)	INJURY	M 1 TY	ES 2 NO	204 1 204 101				
Accident   S   Pending   2   Accident   Investigation   3   Suicide   8   Could not be determined	28a. DATE OF INJURY	At home, larm, stree	M 1 TY		281, LOCATION (Street a City or Town, State)	and Number	or Rural Route Number,		
EXAMINER?  1 YES 2 NO  27. MANNER OF DEATH  1 Netural 5 Pending Investigation  3 Suicide 8 Could not be determined	28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY — building, etc. (Specify)	At home, larm, stree	M 1 TYE	ES 2 NO	City or Town, State)				
Accident   S   Pending	28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY — building, etc. (Specify)  CIAN: To the best of my knowledge	At home, farm, stree	M 1 YE	es 2 NO	City or Town, State) a to the cause(a) and mar	mer aa state	d.		
2 Accident   Investigation   3 Suicide   6 Could not be determined   1 29e. CERTIFIER   Check only   CERTIFYING PHYSIC	28a. DATE OF INJURY (Month, Dey, Year)  28a. PLACE OF INJURY — building, etc. (Specify)  CIAN: To the best of my knowledge	At home, farm, stree	M 1 YE	es 2 NO	City or Town, State) a to the cause(a) and mar	mer aa state			
1	28e. DATE OF INJURY (Month, Day, Year)  28e. PLACE OF INJURY — building, etc. (Specify)  CIAN: To the best of my knowled;  R: On the basis of examination ar	At home, farm, stree	M 1 VE  VI, factory, office  I the time, data a  n my opinion, dec	es 2 NO	City or Town, State) a to the cause(a) and mare time, data and place, an	ner as state	od.		

32 RECHSTRAR'S SIGNATURE
Freie Brindson-Mandall



31. DATE MAY 2/9 1992



BALTIMORE, MARYLAND 21215-0020

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HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

DIVISION OF VITAL RECORDS,

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DIRECTOR: After the hours after death willem 28 is mark

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		MADISON
		4. SOCIAL SECURITY NUMBER
멀		012.03.2376
Pages 1, 2, 3 should	~	9a. FACILITY NAME (If not institution,
2, 3	ē	14 GREENWOOD
£	E C	RESIDENCE OF DECEDEN  10a. STATE 10b. CO
P2	L'DIRECTOR	MARYLAND A
E	Ų.	10e. STREET AND NUMBER
135	ERAL	14 GREENWOOD
1833	E.	11. MARITAL STATUS
20	교	1 Never Married 2 Married
Do all	-	3 Widowed 4 Divorced
CO E S	8	15. DECEDENT'S
AND 2121 the hospital or attlefacthed for use	TO BE COMPLETED	(Specify only highest Elementary/Secondary (0-12)
D Spita	AP.	12
AN he he detac	ŏ	17. FATHER'S NAME (First, Middle, Las
P 25 F	E	FRANK
MAR retained 5 should notified	B	19a. INFORMANT'S NAME (Type/Print)
M e ret	1	MRS. GRACE F.
AE, page		20a, METHOD OF DISPOSITION
O ector		1 N Buriel 2 Cremation 3 C 4 Donation 5 Other (Specify)
Pag al dir		21. SIGNATURE OF FUNERAL SERVICE
ALTIMOR death. Page 6 ma funeral director, xaminer must		1 9 Ma
B the oval		23. PART I. Enter the diseases.
in by		shock, or heart fell
# # E B		IMMEDIATE CAUSE (Final
2 40 6		disease or condition
thin 2- etety fi ematio		disease or condition resulting in death)
760, ed within 2- completely fi al, cremation event, th		
68760, executed within 2 and completely figures build, cremation after event, th.	NO	
OX 68760, be executed within 2 cian and completely filt for to burial, cremation raumatic event, th	ATION	Sequentielly list conditione, if any, leeding to immediate
BOX 68760, ficate be executed within 2-physician and completely fine prior to burial, cremationer traumatic event, thi	FICATION	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury
.O. BOX 68760, certificate be executed within 24 ding physician and completely fifygiene prior to burial, cremation other traumatic event, this	TIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING
, P.O. BOX 68760, least certificate be executed within 2 attending physician and completely fintal Hygiene prior to burial, cremation, y, or other traumatic event, this	CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events
DS, P.O. BOX 68760, the death certificate be executed within 24 the attending physician and completely fit 4 Mental Hygiene prior to burial, cremation injury, or other traumatic event, this	AL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events
ORDS, P.O. BOX 68760, that the death certificate be executed within 24 ed by the attending physician and completely fin and Mental Hygiens prior to burial, cremation in and lajury, or other traumatic event, this	MCAL CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST
ECORDS, P.O. BOX 68760, uries that the death certificate be executed within 24 mous after of signed by the attending physician and completely filled in by the Heath and Mental Hygiens prior to burial, cremation, or removal.	MEDICAL CERTIFICATION	Sequentially list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant cond
St. of St.	4: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST
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	SICIAN: MEDICAL CERTIFICATION	Sequentielly list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant cond
	HYSICIAN: MEDICAL CERTIFICATION	Sequentielty list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST  PART II. Other eignificant cond  A Y LWO S  EXAMMER?
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	BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentielty list conditione, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant cond  A Y LAWS CASE REFERRED TO MEDIC.  EXAMMER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigate Conditions of the conditions of the conditions of the conditions of the conditions of the cause o
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	MPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  PART II. Other eignificant cond  A Y LAW S.  25. WAS CASE REFERRED TO MEDIC EXAMMER?  1 YES 2 NO  27. MANNER OF DEATH  1 Natural 5 Pending Investigat  3 Suicide 5 Could no
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1 - REGISTRAR		CERTIF	FICATE C	F DEATH	REG. N	0.		
1. DECEDENT'S NAME (First, Middle, La	st)				2. DATE OF DEATH MONTH	DAY	WEAR	3. TIME OF DEATH
MADISON	WILLIAM		RAWLE	EY		<b>-</b> 19	92	11:19 P. M
4. SOCIAL SECURITY NUMBER 012.03.2376	5. SEX 6. AG	77 YRS.	MONTHS DAY		7. DATE OF BIRTH (Morth, Day, Year) 08 - 15-	1914	Count	IPLACE (State or Foreign (Y) INE
9a. FACILITY NAME (If not institution, git 14 GREENWOOD	AVE.			N BURNIE	DEATH		NE A	RUNDEL
RESIDENCE OF DECEDENT  10a. STATE  MARYLAND  AN			TY, TOWN OR LO					10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 14 GREENWOOD A	VE.			101. ZIP CODE 21061			S.A	1 Tes 2 X NO
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 X YE IF YES, GIVE WAR OF	ES 2 NO	If yes		NIC ORIGIN? (Specify Year, Puerto Rican, atc.)		14. RACI Blac	E — American Indian, k, White, etc.
15. DECEDENT'S E (Specify only highest gr Elementary/Secondery (0-12)	College (1-4 or 5+)  NONE	18a. DECEDENT: (Give kind of life. Do NOT of OPERAT	work done during use retired.)	ATION n most of working	166. KIND OF B			
17. FATHER'S NAME (First, Middle, Last) FRANK	7. FATHER'S NAME (First, Middle, Last)  18. MOTHER'S NAME (First, Middle, Maiden Surname)						MURI	РНҮ
19a. INFORMANT'S NAME (Type/Print)  MRS. GRACE F. R	AWLEY				Floute Number, City or To		<sup>3</sup> p Code)	51
20e, METHOD OF DISPOSITION 1 (A Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)	amoval from State	206. PLACE AND DATE	OF DISPOSITION		DATE 20c. L	OCATION -	- City or To	
21. SIGNATURE OF FUNERAL SERVICE			SING	LETON FUN				
Sequentially list conditione, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF	OF):	rest sotheli	MA			Tyear.
PART II. Other eignificant condit	lerater (	Avdro		cula		PRMED?	246	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?  1   YES 2   NO	HOSPITAL: 1   Inpatient 2   ER/O	utpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C				
27. MANNER OF DEATH  1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJUR (Month, Day, Year		ME OF 28c.	INJURY AT WORK?	28d. DESCRIBE HOW	INJURY O	CCURED	
3 Suicide 8 Could not 8	28s. PLACE OF INJU	RY — At home, ferm, pecify)	street, factory, o	ffice	281. LOCATION (Street City or Town, State	and Numbe	or Rural F	Noute Number,
	YSICIAN: To the best of my kn INER: On the besis of examine FIER				time, date and place, a	29d. DA	the ceuse(a	(Month, Day, Year)
	who completed cause of UHRMANN 30		ПАП	RBOR HOSPI	TAL TIMORE, M			7, 1992
31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SI	GNATURE .	-AIR	•	110,110	T. LUN		+663

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DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,  TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Mount after death. Page 6 may be retained by the hospital or attending physician.  TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.  IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTI			MENTAL HYGIEN REG. NO			
1	1. DECEDENT'S NAME (First, Middle, Leet) ROBERT	P. RUS	SE			2. DATE OF DEATH	5- 9ž	3. TIME OF DEATN	
	113 000	10(M2 DF 68		F UNDER 1 YEAR ONTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03 - 06	.24	BIRTNPLACE (State or Foreign Country)	
8	9a. FACILITY NAME (If not institution, give at Stella Maris Hos		9	L CITY, TOWN O TOWSO	R LOCATION OF DE	ATN	9c. COUNTY	of DEATN altimore	
DIRECTOR	RESIDENCE OF DECEDENT  10a. STATE 10b. COUNTY	•	10c. CITY, 1	TOWN OR LOCATI				10d. INSIDE CITY	
		altimore		Rosedal				1 YES 2 X NO	
FUNERAL	100. STREET AND NUMBER 8406 Chapel Hill (	Ct.		101.	21237			J.S.A.	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S FORCES? 1 X YES 2 IF YES, GIVE WAR OR DATES WW I	□ NO B	If yes, spe		NC ORIGIN? (Specify Yen, Puerto Rican, etc.)		RACE — American Indian, Black, Whita, atc. Specify: White	
E	15. DECEDENT'S EDUC (Specify only highest grade	CATION 16	n. DECEDENT'S US	k done during mos		16b. KIND OF BU	SINESS/INDUST		
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+) 4 VY 1 S	Captai	·		Merch	ant Mai	rines	
CON	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Meiden			
BE	Charles Ruse		Top Man INC A	MRESS (Stand of	Pear!	Eggloff  Floute Number, City or You	un State 7in Co	dal	
2	Nancy L. Ruse			as #10		total Humber, Only or Tow	m, State, Zip Go	30)	
	20a. METHOD OF DISPOSITION 1   Disposition	oval from State 20b. PL	ACE OF DISPOSIT			5/29/92		or Town, Stata	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock.Jr. 22. NAME AND ADDRESS OF FACILITY Baltimore, Maryland 21214								
	Leonard J. Ruck, Inc. 5305 Harford Rd.  23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory arrest,   Approximete								
	ahock, or heart fellure.	a. METASTAT	tic P				iratory arrest	, Approximete interval Between Onset and Death	
CERTIFICATION	DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST  DUE TO (OR AS A CONSEQUENCE OF):  DUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL	PART II. Other eignificant condition	s contributing to death but	not resulting in	the underlying	g cause given in		RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?  1  YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Ch	eck pnly pne)		/-	
SICI	EXAMINER?	HOSPITAL: 1   Inpatient 2   ER/Outpatie		OTHER:		8 X Other (Specify)	Hospi	ce	
	27. MANNER OF DEATH  1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	20b. TIME INJUI	WO WO	URY AT RK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUP	RED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide detarmined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, str	eet, factory, offic	•	28f. LOCATION (Street City or Town, State		Rural Route Number,	
COMPLET	1	ICIAN: To the best of my knowleds							
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	I alexa	rde	CN	29c. LICENSE NUI D 270			IGNEO (Month, Day, Year) 5-26-92	
10	30. NAME AND ADDRESS OF PERSON WA				e-Dulane	y Valley 1			
	31. DATE FILEO (Month, Day, Year) MAY 2. 8 1992	32. REGISTRAR'S SIGNATU	IRE ndelle		,				

